

CONTENTS

Management Commentary	3
Statement of Responsibilities.....	33
Remuneration Report	35
Annual Governance Statement	39
Comprehensive Income and Expenditure Statement	47
Movement in Reserves Statement	48
Balance Sheet	499
Notes to the Financial Statements.....	50
1. Significant Accounting Policies.....	50
2. Prior Year Re-Statement.....	52
3. Critical Judgements and Estimation Uncertainty	52
4. Events After the Reporting Period	53
5. Expenditure and Income Analysis by Nature	54
6. HSCP Operational Costs	54
7. Support Services	55
8. Taxation and Non-Specific Grant Income	55
9. Debtors	56
10. Usable Reserve: General Fund	56
11. Related Party Transactions	57
12. Contingent Assets & Liabilities.....	599
13. VAT	599
Independent Auditors report.....	60

MANAGEMENT COMMENTARY

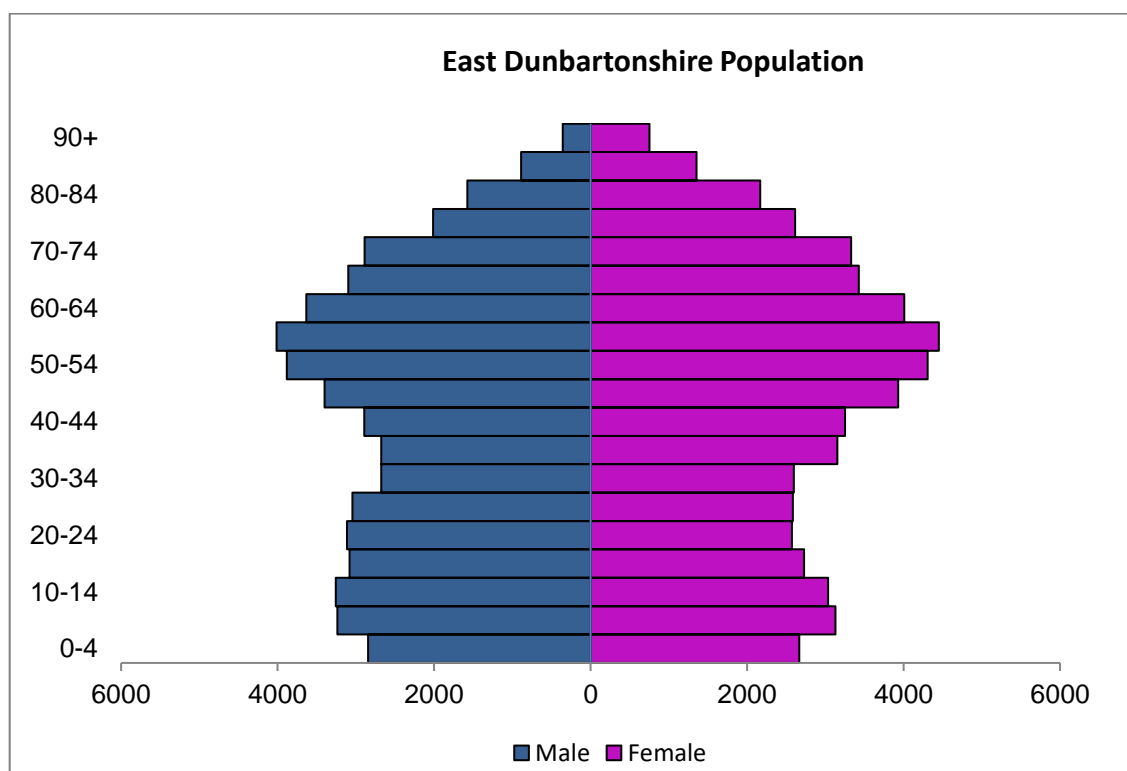
Introduction

This document contains the financial statements for the 2020/21 operational year for East Dunbartonshire Health & Social Care Partnership (HSCP).

The management narrative outlines the key issues in relation to the HSCP financial planning and performance and how this has provided the foundation for the delivery of the priorities described within the Strategic Plan. The document also outlines future financial plans and the challenges and risks that the HSCP will face in meeting the continuing needs of the East Dunbartonshire population.

East Dunbartonshire

East Dunbartonshire has a population of approximately 108,640 (based on 2019 estimates, an increase of 0.3% on 2018 estimates) and is a mix of urban and rural communities. It has frequently been reported in quality of life surveys as one of the best areas to live in Scotland based on people’s health, life expectancy, employment and school performance. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist across the authority and there are pockets of deprivation where the quality of life falls well below the national average. The graph below shows how the population is split by gender:



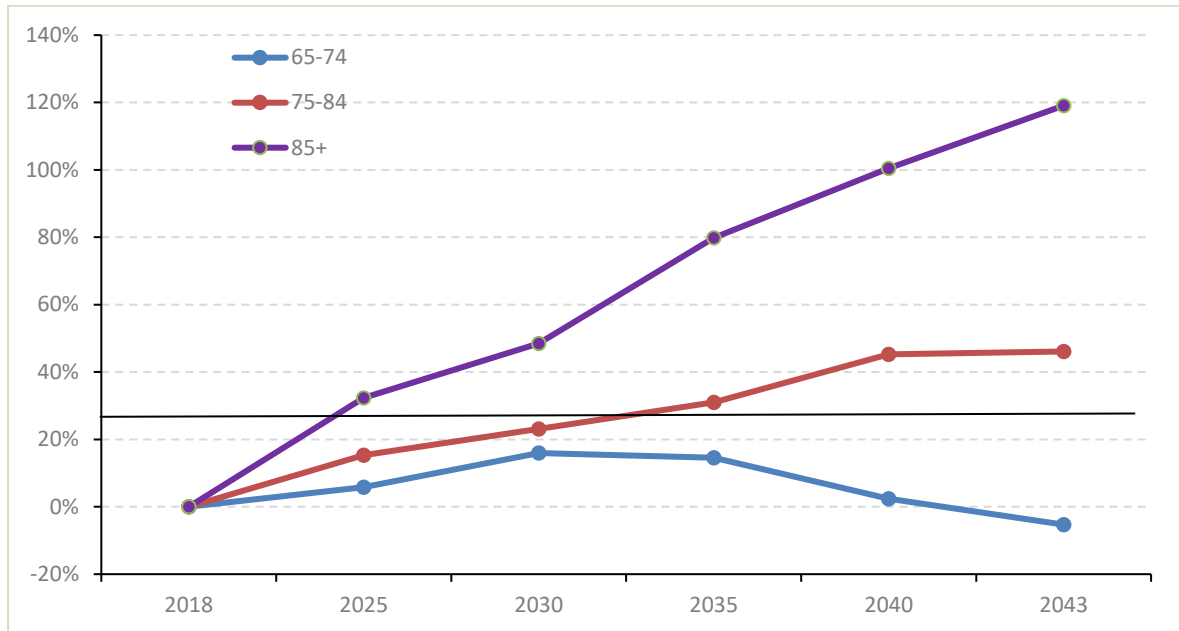
Source: NRS 2019 mid-year population estimate

The National Records of Scotland (NRS) population projections suggest there will be an increase of 7.6% in the overall population of East Dunbartonshire from 2018 – 2043 due to significant estimated rise in the population aged over 65yrs.

The figure below shows the proportion of increase projected in the older population from 2019-2043. The largest increase is in individuals aged over 85yrs, which is

projected to rise by over 100% from 3203 to 7,017 people. This projected rise in East Dunbartonshire’s older population, many of whom will be vulnerable with complex needs, suggests that demand for health and social care services will rise accordingly.

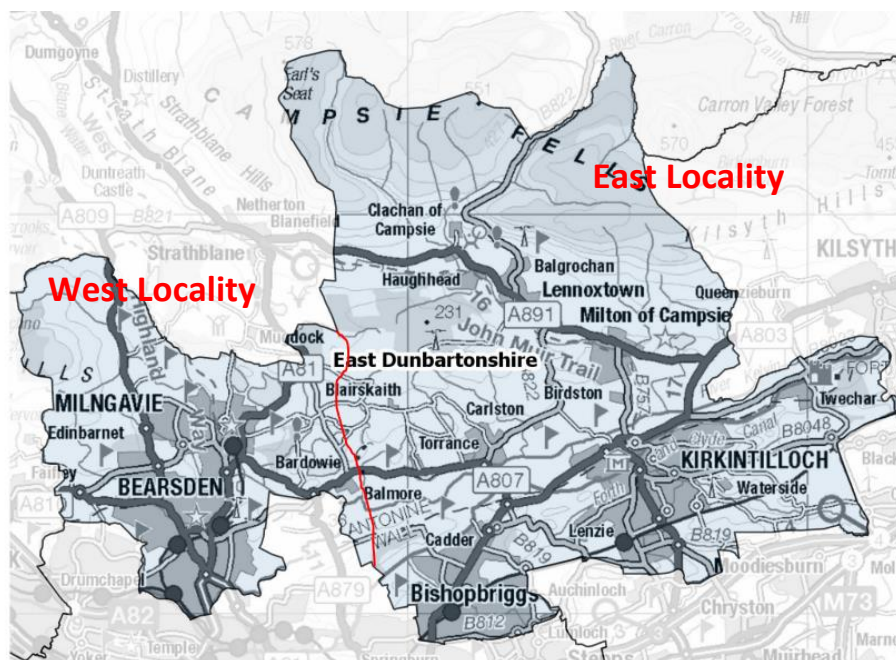
Figure 1: East Dunbartonshire population projection % by age group 2018-2043



Localities

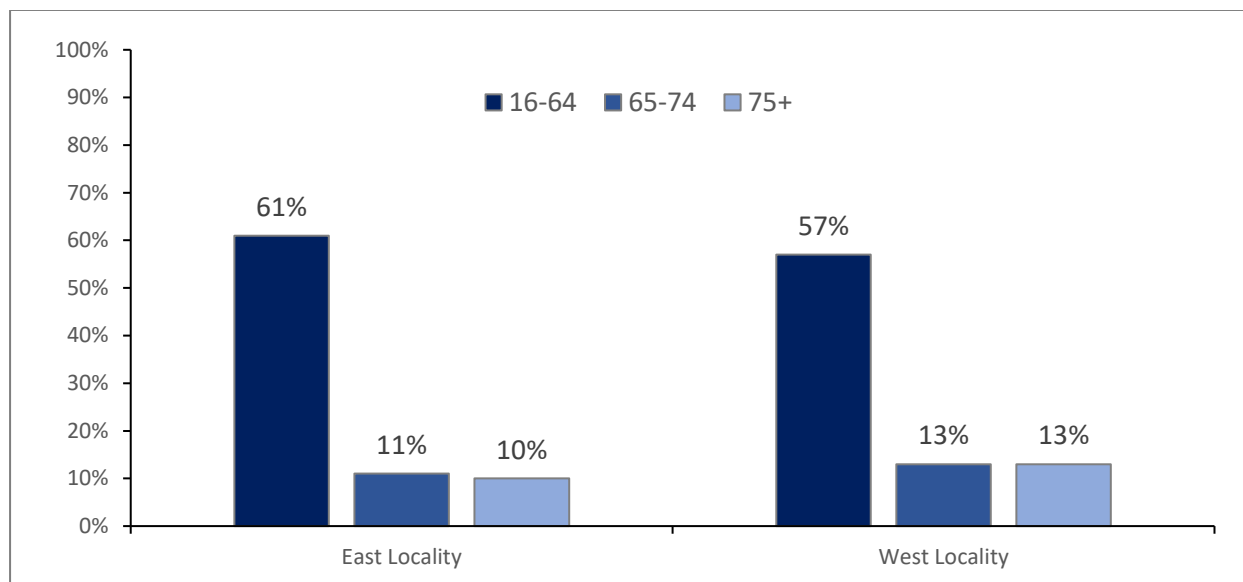
To allow the HSCP to plan and deliver services which meet the differing needs within East Dunbartonshire, the area has been split into two geographical localities; East Dunbartonshire (East), referred to as East locality and East Dunbartonshire (West), referred to as West locality.

Figure 2: East Dunbartonshire Locality Map



The East Locality includes 62% (66,911) of East Dunbartonshire’s population, while the West Locality accounts for 38% (41,729) of the population. The demographic breakdown by locality showed a slightly older population in the West locality for ages 65+.

Figure 3: Population breakdown by locality 2019



Life Expectancy

The NRS publication showed that East Dunbartonshire continued to have the highest life expectancy at birth in Scotland for males and the second highest for females. The life expectancy of females at birth in East Dunbartonshire is around 3 years higher than males. Life expectancy at the age of 65 years was also higher than Scotland for both male and females in East Dunbartonshire.

Life expectancy and healthy life expectancy provide useful measures for planning services. Healthy life expectancy estimates the number of years an individual will live in a healthy state. Therefore, the number of years people are expected to live in ‘not healthy’ health is the difference between life expectancy and healthy life expectancy. Table 1 shows the number of years people were estimated to live in ‘not healthy’ health, with East Dunbartonshire having a lower estimate than Scotland.

Table 1: Number of years 'not healthy' health (3-year average 2017-19)

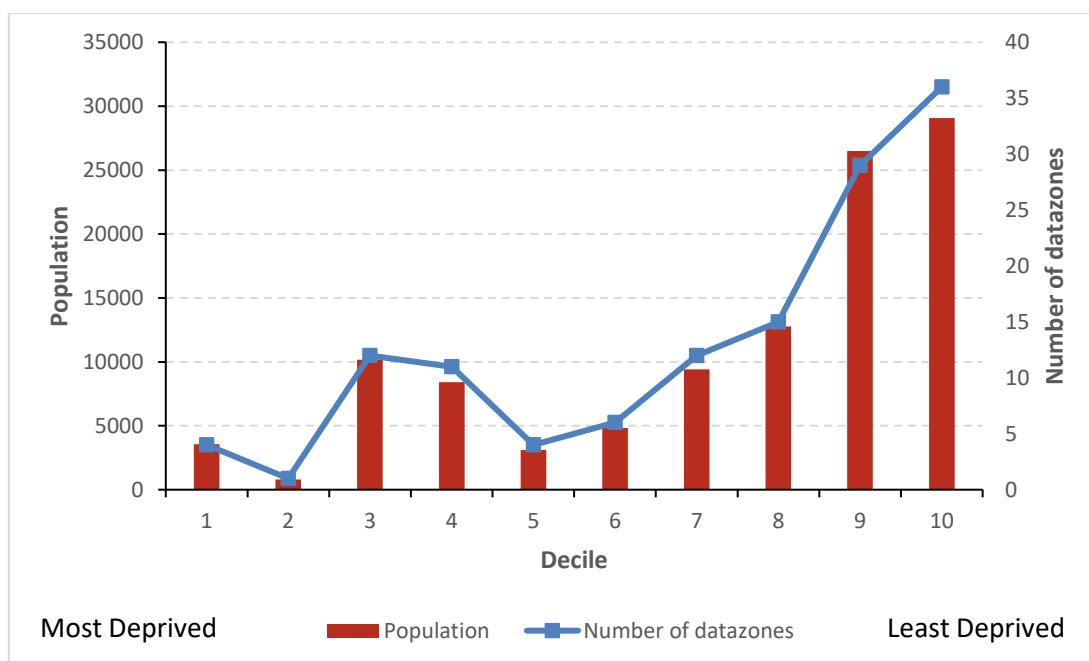
Local Authority	Expected period in 'not healthy' health	
	Males	Females
East Dunbartonshire	10.7	17.2
Scotland	15.4	19.2

Source: NRS

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranked datazones, small areas with an average population of 800 people, from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived, the chart below illustrates the number of people and datazones in each decile in East Dunbartonshire.

Figure 4: East Dunbartonshire population by SIMD decile



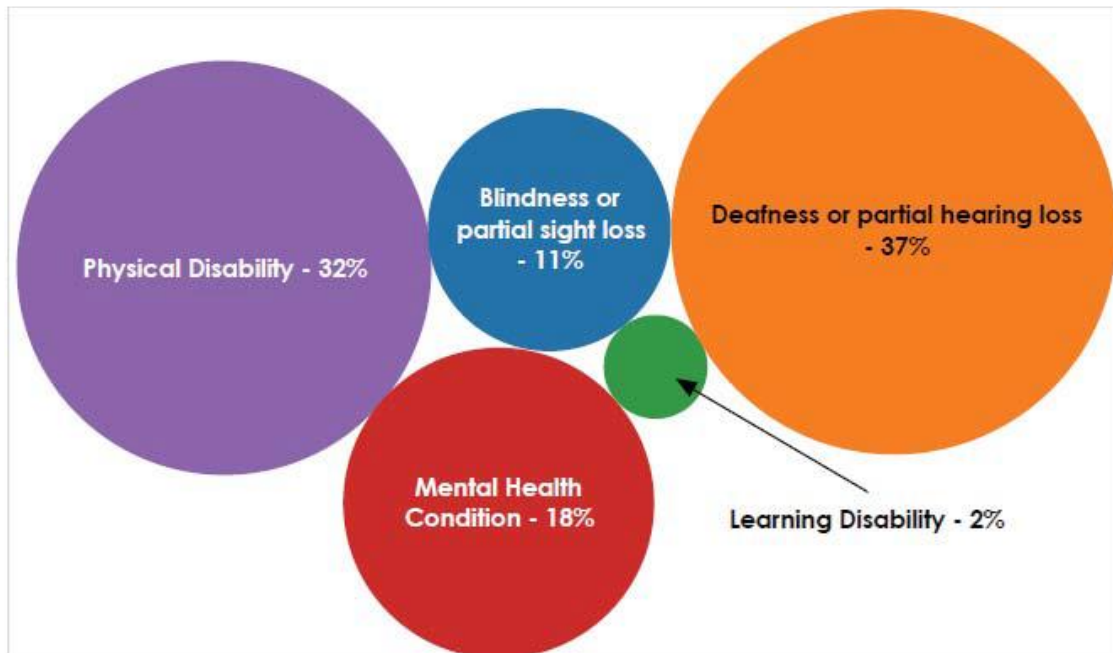
Although the majority of the population lived in the least deprived deciles, there were 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three in the Hillhead area of Kirkintilloch and one in Lennoxton.

Population Health

In the Census in 2011, 84.9% of East Dunbartonshire residents described their health as good or very good (Scotland 82.2%). This was the highest at 98% among the younger population (0-29yrs) but the percentage decreased with age to only 62% of those aged 75yrs and above describing their health as good or very good. In the West Locality, 66% of people aged 65yrs and above described their health as good or very good, compared to 57% in the East Locality.

The 2011 Census included a question on particular disabilities including sensory impairment, physical disability, mental health condition or learning disability. There were 5.6% of the adult population in East Dunbartonshire who reported a disability (Scotland 6.7%).

Reported Disability by Percentage in East Dunbartonshire



The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atria fibrillation, are all notably higher than the rate for Scotland.

Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland. This is understood to be a reflection of relatively low deprivations levels across the authority as a whole. East Dunbartonshire experiences above average prevalence of Parkinson's certain cancers, certain respiratory diseases, certain digestive diseases, sensory conditions and self-harm (the latter for all ages).

Demographic Projections

Analysis of projected demand, demography and cost pressures in Older People Services was undertaken in *September 2014*, in preparation for pre-integration budget setting.

The 2014 report found that with increasing age comes increasing complexity of care needs and associated costs. The majority of social care services were found to be delivered to people aged over 75. For example, around 70% of home care customers were over 75, with the majority of these 85+. 40% of people aged 85+ were in receipt of at least one care at home service and approximately 15% of East Dunbartonshire residents aged 85+ were resident in a care home.

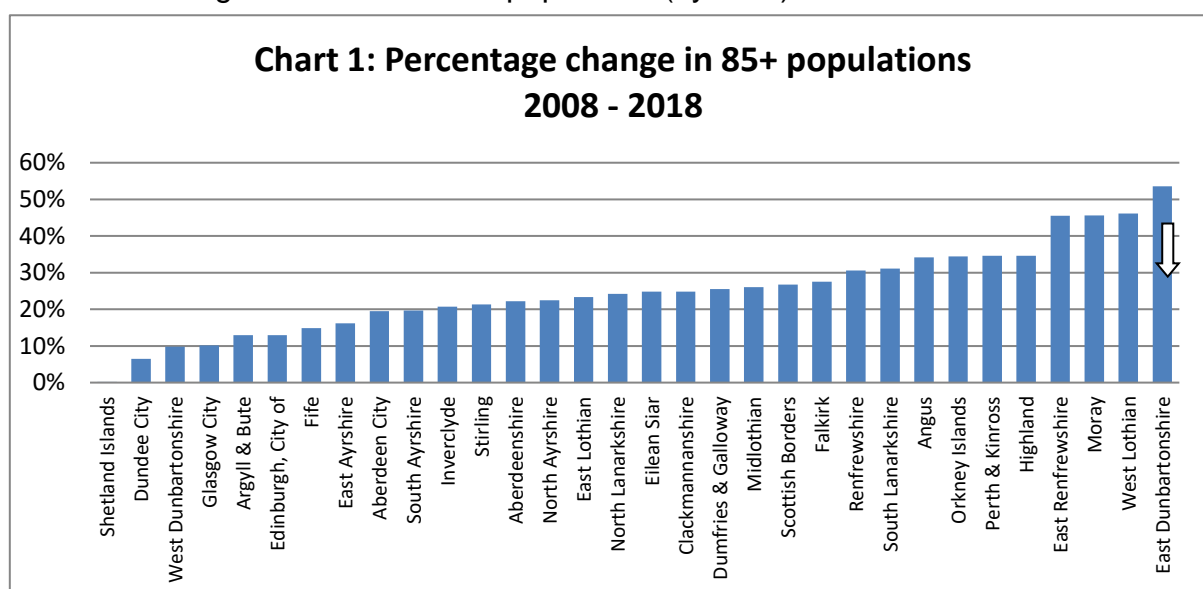
The 2014 report found that East Dunbartonshire was in the midst of the largest and steepest growth in people aged over 85 in the country, and was facing a consequential and exponential pressure on resources. The report also found that the authority had the lowest expenditure on older people social care services of any local authority area

in Scotland, and also with the greatest gap between expenditure and older population pressures.

In the face of continued pressure on older people services and budgets, the 2014 report was re-visited, 5 years on, and projections on future trends estimated to give some insight into future financial planning considerations.

In 2014 planning assumptions for East Dunbartonshire, it was reported that between 2003 and 2013, East Dunbartonshire experienced the fastest growing increase in people aged 85+ of any local authority in Scotland (59%).

Chart 1 shows the actual changes in the 85+ population for East Dunbartonshire over the past 10 years, compared to all other HSCP areas in Scotland. In common with 2014 assumptions, this demonstrates that East Dunbartonshire has continued to experience the largest increase in this population (by 54%).



It is projected that in the 10 years from 2016-2026, the East Dunbartonshire 85+ population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.

East Dunbartonshire has seen a 40% increase in people over the age of 75 since 2002, which is a positive reflection of advances in health and social care, but has placed considerable pressure on services during a period characterised by public sector reform and diminishing resources. With an increase in the frail older population, service pressure has been experienced in both the community and secondary healthcare settings.

The demographic pressures for older people present particular challenges within East Dunbartonshire.

There has also been a significant increase in the number of children being referred to Social Work Services, with 40% increases in referrals reported in the Integrated Children's Services Plan. Non-engaging families was the most common area of concern alongside neglect, domestic violence and parental alcohol misuse. Child

Protection registrations have doubled in the 10 years to 2018. There has also been a sharp rise in parental mental health being identified as a significant concern. This is an area of cross-cutting focus between children and adult services.

Demand on services for other adult care groups and for children’s disability services has also increased. The number of young people with disabilities transitioning to adult services is experiencing a notable increase, both numerically and in terms of complexity. This can be demonstrated by an anticipated increase in the Adult Joint Learning Disability Team over the next three years’ as children move on into adult services equivalent to over 7% of its total caseload.

The Health & Social Care Partnership

East Dunbartonshire HSCP is the common name of East Dunbartonshire Integration Joint Board. It was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The partnership’s remit was expanded from an initial focus on services for adults and older people to include services for children and families, and criminal justice services in August 2016.

The HSCP Board, East Dunbartonshire Council (EDC) and NHS Greater Glasgow & Clyde (NHS GG&C) aim to work together to strategically plan for and provide high quality health and social care services that protect children and adults from harm, promote independence and deliver positive outcomes for East Dunbartonshire residents.

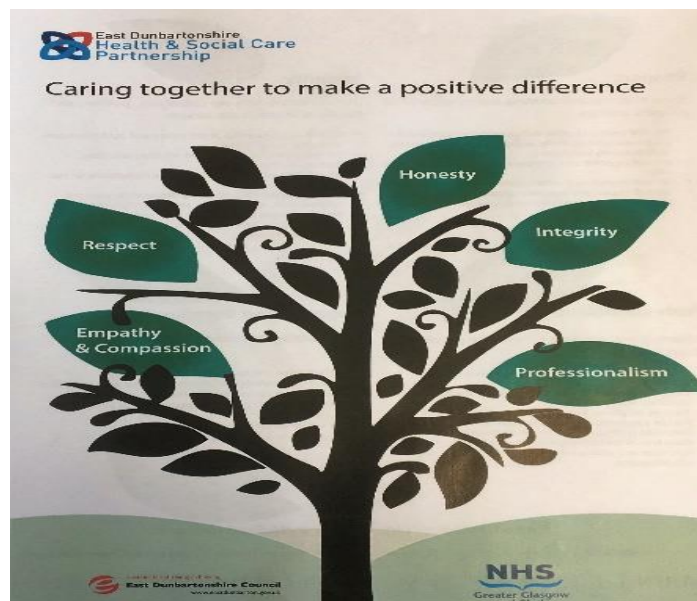
East Dunbartonshire HSCP Board has responsibility for the strategic planning and operational oversight of a range of health and social care services whilst EDC and NHS GG&C retains responsibility for direct service delivery of social work and health services respectively, as well as remaining the employer of health and social care staff.

Exhibit 1 (below) represents accountability arrangements for the planning and delivery of community health and social care services.



Our partnership vision is “Caring Together to make a Positive Difference” and is underpinned by 5 core values as set out below.

Exhibit 2



Our current Strategic Plan covers the period 2018 – 2021 and sets out eight strategic priorities which describe our ambitions to build on the significant improvements already achieved and to further improve the opportunities for people to live a long and healthy life, provide early support to families and young children and focus service on those most vulnerable in our communities. This plan is in the process of being updated and has been extended to cover the period to 2022 in light of delays experienced as a result of the Covid-19 pandemic and to ensure there is proper engagement on the next iteration of the plan.

These current priorities are:-

<p>PRIORITY 1. Promote positive health and wellbeing, preventing ill-health, and building strong communities</p>	<p>PRIORITY 2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions</p>	<p>PRIORITY 3. Keep people out of hospital when care can be delivered closer to home</p>	<p>PRIORITY 4. Address inequalities and support people to have more choice and control</p>
<p>PRIORITY 5. People have a positive experience of health and social care services</p>	<p>PRIORITY 6. Promote independent living through the provision of suitable housing accommodation and support.</p>	<p>PRIORITY 7. Improve support for Carers enabling them to continue in their caring role</p>	<p>PRIORITY 8. Optimise efficiency, effectiveness and flexibility</p>

This is further supported by a HSCP Transformation Plan outlining the key priorities for service redesign and transformation in delivery of the Strategic Plan and is supported by a range of operational plans, work-streams and financial plans to support delivery. This is also the vehicle through which the HSCP will seek to deliver financial sustainability over the short to medium term by reconfiguring the way services are delivered within the financial framework available to it.

The Strategic Plan also links to the Community Planning Partnership's Local Outcome Improvement Plan whereby the HSCP has the lead for, or co-leads:

- Outcome 3 – “Our children and young people are safe, healthy and ready to learn”,
- Outcome 5 – “Our people experience good physical and mental health and well being with access to a quality built and natural environment in which to lead healthier and more active lifestyles” and
- Outcome 6 – “Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services”.

Covid-19 Pandemic Impact and Response

The HSCP has been actively responding to the Covid-19 pandemic since March 2020. As the situation has changed over the last year, the HSCP has responded to changes in restrictions, lockdowns and frequently changing guidance on a range of Covid-19 related matters issued to health and social care from Scottish Government (SG), Health Protection Scotland and other bodies. Critical frontline services have continued to be delivered during this period and the HSCP has been able to respond quickly in providing additional support to services with additional funding made available through the SG to meet any Covid-19 related financial commitments.

In addition, the HSCP has been required to deliver new services with partners to support the national response to the pandemic including:-

- Roll out of the Covid-19 vaccination programme to the most vulnerable
- Enhanced support arrangements to support local care home sector
- Distribution of PPE and testing kits to our own services and those delivered by the third, independent sector and unpaid carers
- New dedicated Community Assessment Centre within the Kirkintilloch Health & Care Centre to provide triage to members of the public who have contacted NHS 111 with concerns about being symptomatic and are in need of medical advice and support.
- Supporting staff and communities health and wellbeing during the pandemic
- Financial support to vulnerable children and families
- Contribution to the development of Mental Health Assessment Units to minimise attendance of Mental Health patients at Emergency Departments and also deliver a streamlined service for assessments
- Additional financial support to third and independent social care providers who are key to our response to the pandemic

There were a number of services which were suspended during Covid-19 related predominantly to daycare and respite services across older people and adult services

(some elements of children’s respite services also). These tended to be building based services to vulnerable care groups (large numbers of individuals shielding) which were closed during the Covid-19 peaks and have gradually re-opened with reduced numbers in line with social distancing guidance to support some our highest risk individuals. There were other services which ceased at the request of family related to care at home / supported living packages but these were to a lesser extent.

Funding consequences

The HSCP’s response to the Covid-19 pandemic has resulted in additional costs being incurred, including short term costs such as those relating to increased demand for care, staffing and PPE costs. The HSCP, along with all other HSCPs, was required to submit Local Mobilisation Plans (LMPs) to Scottish Government, outlining the actions being taken in response to the Covid-19 situation. This is supported by further detail which is submitted on a regular basis through the health board to the Scottish Government, detailing the financial costs associated with these actions. These costs are being separately tracked internally for monitoring and reporting purposes and to help secure additional funding available. For the HSCP this additional funding was necessary, given the lack of available reserves during 2020/21.

Longer term funding impacts are difficult to comment on at this stage, as future funding settlements are subject to a greater degree of uncertainty and the longer term impacts on costs are also highly uncertain. Although it is expected that there will be significant changes in demand pressure patterns as a result of Covid-19, mapping and quantifying these is difficult as there remains much unknown regarding the medium and long term impacts of the pandemic. Demand trends will be closely monitored for any implications for future service delivery.

The HSCP recognises that the pandemic is a health crisis, social crisis, and economic crisis of unprecedented scale, with profound and permanent implications for our society. The crisis has brought about significant developments in, and embedding of, remote and digital ways of working that will be utilised throughout the pandemic and beyond. The full practical implications of the pandemic on society’s expectations of care providers, the HSCP’s demand for services, service users and ways of working in the medium and long term are not yet fully apparent but will continue to be assessed as the situation evolves and further government advice becomes available.

HSCP BOARD OPERATIONAL PERFORMANCE FOR THE YEAR 2020/21

Performance is monitored using a range of performance indicators outlined in a performance management framework with quarterly performance reports to the HSCP Board, Community Planning Board and other committees. Service uptake, waiting times and other pressures are closely reviewed and any negative variation from the planned strategic direction is reported to the HSCP Board through exception reporting arrangements which includes reasons for variation and planned remedial action to bring performance back on track.

A full report on performance will be outlined within the East Dunbartonshire HSCP Annual Performance Review 2020-21. Publication of the Annual Performance Review (APR) is normally in place by the end of July each year, but production of APRs have

provision to defer under the Coronavirus (Scotland) Act 2020. The APR for East Dunbartonshire was presented to the HSCP Board for approval in September 2021. As an interim measure, a summary of key performance across HSCP functions and services was reported to the HSCP Board in June 2021.

Notwithstanding the deferral in the production of HSCP APRs, the timing of the preparation of this set of Annual Accounts is ahead of the publication of national performance data for Core Integration Indicators. However transformational change and other qualitative performance updates do relate directly to the 2020/21 period.

Headline performance is summarised below under the following headings:

- *National Core Indicators (most recent published data)*
- *Local Transformational Change and Best Value Improvement Activity*
- *Progress against the Joint Strategic Inspection of Adult Services Action Plan*
- *A selection of performance highlights and improvement areas, more detail on which can be found in substantive HSCP performance reports*

National Core Indicators 2019-20 (collected biennially)

National Outcome Indicators	East Dunbartonshire	Scotland
Percentage of adults aware of the help, care and support options available to them	63%	62%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	61%	63%
Percentage of adults who agree that people took account of the things that mattered to them	66%	69%
Percentage of adults treated with compassion and understanding	76%	76%
Percentage of adults who agreed they felt safe	70%	73%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	65%	70%
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	62%	62%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	65%	67%
Percentage of people with positive experience of the care provided by their GP practice	86%	79%
Total combined % carers who feel supported to continue in their caring role	38%	34%
Percentage of adults who rated their care or support services positively overall (excluding informal care)	74%	69%

National Data Indicators	2018-19	2019-20	National Rank
Premature mortality rate for people aged under 75yrs per 100,000 persons *	274	300	30 th
Emergency admission rate (per 100,000 population)	11,454	11,262	22 nd
Emergency bed day rate (per 100,000 population)	110,137	107,901	10 th
Readmission to hospital within 28 days (per 1,000 population)	74	73	30 th
Proportion of last 6 months of life spent at home or in a community setting	89	89%	16 th
Falls rate per 1,000 population aged 65+	25	25	15 th
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	81%	90%	6 th
Percentage of adults with intensive care needs receiving care at home *	63%	66%	12 th
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	357	325	27 th
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency *	23%	22%	20 th

*Data for 2019 calendar year

Local Transformational Change and Best Value improvement activity during 2020/21
(this activity was curtailed due to critical pandemic response pressures)

Initiative	National Outcome
Implementation of Revised Service and Transport Charging	9
Implementation of Revised Assistance with Transport Policy	9
Review of 3rd Sector Grants	9
Review of Sleepovers	4, 9
Implementation of the HSCP Fair Access to Community Care Policy	3, 4, 5, 9
Review of staffing levels in registered services across HSCP	3, 9
Developing local accommodation options for care leavers	1, 2, 3, 4, 5, 7, 9
Development of a Digital Strategy to maximise potential for technology-based solutions	9
Increase in community based options for looked after and accommodated children	2, 7, 9
Implementation of a common scheduling system for external home care providers to ensure payments are based on actual rather than planned service	9
Vacancy Resourcing	9

Progress against the Joint Strategic Inspection of Adult Services Action Plan

Actions Completed By March 2021
Implemented the Performance Framework approach developed during 2018 – 2019
Developed a work plan to support data reporting and analysis
Worked with Council Performance Team via the Operational Reporting Requirements Group to put reporting actions in place to address areas ISD/PHS are unable to contribute to.
Developed and implement a Quality Management Framework for use across the partnership and embed process for quality improvement across partnership team
Worked with the Council Performance Team and Carefirst Team to explore how information in relation to meeting outcomes for individuals can be collated /aggregated and reported to inform service review and planning processes. Aggregated outcomes data can now be generated.
As part of our Quality Management Framework work is underway to develop expectations around formal updating of needs assessments to inform service planning and ensure scrutiny and reporting of same to Clinical and Care Governance Group
Developed a refreshed engagement strategy within the HSCP that includes engagement expectations in relation to strategic and local planning, and transformation
Contributed to the Council’s 10 stage service redesign review process to consider opportunities within process for engagement with service user / carers and care providers
Finalised the Commissioning Strategy and further developed provider forums in line with recommendations. The local Third Sector Interface has also been involved in engaging larger national third sector providers in these processes. Work is underway to develop an approach to cross-market facilitation to support delivery of the Commissioning Strategy
Work is well developed in the development of a medium term financial plan

Performance Highlights and Improvement Areas

There is a delay of some months for published national unscheduled care performance by Public Health Scotland, so full year performance data is not yet available for this. However, NHS Greater Glasgow and Clyde (GG&C) records more up-to-date unscheduled care activity and performance data, which can be used at this stage to report performance locally. Using this local data, a summary of unscheduled care performance is shown in the table below. Unscheduled care activity was greatly affected by the pandemic during 2020-21, with reduced attendances and admissions to hospital (non-Covid-19) and with an associated downturn in delayed discharges. Like for like comparison with previous years and evaluation of impact associated with pre-existing improvement planning activity is therefore very difficult to achieve.

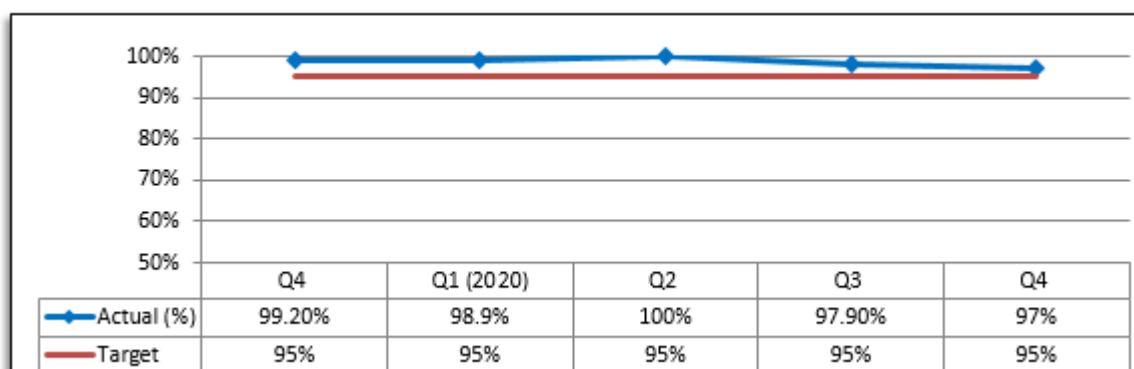
East Dunbartonshire HSCP Unscheduled Care

Data Summary: April 2020 to March 2021

Measure	Actual (Full Year)	Target (Full Year)	Target RAG	Variance with last year	RAG	Variance with last year (most recent month)	RAG	Rank in GGC (most recent month)
Emergency Dept Attendances (18+)	14,695	19,674		-24.4%		9.4%		2
Emergency Admissions (18+)	8,187	9,403		-15.7%		12.1%		3
Unscheduled bed days (18+)	78,352	80,723		-9.7%		n/a	n/a	4
Delayed discharge bed days (all ages)	3,828	4,435		-29.8%		-4.0%		3

With adult social work services, the completion of community care assessments within the target 6 week period exceeded 95% in each quarter of 2020-21, despite Covid-19 pressures, which was extremely praiseworthy:

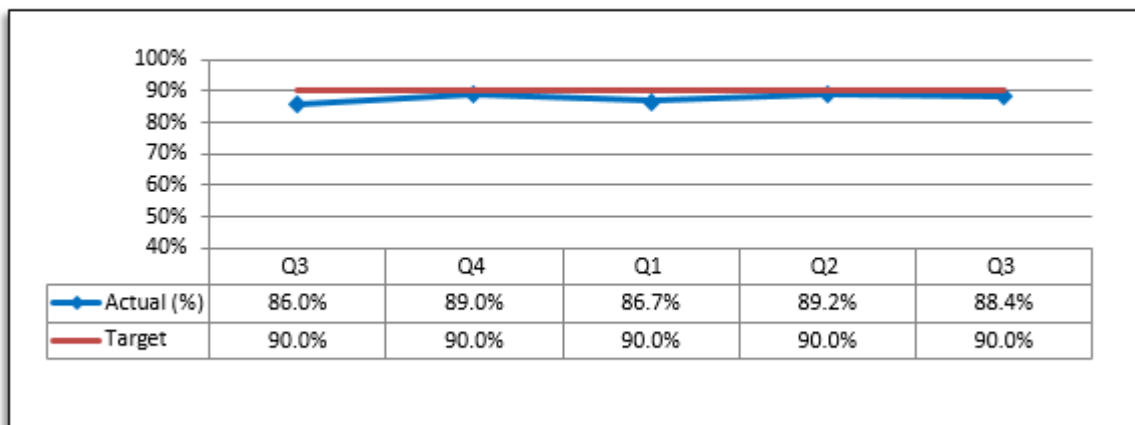
Percentage of service users (65+yrs) meeting 6wk target (Aim = to maximise)



Satisfaction with the level of customer involvement in the design of their care and support also exceeded target, achieving 100% satisfaction scores through annual review. Despite increases in referrals and challenges associated with the pandemic, the achievement of adult protection timescales exceeded the target of 92% for 2020/21.

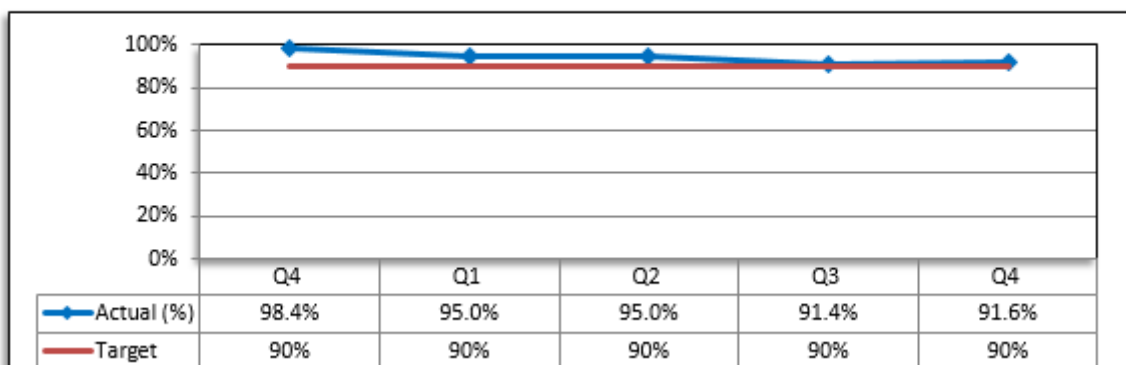
Alcohol and Drugs treatment waiting times fell just below the target of 90%, but still managed to maintain high levels of response despite social distancing constraints.

Percentage of People Waiting <3wks for Drug & Alcohol Treatment (aim = to maximise)



Mental Health psychological therapy targets were fully met during 2020/21. The teams maximised use of digital Attend Anywhere / Near Me virtual approaches to service-user engagement with high levels of success.

Percentage of People Starting Treatment <18wks for Psychological Therapies (aim = to maximise)



Children and Adolescent Mental Health Services (CAMHS) continued to face challenges meeting target waiting times from referral to treatment, with the best performance of 61% achieved in quarter 4. A programme of improvement activity is in place to improve these figures.

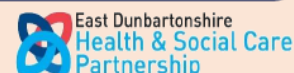
Social Work Children's Services achieved generally good performance across the full range of child protection, looked after children and assessment waiting times, in the face of particular challenges associated with social distancing constraints. The biggest challenges were during the periods of lockdown associated with the first and second wave of infections. This presented issues with convening multi-agency meetings involving children, young people and their families who were not always able to access virtual online tools such as MS Teams.













During the year, an infographic was produced that demonstrates the very high levels of service that continued to be delivered by the HSCP, despite the organisational and public health constraints faced by services and staff. This snapshot covering the first 6 months of the year is a significant testament to the determination and fortitude of the workforce. This infographic is shown on the next page.

A fuller report on HSCP performance during 2020/21 is available in the HSCP Board’s Quarter 4 Performance Report, which was considered by the HSCP Board in June 2021 and was further developed in the HSCP Annual Performance Review 2020/21 published in September 2021.

East Dunbartonshire HSCP Service Activity Highlight Report Apr – Sept 2020

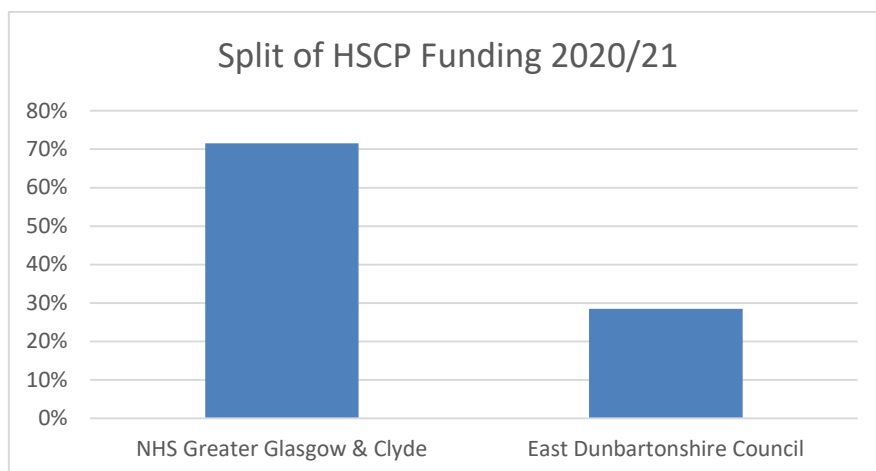
During the months of April to September 2020 a range of services have provided support to many across East Dunbartonshire, several of which have helped the most at risk groups in the community



<p>1,012 Referrals handled by the Community Rehab Team, with the highest ever referral numbers during the summer</p> <p>146 New assessments completed, with a recovery plan created by the Alcohol and Drugs Service</p> 	<p>5,700 people on the People at Risk Database contacted regularly</p> <p>327 referrals to the Hospital Assessment team</p> 	<p>6,236 Appointments attended with the Older People’s Mental Health Team</p> <p>288 New adults of all ages seen by psychological therapy services</p> 	<p>742 New community care assessments by adult and older people Social Work services</p> <p>128 New Community Payback Orders from Court</p> 
<p>23,758 District Nursing visits carried out</p> <p>158 Weekend contacts with Care Homes supported by the Advanced Nurse Practitioner service</p> 	<p>65 New referrals into the Specialist Diabetic Nursing Service</p> <p>1,447 People in contact with urgent dental care centres</p> 	<p>19,000 Hours of homecare provided by the HSCP’s in-house Care at Home Service</p> <p>95 Care at home staff trained in medicines management on a socially distanced basis</p> 	<p>939,635 Items of PPE distributed to local health, social care and voluntary support services</p> 
<p>9,722 Contacts made with children and their families</p> <p>361 Customers were supported through 5,274 contacts by the Social Work Children and Families Community Support Team</p> 	<p>537 Children receiving their 27-30 month assessment by the Health Visiting Team</p> <p>157 Child Protection investigations carried out</p> 	<p>2,809 Referrals to adult and older people social work teams</p> <p>160 Social Work Occupational Therapy assessments were completed</p> 	<p>478 Adult Support and Protection Referrals received</p> 

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2021

The activities of the HSCP are funded by EDC and NHS GG&C who agree their respective contributions which the partnership uses to deliver on the priorities set out in the Strategic Plan.



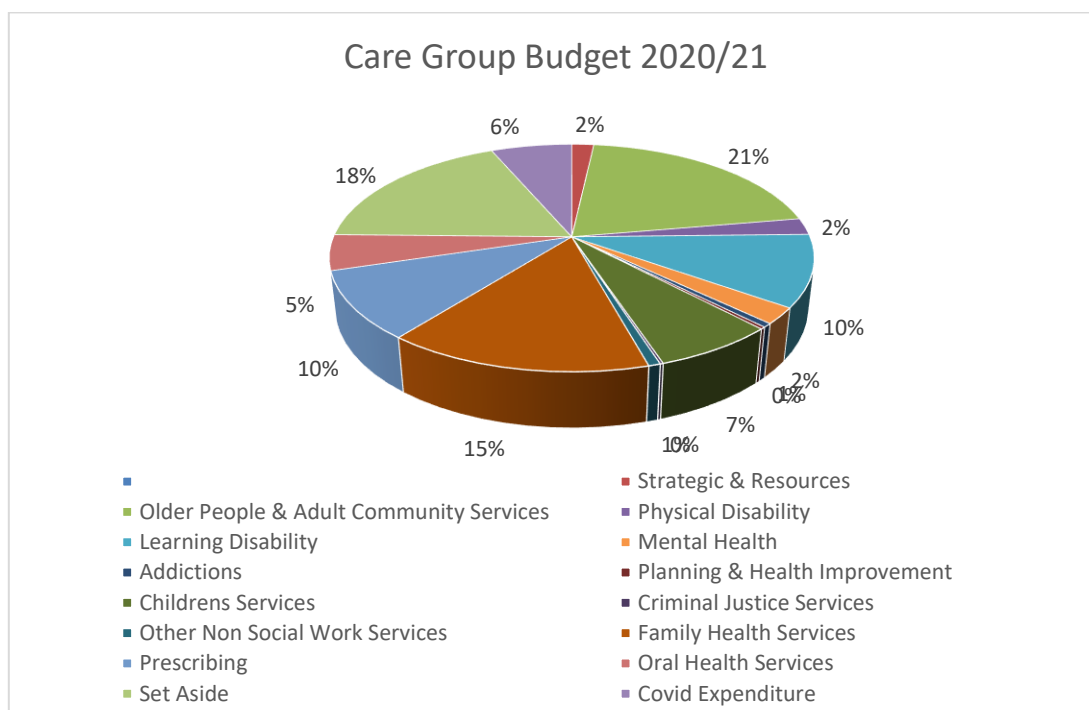
The scope of budgets agreed for inclusion within the HSCP for 2020/21 from each of the partnership bodies were:-

HSCP Board Budgets 2020/21 (from the 1st April 2020 to the 31st March 2021)

	Original Budget 2020/21 £000	In Year Adjustments £000	Final Budget 2020/21 £000
Functions Delegated by East Dunbartonshire Council	56,750	969	57,719
Functions Delegated by NHS GG&C	83,405	24,570	107,975
Set Aside – Share of Prescribed Acute functions	32,944	4,031	36,975
TOTAL	<u>173,099</u>	<u>29,570</u>	<u>202,669</u>

The increases to the original budget for 2020/21 relate largely to non-recurring funding allocations during the year relating to oral health, family health services and Scottish Government funding to support alcohol & drugs, primary care improvements and mental health monies. A significant increase for 2020/21 related to Covid-19 funding from the Scottish Government to support Covid-19 related expenditure across health & social care budgets which was routed in its entirety through the health element of the HSCP budget with funding transferred throughout the year to the local authority to support social work expenditure.

The budget is split across a range of services and care groups as depicted below:-



HOSTED SERVICES

The Health Budget includes an element relating to Oral Health Services (£10.2m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within NHS GG&C's boundaries.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services hosted within other NHS GG&C partnerships which have similar arrangements and which support the population of East Dunbartonshire such as Musculoskeletal Physiotherapy, Podiatry, and Continence Care.

The extent to which these services are consumed by the population of East Dunbartonshire is reflected below:-

2019/20 £000	Service Area	2020/21 £000
556	MSK Physio	545
59	Retinal Screening	52
578	Podiatry	180
342	Primary Care Support	324
372	Continence	399
637	Sexual Health	667
42	Learning Disability – Tier 4	0
825	Mental Health Services	909
25	Augmentative & Alternative Communications	19
809	Oral Health	808
912	Addiction	906
164	Prison Healthcare	166
193	Healthcare in Police Custody	187
2,301	General Psychiatry	2,615
154	Learning Disability – In Patient	0
1,204	Old Age Psychiatry	1,256
9,173	Total Cost of Services consumed within East Dunbartonshire	9,033

SET ASIDE BUDGET

The set aside budget relates to certain prescribed acute services including Accident & Emergency, General Medicine, Respiratory care, Geriatric long stay care etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work continues to be progressed in relation to the sum set aside for hospital services; however, arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and Integration Authority, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. To date work has focused on the collation of data in relation to costs and activity. Moving forward work has now commenced on the development of commissioning plans to support the implementation of set aside arrangements.

An allocation has been determined by NHS GG&C for East Dunbartonshire of £36.98m for 2020/21 in relation to these prescribed acute services. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year. For 2020/21 the actual figures for set aside have increased. The impact of Covid-19 resulted in a reduction in activity however this reduction in activity is offset by an increase in additional expenditure. The additional expenditure was predominantly as a result of additional staff costs, increased beds, additional cleaning, testing, equipment and PPE. The costs associated with Covid-19 that are included within the set aside total, were £43m for NHS Greater Glasgow & Clyde. These costs were fully funded by Scottish Government.

KEY RISKS AND UNCERTAINTIES

The period of public sector austerity and reduction in the overall level of UK public sector expenditure is anticipated to extend over the medium term horizon. This is compounded by the impact on public sector budgets of the Covid-19 pandemic which is expected to continue into 2021/22 with a focus on recovery and the re mobilisation of services.

The planning and delivery of health and social care services has had to adapt to meet the significant public health challenge presented by the Covid-19 pandemic. In response to the pandemic the HSCP has been required to move quickly and decisively.

There has been significant disruption to how health and social care services across East Dunbartonshire have been delivered during 2021/22 and experienced by service users, patients and carers and this is likely to continue in the short to medium term. The HSCP has also had to implement new service areas in response to the pandemic, examples of which have included the establishment of an assessment centre to support assessment of potential Covid-19 patients, enhanced support to our care home sector, a Covid-19 vaccination programme for the most vulnerable groups, the creation of a hub to support the distribution of PPE to our social care services and those delivered by the third and independent sector and personal assistants and carers.

The financial impact of implementing the required changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment, and manage the new and changing levels of need and demand) was significant and likely to be ongoing and evolving as we move through a period of recovery. The Governance Statement on page 39 outlines the governance arrangements which are in place during this challenging time. These accounts have been prepared on the basis that the Scottish Government have met all the additional costs experienced by the HSCP and this is also the assumption which has been made moving forward into 2021/22.

Future Scottish Government grant settlements remain uncertain with further reductions in government funding predicted to 2021/22. The EU referendum result on the 23rd June 2016 continues to create some residual uncertainty and risk for the future for all public sector organisations and this continues to be monitored in terms of local and national impact.

The Partnership, through the development of an updated strategic plan, has prepared a Medium Term Financial Strategy 2022 – 27 aligned to its strategic priorities. The aim is to plan ahead to meet the challenges of demographic growth and policy pressures, taking appropriate action to maintain budgets within expected levels of funding and to maximise opportunities for delivery of the Strategic Plan through the use of reserves. This was presented in the context of the ongoing impact of the Covid-19 pandemic and will be reviewed on an annual basis and updated to reflect up to date assumptions and known factors which may have changed since the original strategy was written. It is accepted that the medium to longer term impacts of the pandemic are yet to be fully felt and assessed.

It should be recognised that extraordinary costs have been incurred and will continue to be incurred for the foreseeable future. For accounting purposes, these costs will be recorded separately, with the assumption that costs will be covered by partners, and ultimately by government.

Additional funding of £72.6m has been provided to HSCPs for 2021/22 to support continued implementation of the Carers Act, Scottish Living Wage to care providers and increases to Free Personal Care allowances. There has also been additional Investment in the Primary Care Fund to support the implementation of the GP contract and development of new models of primary care (£45m), Mental Health and CAMHs (£22.1m), Alcohol and Drugs services (£50m) and £869m will be provided to support the ongoing response to the pandemic.

The most significant risks faced by the HSCP over the medium to longer term are:-

- The increased demand for services alongside reducing resources. In particular, the demographic increases predicted within East Dunbartonshire is significant with the numbers of older people aged 75+ set to increase by 67% over the period 2018-2043 (source: NRS). Even more significantly given the age profiles of people receiving the greatest proportion of services, numbers of older people aged 85+ are set to increase by 119% over the same period.
- East Dunbartonshire has a higher than national average proportion of older people aged 75+, therefore these projected increases will have a significant, disproportionate and sustained impact on service and cost pressures.
- The cost and demand volatility across the prescribing budget which has been significant over the years as a result of a number of drugs continuing to be on short supply resulting in significant increase in prices as well as demand increases in medicines within East Dunbartonshire. While these issues were not as significant during 2020/21, the impact on the demand and supply of medicines following the Covid-19 pandemic are expected to resume to normal levels. This represents the HSCP's singular biggest budget area.

- The achievement of challenging savings targets from both partner agencies that face significant financial pressure and tight funding settlements, expected to continue in the medium to long term.
- The capacity of the private and independent care sector who are struggling to recruit adequate numbers of care staff to support service users which is being felt more acutely south of the border but remains a concern locally.

Financial governance arrangements have been developed to support the HSCP Board in the discharge of its business. This includes financial scoping, budget preparation, standing orders, financial regulations and the establishment and development of a Performance, Audit & Risk Committee to ensure the adequacy of the arrangements for risk management, governance and the control of the delegated resources.

The HSCP Board approved a risk management strategy in August 2017 and we continue to maintain a corporate risk register for the HSCP which identified the key areas of risk that may impact the HSCP and the range of mitigating actions implemented to minimise any associated impact. This is subject to regular review with the latest version presented to the IJB in January 2021. This has been supplemented by a specific Covid-19 risk register following the pandemic outbreak in March 2020 and will be in place specifically to manage these risks throughout this period.

The key areas identified (as at January 2021) are:

Key Strategic Risks	Mitigating Actions
Inability to achieve financial balance	Liaison with other Chief Finance Officers network. Monitoring of delivery of efficiency plans for the coming year through the HSCP transformation board. Reserves policy in place to ensure contingency to manage unplanned events in year. Financial recovery plan in place and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year.
Risk of failure to achieving transformational change and service redesign plans within necessary timescales	Transformation Board oversees progress. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities. Early collaborative planning with ED Council and NHS GG&C re support requirements.
Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties.	Develop workforce plan for 2018-21 in line with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues.
Brexit risk - may negatively impact service delivery as a result of staff, equipment, medication or food shortages	Ongoing engagement with Brexit risk assessment and planning groups across ED Council and NHS GG&C

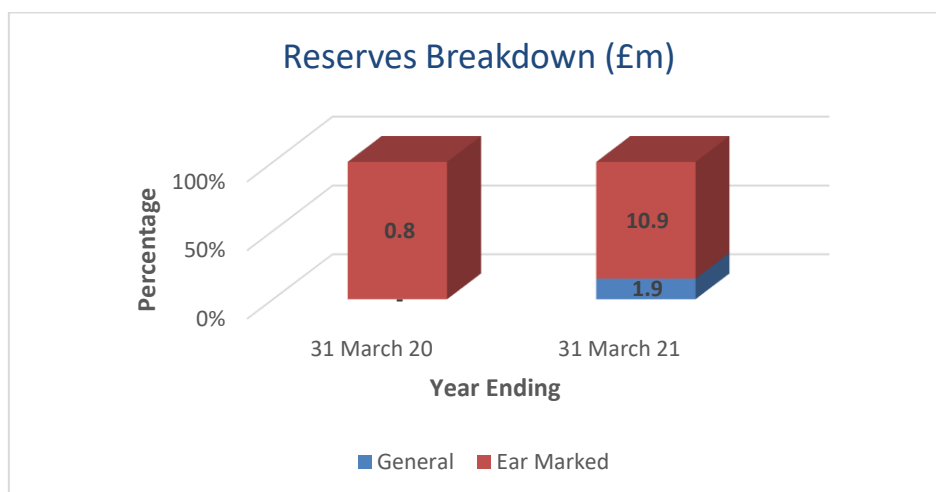
<p>Covid-19 - Failure to deliver services to all those vulnerable and complex individuals to allow them to remain safely at home.</p>	<p>Monitoring of absence levels and adherence to health protection Scotland advice, additional overtime on offer for staff at work, ongoing recruitment, staff re-direction to frontline care at home service, purchase of appropriate PPE to support staff to deliver safely, management of demand through reliance on carers / family members. Additional contract monitoring and commissioning support and liaison to support business continuity of care providers.</p>
<p>Covid-19 - Increased demand for services to support individuals within the community in the context of reduced capacity.</p>	<p>Additional support provided to individuals / carers to support those at risk and shielding to remain safely at home, training ongoing for staff re-directed to care at home and other critical service areas.</p>

FINANCIAL PERFORMANCE 2020/21

The partnership's financial performance is presented in these Annual Accounts. The table, on page 47 shows a surplus of £12m against the partnership funding available for 2020/21. This includes unspent funding from Scottish Government received in year (to be carried forward to future years) in relation to Covid-19 funding, Primary Care Improvements, delivery of the Mental Health Strategy, Children's Mental Health & Wellbeing and Alcohol & Drugs monies. Additional funding received during the later stages of the financial year mask the true extent of surpluses on revenue budgets during the year. Adjusting this position for in year movements in reserves provides a surplus on budget of £3.3m for 2020/21 which has been reported throughout the year to the IJB through regular revenue monitoring updates.

The surplus on the partnership budget relates in the main to social work services of £2.3m primarily due to a significant downturn in care home placements for older people (a reduction in placements of 15% from planned activity levels during the year), a downturn in care packages across older people (a reduction of 5% in care at home packages from planned activity levels during the year) and adult services as services were reduced or suspended as a consequence of the pandemic, reductions in transport, equipment costs and supplies and services generally. There were also surpluses incurred on community health budgets of £1m related to a downturn in prescribing volumes, accommodation costs and capacity across payroll budgets with delays in filling vacancies throughout the year.

This has enhanced the reserves position for the HSCP from a balance of £0.8m at the year ending 31st March 2020 to that of a balance of £12.8m at year ending 31st March 2021 (as detailed in the reserves statement on page 48.) The reserves can be broken down as follows:



The CIES includes £7m of expenditure related to the impact from Covid-19. The costs incurred during 2020/21 are set out in the table below, for which full funding was provided through the SG totalling £10.1m to support this expenditure. The balance has been taken to earmarked reserves to meet ongoing Covid-19 related costs during 2021/22.

:

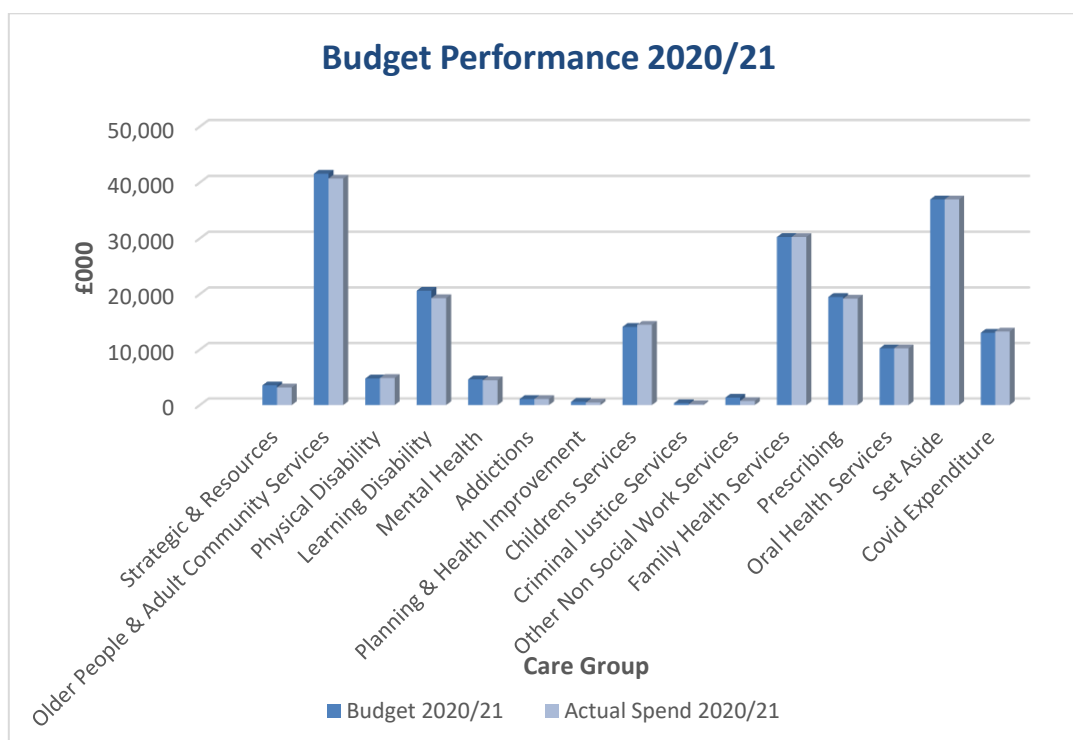
Additional Covid -19 Costs - HSCP	Revenue
	2020/21
Personal protective equipment	678,027
COVID-19 screening and testing for virus	931
Estates & Facilities cost including impact of physical distancing measures	-
Additional staff Overtime and Enhancements	477,514
Additional temporary staff spend - Student Nurses & AHP	15,409
Additional temporary staff spend - All Other	272,310
Social Care Provider Sustainability Payments	3,824,571
Additional costs to support carers	101,207
Mental Health Services	137,569
Additional payments to FHS contractors	422,369
Community Hubs	402,325
Loss of income	629,201
Equipment & Sundries	105,434
Winter Planning	-
Other - Flu Programme Delivery Costs	54,095
Other - Support to vulnerable service users food	2,109
Other - alternatives to day care	87,700
Other - other social care	567,836
Offsetting cost reductions - HSCP	(1,994,736)
Total	5,783,871
Expected underachievement of savings (HSCP)	1,191,250
Total Expenditure	6,975,121
Income:	
Tranche 1 - Share of £50m announced 12th May 2020	(976,000)
Tranche 2 - Share of £25m announced 3rd August 2020	(488,000)
Tranche 3 - Share of £25m announced 3rd August 2020	(1,600,000)
Tranche 4 - Indicative Share of £47m announced 29th Sept 2020	(2,111,000)
Tranche 5 - Share of Primary Care Adjustment	(220,000)
Adult Social Care Winter Planning	(1,500,000)
GP Funding	(351,000)
January 2021 Tranche	(2,727,200)
March 2021 - Care Home Testing Funding	(159,000)
Total Income	(10,132,200)
Net Expenditure (surplus)	(3,157,079)

The 2020/21 accounts also include the £500 payment to NHS employees funded by the Scottish Government which represents an additional cost of £0.3m. The payment to Council employees and external providers will appear in the 2021/22 accounts and is reflective of when this was instructed for payment.

As part of the approval of the 2020/21 Budget in March 2020, this presented a financial challenge to the HSCP of £6m to be addressed during this year through savings, efficiencies and a programme of transformation. This was met through the identification of £3.2m of agreed savings (including management actions, turnover savings and transformation activity) with a £2.8m financial gap which required the identification of additional transformation activity during the year to deliver a balanced budget for 2020/21 and moving forward into future financial years.

There were a number of adjustments to the budget since the approvals in March 2020, recurring funding streams identified during the year end process for 2019/20 and in the initial monitoring periods of the budget for 2020/21 which reduced the financial gap to £2.1m. Work to identify further transformation activity was significantly impacted through the Covid-19 pandemic with management and leadership capacity across the HSCP and the Council re-directed to the Covid-19 response which resulted in an under-achievement of savings. This was initially incorporated within LMP returns to SG for funding to support this area, however as the year progressed the significant downturn in care home admissions during the year resulted in the financial gap being closed in its entirety for 2020/21. The impact of Covid-19 facilitated not only a balanced budget position for the HSCP but resulted in an overall surplus on budget across all care group areas with the exception of Children’s Services who incurred a small overspend.

The partnership’s financial performance across care groups is represented below:



The main variances to budget for the HSCP during the year are set out below:

[Mental Health, Learning Disability, Addiction Services \(£1.5m under spend\).](#)

There was a loss of income in respect of daycare and transport charging due to service closures during Covid-19 both to other local authorities and to service users, this is reflected within the LMP for which compensating funding was received from the SG. Throughout the year there was

a continuing downturn in care packages within this care group, particularly in the latter stages of the year when payment for services resumed to that based on actual service delivery as opposed to payment on planned during the peak of the pandemic to ensure provider sustainability. A mechanism for ensuring ongoing sustainability was developed through the SG and COSLA and implemented from December 2020 for which Covid-19 funding was available. There was also a downturn in the provision of taxis and transport to support individuals to access services, while these remained closed, and some positive payroll variations due to reduced staffing levels within supported Living provision for individuals with complex autism needs due to a void placement.

Community Health & Care Services – Older People / Physical Disability (underspend of £0.7m)

The surplus generated in this area related to a combination of slippage in recruitment on elderly mental health services and a significant downward trend in care home placements and care at home packages as a consequence of the impact of the Covid-19 pandemic. Demographic increases of 5% had been built into budget assumptions for this care group area which saw a decline across a number of service areas including care homes which reduced in capacity by 15% from planned levels. There were some areas of pressure in relation to in house homecare costs related to redesign costs and demand pressures. The level of bad debt provision increased for this care group area related to care home residents (interim funding / Charging Orders) and recovery of overpayments related to direct payments following an audit deemed non recoverable.

Children & Criminal Justice Services (£0.2m overspend)

Initial payroll pressures anticipated from challenging turnover savings did not materialise as expected as a result of continued vacancies across this service area, however there continues to be pressures from a number of additional residential and fostering placements and increasing numbers of kinship payments since agreeing the budget in March 2020. In addition the impact of delays in attaining budget savings related to the 'House Project', payments to voluntary sector organisations and the saving related to the Canal project have had a negative impact on the budget position.

Prescribing (underspend of £0.3m)

The under spend on prescribing relates to the positive impact of tariff swap projections since setting the budget in March 2020. Previous pressures as a result of the short supply of Sertraline have levelled off and there continues to be a downward trend in volumes of prescribing which have offset the repayment of monies from the SG to support prescribing pressures from 2019/20 of £344k in the expectation that a surge in March related to Covid-19 would be followed by a downward trend on volumes during April - November 2020. The saving identified in relation to prescribing at the time of setting the budget has also been achieved within this area.

Business Support (underspend of £0.4m)

This relates to accommodation costs for Lennoxton hub not materialising as expected and continuing staff savings within planning and commissioning support.

Housing Aids and Adaptations and Care of Gardens (underspend of £0.6m)

There are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood & Corporate Assets Directorate.

Partnership Reserves

As at the 1st April 2020, the HSCP had no general reserves balances, the surplus generated during 2020/21 will allow the HSCP to create a general reserve. This will provide the HSCP with financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget.

The approval of the budget 2021/22 provided for the use of an element of general reserve to achieve a balanced budget through the creation of a transformation reserve for 2021/22 to underwrite the identification of future recurring transformation activity. In addition specific reserves were created in relation to prescribing, to manage the risks on this budget during the year 2021/22 and also for psychological therapies to improve waiting times performance. Further to these surpluses on specialist children's services and monies to support a garden project at the Woodlands Centre have also been earmarked to meet specific cost commitments in 2021/22. This provides a general reserve balance of £1.9m.

A Reserves policy was approved by the IJB on the 11th August 2016. This provides for a prudent reserve of 2% of net expenditure which equates to approximately £3.3m for the partnership. The level of general reserves falls short of this prudent level but represents a much improved position on previous year balances.

The HSCP has also increased the level of earmarked reserves to £10.9m which are available to deliver on specific strategic priorities and largely relate to funding from the Scottish Government allocated late in the financial year to support Covid-19 related activity, recognising that this would continue into the next financial year. The most significant element relates to Covid-19 funding which account for £6.5m of ear marked reserves. This includes a balance of monies to support Covid-19 expenditure reported through LMP returns during 2020/21 (£3.3m), Further Integration Authority Support (£1.95m), Adult Social Care Winter Plan (£0.9m) and Community Living Change Funding (£0.35m). Funding attributed to the latter three areas were announced on the 5th February 2021 and have therefore been carried forward in their entirety. There is an expectation that this will be available to support ongoing expenditure related to Covid-19 and the recovery of services during 2021/22 with any additional funding to be represented through a process of ongoing returns to SG.

A breakdown of the HSCP earmarked reserves is set out below:

	£m
HSCP Transformation	1.100
Review Team	0.170
SG - Children's MH & Wellbeing Programme	0.226
SG - Self Directed Support	0.077
SG - Integrated Care / Delayed Discharge Funding	0.282
Oral Health Funding	0.403
SG - GP Out of Hours	0.039
SG - Primary Care Improvement	0.878
SG – Action 15 Mental Health	0.572
SG – Alcohol & Drugs Partnership	0.112
GP Premises	0.118
PC Support	0.027
Prescribing	0.185
SG - Covid	6.469
Psychological Therapies	0.060
SG - District Nursing	0.031
SG - Chief Nurse	0.051
SG - Health & Wellbeing	0.055
Other Ear Marked	0.054
TOTAL	<u>10.909</u>

The total level of partnership reserves is now £12.8m as set out in the table on page 48.

Financial Planning

In setting the budget for 2021/22, the partnership had a funding gap of £1.8m following an analysis of cost pressures set against the funding available to support health and social care expenditure in East Dunbartonshire, this is set out in the table below:

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2020/21 (excl. Set aside)	56.750	83.912	140.662
Financial Pressures - 21/22	0.874	1.044	1.918
Recurring Financial Gap 20/21	2.249		2.249
2021/22 Budget Requirement	59.873	84.956	144.829
2021/22 Financial Settlement	58.401	84.678	143.079
Financial Challenge 21/22	1.472	0.278	1.750
Budget Savings 20/21 - F/Y Impact	(0.650)	0.000	(0.650)
Transformation / Application of General Reserves	(0.822)	(0.252)	(1.074)
Savings Plan 21/22	0.000	(0.026)	(0.026)
Residual Financial Gap 21/22	0.000	(0.000)	(0.000)

Savings plans of £0.7m were identified to mitigate the financial pressures which left a remaining gap of £1.1m to be funded through the creation of a transformation reserve to under-write the identification and development of a future programme of transformation activity during 2021/22 which will deliver recurring savings into future financial years. This represents a pragmatic approach in recognition that the work to identify and deliver transformation activity has been significantly hindered by the continuing response to the Covid-19 pandemic and will continue to

be so during the early part of 2021/22 and thereafter a focus on the recovery and remobilisation of services.

The HSCP has a Medium Term Financial Strategy for the period 2022 – 2027 which outlines the financial outlook over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the HSCP's strategic priorities. The Strategic Plan is currently under review, with an interim plan in place to cover the period to 2022.

There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant opportunity being the Review of Adult Social Care, elements of which have now been reflected in the new programme for government, and will see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

The HSCP has particular demographic challenges as set out previously on page 7.

The onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had significant implications in the immediate / short term and this is expected to continue in the medium term as services recover and potential longer term impacts emerge which are yet to be fully assessed.

The Financial Challenge

The medium term financial outlook for the HSCP provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The HSCP is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £14.1m to £27.8m of savings with the most likely scenario being a financial gap of £18.6m over the next five years. This will extend to £44.6m over the next 10 years, however this becomes a more uncertain picture as the future environment within which HSCPs operate can vary greatly over a longer period of time.

Based on the projected income and expenditure figures the HSCP will require to achieve savings between £3.1m and £4.2m each year from 2022/23 onwards. The aim of the medium term financial strategy is to set out how the HSCP would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap



Delivering Services Differently through Transformation and Service Redesign

- Development of a programme for Transformation and service redesign which focuses on identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the HSCP Strategic Plan.



Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.



Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the HSCP.



Shifting the Balance of Care

- Progressing work around the un-scheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community.



Prevention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.



Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

Ms J Forbes

28th October 2021

IJB Chair

Mrs C Sinclair

28th October 2021

Interim Chief Officer

Ms J Campbell

28th October 2021

Chief Finance & Resources
Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the HSCP Board

The HSCP Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance & Resources 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 as modified by the Coronavirus (Scotland) Act 2020), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance, Audit & Risk Committee on the 28th October 2021.

Signed on behalf of the East Dunbartonshire HSCP Board.

Ms J Forbes

IJB Chair

28th October 2021

Responsibilities of the Chief Finance & Resources Officer

The Chief Finance & Resources Officer is responsible for the preparation of the HSCP Board'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 the Annual Accounts, the Chief Finance & Resources Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance & Resources Officer has also:

- kept proper accounting records which 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 the East Dunbartonshire HSCP Board as at 31 March 2021 and the transactions for the year then ended.

Ms J Campbell
Chief Finance & Resources Officer

28th October 2021

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff.

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

Remuneration: HSCP BOARD Chair and Vice Chair

The voting members of the HSCP Board are appointed through nomination by EDC and NHS GG&C in equal numbers being three nominations from each partner agency. Nomination of the HSCP Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board Non-Executive Director.

The remuneration of Senior Councillors is regulated by the Local Governance (Scotland) Act 2004 (Remuneration) Regulations 2007. A Senior Councillor is a Councillor who holds a significant position of responsibility in the Council's political management structure, such as the Chair or Vice Chair of a committee, sub-committee or board (such as the HSCP Board).

The remuneration of Non-Executive Directors is regulated by the Remuneration Sub-committee which is a sub-committee of the Staff Governance Committee within the NHS Board. Its main role is to ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health and Social Care Directorates.

The HSCP Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the HSCP Board. The HSCP Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the HSCP Board to the Chair and Vice Chair.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting HSCP Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the HSCP Board

The HSCP Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board. All staff working within the partnership are employed through either NHS GG&C or EDC and remuneration for

senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and the Chief Finance & Resources Officer’s remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer’s employment are approved by the HSCP Board. The Interim Chief Officer, Mrs Sinclair was appointed from the 6th January 2020. Mrs Sinclair is employed by East Dunbartonshire Council and seconded to the HSCP Board.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below. The HSCP Board Chief Finance & Resources Officer is employed by NHS GG&C.

The Council and Health Board share the costs of all senior officer remunerations.

Total 2019/20 £	Senior Employees	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total 2020/21 £
23,590	C Sinclair Interim Chief Officer 6 th January 2020 to present	104,448	0	104,448
77,938	S Manion Chief Officer 12 th December 2016 to 5 th January 2020	0	0	0
79,412	J. Campbell Chief Finance & Resources Officer 9 th May 2016 to present	87,036	0	87,036
180,940	Total	191,484	0	191,484

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

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 pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board’s funding during the year to support officers’ pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer’s own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/20	For Year to 31/03/21		Difference from 31/03/20	As at 31/03/21
	£	£		£000	£000
C Sinclair	5,000	20,000	Pension	0 – 5	5 – 10
Interim Chief Officer 6 th January 2020 to present			Lump sum	0	0
S. Manion	16,000	0	Pension	20 – 25	0
Chief Officer December 2016 to 5 th January 2020			Lump sum	60 – 65	0
J. Campbell	17,000	18,000	Pension	5 – 10	5 – 10
Chief Finance & Resources Officer 9 th May 2016 to present			Lump sum	0	0
Total	38,000	38,000	Pension	25 – 40	10 – 20
			Lump Sum	60 – 65	0

The Interim Chief Officer and the Chief Finance & Resources Officer detailed above are members of the Local Government Superannuation Scheme and the NHS Superannuation Scheme (Scotland) respectively. The pension figures shown relate to the benefits that the person has accrued as a consequence of their current appointment and role within the HSCP Board and in the course of employment across the respective public sector bodies. The contractual liability for employer’s pension contribution rests with NHS GG&C and East Dunbartonshire Council respectively. On this basis there is no pension liability reflected on the HSCP Board balance sheet. There was no exit packages payable during either financial year.

Ms J Forbes

IJB Chair

28th October 2021

Mrs C Sinclair

Interim Chief Officer

28th October 2021

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money and assets are safeguarded and that arrangements are made to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance, which includes the system of internal control. The system is intended to manage risk to support the achievement of the HSCP Board's policies, aims and objectives. Reliance is placed on the NHS GG&C and EDC systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The system of internal control is designed 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.

Impact of Coronavirus (Covid-19) pandemic on governance arrangements

Impact on service delivery

As a result of the pandemic, presenting need, demand, service activity, performance and impact have been significantly affected. Throughout the year, operational teams have worked very hard to ensure that the people we support continue to have their eligible needs met, with provision being made in ways that are safe and person-centred.

Governance Implications

In the initial months of the pandemic, from March 2020, the HSCP Board adopted temporary arrangements, and authority was delegated to the Chief Officer and the Chief Finance & Resources Officer; such provisions are normally actioned during the annual summer recess. This delegation is set out in the Scheme of Delegation to Officers and was subject to reporting to the HSCP Board at the first available opportunity. This power was exercised in consultation with the Chairperson or Vice-Chairperson, as appropriate. In addition, the Chief Officer sought legal and financial advice prior to making significant decisions and liaised throughout with the Chief Executives of both the Council and the Health Board. These temporary arrangements were required to deliver new and existing high priority services in challenging and unprecedented times. Virtual meetings of the HSCP Board meetings and those of the Performance, Audit & Risk Committee commenced in June 2020 and have continued since then.

The Civil Contingencies Act 2004 requires both Local Authorities and NHS Bodies to prepare for adverse events and incidents as Category One Responders. The Chief Officer and the HSCP Senior Management Team, through their roles as senior operational leaders within EDC and NHSGGC formally contributed to the pandemic response and recovery plans by being key participants in Covid-19/Business Continuity response, tactical and strategic resilience groups. The Health and Sport

Committee recognised the contribution made by HSCPs and questioned why Integrated Joint Boards (IJBs), responsible for the strategic delivery of health and social care services since 2015, did not have the same legal status as Local Authorities and Health Boards. After a period of Scottish Government the Civil Contingencies Act 2004 has been amended to include IJBs as Category One Responders, effective from the 16 March 2021.

Financial Pressure & Funding Consequences

Significant pressures have been evident as a result of Covid-19 related costs and the impact of this on the delivery of savings and transformation during 2020/21. The Scottish Government have confirmed and provided full funding to support these costs which provides an overall under spend on budget related primarily, to a significant downturn in care home and care at home placements. This will enable the HSCP to create a contingency reserve as we move into 2021/22 to support ongoing financial sustainability. In order to maintain this position a fundamental change in the way health and social care services are delivered within East Dunbartonshire will be required in order to meet the financial challenges and deliver within the finances available to the partnership on a recurring basis.

Assessment of the longer-term disruption and consequences arising from the coronavirus pandemic

The pandemic has had profound health, social, and economic impacts of unprecedented scale, with permanent implications for our society. It has accelerated a change in public services and magnified a number of risks. The HSCP has business continuity plans in place to guide the continued delivery of essential services. Covid-19 Recovery and Transition Plans are also in place which inform the process of guiding service recovery through and out of the pandemic. These plans set out the approach the partnership will take to critical response and transitional post emergency phases of the pandemic. During ongoing response planning the HSCP will be working across service areas in collaboration with partner organisations, service users and the wider community to maintain and re-establish service provision to meet the needs of our residents. This will take account of changing demand patterns and the extent to which these persist in the medium term, for example the mix between care home and care at home demand.

The Governance Framework and Internal Control System

The system of internal control is based on a framework designed to identify and prioritise the risks to the achievement of the Partnership's key outcomes, aims and objectives and comprises the structures, processes, cultures and values through which the partnership is directed and controlled.

The system of internal control includes an ongoing process, designed to identify and prioritise those risks that may affect the ability of the Partnership to achieve its aims and objectives. In doing so, it evaluates the likelihood and impact of those risks and seeks to manage them efficiently, effectively and economically.

Governance arrangements have been in place throughout the year and up to the date of approval of the statement of accounts. However, see further detail provided above on the impact of the Covid-19 pandemic on these arrangements.

Key features of the governance framework in 2020/21 are:

- The HSCP Board comprises six voting members – three non-executive Directors of NHS GG&C and three local Councillors from EDC. The Board is charged with responsibility for the planning of Integrated Services through directing EDC and the NHS GG&C to deliver on the strategic priorities set out in the Strategic Plan. In order to discharge their responsibilities effectively, board members are supported with a development programme. This programme aims to provide opportunities to explore individual member and Board collective responsibilities and values that facilitate decision making, develop understanding of service provision within the HSCP and engage with staff delivering these services and specific sessions on the conduct of the business of the HSCP Board.
- HSCP Boards are ‘devolved public bodies’ for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000, which requires them to produce a code of conduct for members. The members of the HSCP Board have adopted and signed up to the Code of Conduct for Members of Devolved Public Bodies and have committed to comply with the rules and regularly review their personal circumstances on an annual basis.
- The HSCP Board has produced and adopted a Scheme of Administration that defines the powers, relationships and organisational aspects for the HSCP Board. This includes the Integration Scheme, Standing Orders for meetings, Terms of reference and membership of HSCP Board committees, the Scheme of Delegation to Officers and the Financial Regulations.
- The Strategic Plan for 2018-2021 outlines eight key priorities to be delivered over the three year period and describes for each priority what success will look like and the outcome measures to be used to monitor delivery. It sets out the identified strategic priorities for the HSCP and links the HSCP’s priorities to National Health and Wellbeing Outcomes. An established Strategic Planning Group (SPG), comprising legislatively determined membership, oversees the delivery of the Strategic Plan. This is supported by a range of planning groups to take forward particular priorities which reports through the SPG and to the HSCP Board. At the HSCP Board meeting on 17 September 2020 it was agreed that the Strategic Priorities in the existing plan would be continued for one year to March 2022 with the same success measures, with the addition of Covid-19 critical response, transition and service remobilisation. 2021/22 will see the preparation of a Strategic Needs Assessment and programme of community consultation to support preparation of a new substantive Strategic Plan, to take effect from 1 April 2022.
- Financial regulations have been developed for the HSCP in accordance with the Integrated Resources Advisory Group (IRAG) guidance and in consultation with EDC and NHS GG&C. They set out the respective responsibilities of the Chief Officer and the Chief Finance & Resources Officer in the financial management of the monies delegated to the partnership.

- The Risk Management Policy sets out the process and responsibilities for managing risk in the HSCP. The Corporate Risk Register was revised and approved in January 2021 and is reviewed by the Senior Management Team at least twice a year. In light of the Covid-19 pandemic, a specific risk register has been compiled for the risks associated with this event.
- Performance Reporting – Regular performance reports are presented to the HSCP Board to monitor progress on an agreed suite of measures and targets against the priorities set out in the strategic plan. This includes the provision of exception reports for targets not being achieved identifying corrective action and steps to be taken to address performance not on target. This scrutiny is supplemented through the Performance, Audit and Risk Committee. A performance management framework has been developed and implemented across the HSCP to ensure accountability for performance at all levels in the organisation. This includes regular presentations on team / service performance to the Senior Management team at a more detailed level and informs higher level performance reporting to the partner agency Chief Executives as part of regular organisation performance reviews (OPRs) and ultimately to the HSCP Board.
- The Performance, Audit & Risk Committee advises the Partnership Board and its Chief Finance & Resources Officer on the effectiveness of the overall internal control environment.
- Clinical and Care Governance arrangements have been developed and led locally by the Clinical Director for the HSCP and through the involvement of the Chief Social Work Officer for EDC.
- Information Governance – the Public Records (Scotland) Act 2011 (Section 1 (1)) requires the HSCP Board to prepare a Records Management Plan setting out the proper arrangements for the authority's public records. The HSCP Board updated and approved this in March 2021, prior to submission to the Keeper of the Records of Scotland. In addition, under the Freedom of Information (Scotland) Act, the HSCP Board is required to develop a Freedom of Information Publication Scheme – this was published in March 2017.
- The HSCP Board is a formal full partner of the East Dunbartonshire Community Planning Partnership Board (CPPB) and provides regular relevant updates to the CPPB on the work of the HSCP.

Roles and Responsibilities of the Performance, Audit and Risk Committee and Chief Internal Auditor

Board members and officers of the HSCP Board are committed to the concept of sound internal control and the effective delivery of HSCP Board services. The HSCP Board's Performance, Audit & Risk Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Performance, Audit & Risk Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2017 (PSIAS) and regularly monitors the performance of the Partnership's internal audit service. The appointed Chief Internal Auditor has responsibility to perform independent reviews and to report to the Performance, Audit & Risk Committee annually, to provide assurance on the adequacy and effectiveness of conformance with PSIAS.

The internal audit service undertakes an annual programme of work, approved by the Performance, Audit and Risk Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. East Dunbartonshire Council's Audit & Risk Manager is the Chief Internal Auditor for the Partnership. In this role, the assurance is based on the available information including HSCP audits, EDC internal audit reports relating to the Partnership and summary reports on NHS GG&C internal audits that relate to the partnership. Whilst as a result of the Covid-19 pandemic the focus of internal audit work in 2020/21 has differed to that originally envisioned, internal audit have continued to take a risk based approach in completing the internal audit plan. There have been no impairments or restrictions of scope during the course of the year.

Based on Internal Audit work completed in 2020/21 in accordance with Public Sector Internal Audit Standards (PSIAS), the Chief Internal Auditor has concluded that the HSCP's internal control procedures were generally found to operate as intended, with reasonable assurance being provided on the integrity of controls. A number of additional recommendations have been made by the internal audit team in 2020/21 in order to improve controls further, and action plans developed with management to address the risks identified. The Chief Internal Auditor has conducted a review of all HSCP and EDC Internal Audit reports issued in the financial year, together with summary reports on NHS GG&C Internal Audit work and Certificates of Assurance from the EDC and partnership Senior Management Team. Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance, based on the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation.

Update on Previous Governance Issues

The 2019/20 Annual Governance Statement set out a number of Improvement Actions to enhance the governance arrangements within the partnership or which the partnership relies on to support effective internal controls. These are updated below:

- An area identified for improvement was the process for purchasing emergency or short notice commissioned care. The processes for ensuring this, and other existing commissioning, has proper contractual under-pinning was identified as requiring strengthening. In support of these improvements, an internal audit review of two specific arrangements was completed in 2020/21 and five recommendations made for improvement. Three of the five risks raised have been fully addressed through revising the governance arrangements around Directions and HSCP Board papers and so these actions are deemed complete. The final two actions relating to Monitoring of Care at Home Capacity and Off Contract Spend Procedures are in progress. Improvements will be taken forward through the Senior Management Team and in collaboration with

EDC, to ensure controls are improved and proper governance arrangements are operating correctly.

- EDC Internal Audit Reports – EDC Internal Audit have performed a follow up review which confirmed that a high risk prior year issue remained outstanding relating to contractual arrangements for Social Work Contract Monitoring. Revised timescales have been agreed with relevant officers and these will be progressed in 2021/22.
- External Reports – it was stated in last year’s governance statement that the HSCP would take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice. In line with recommendations from Audit Scotland for longer term financial planning the HSCP has developed a five year medium term financial strategy which was approved by the HSCP Board in June 2021.

Review of Effectiveness

East Dunbartonshire HSCP Board has responsibility for reviewing the effectiveness of the governance and risk management arrangements including the system of internal control. This review is informed by the work of the Chief Officer and the Senior Management Team who have responsibility for the development and maintenance of the governance environment, the Annual Governance Report, the work of internal audit functions for the respective partner organisations and by comments made by external auditors and other review agencies and inspectorates.

The partnership has put in place appropriate management and reporting arrangements to enable it to be satisfied that its approach to corporate governance and risk management is both appropriate and effective in practice.

A range of internal audit assignments has been completed that reviewed the operation of internal controls of relevance to the HSCP Board. These were generally found to operate as intended, with reasonable assurance provided on the integrity of controls. A number of recommendations have been made for areas for further improvement and action plans developed to address the risks identified. Senior Officers have provided assurances that the issues raised by Internal Audit have been or will be addressed. Auditors will conduct testing following completion of the actions, as part of the 2021/22 audit programme.

There has been specific work undertaken by each partner’s audit functions. The HSCP’s Chief Internal Auditor has considered the conclusions on the areas reviewed by NHS GG&C internal auditors in 2020/21. The key area for improvement identified by NHS GG&C internal auditors relates to Records Management, which was assessed as requiring Substantial Improvement. It has been confirmed by the NHS GG&C that the issues raised are not directly relevant to the HSCP.

The HSCP Board has various meetings, which have received a wide range of reports to enable effective scrutiny of the partnership’s performance and risk management updates including regular Chief Officer Updates, financial reports, performance reports, risk registers and service development reports, which contribute to the delivery of the Strategic Plan.

Governance Improvement Plans

The following areas of improvement have been identified for 2021/22, which will seek to enhance governance arrangements within the partnership:

- External Reports – the HSCP will take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice.
- Internal Audit Reports – Further to the completion of the internal audit work for 2020/21, and following up on previously raised internal audit actions, the main area that the Internal Audit Team highlighted as requiring further improvement was the contractual under-pinning of social work commissioning. Progress is being made towards mitigating this risk with the development of reporting on Social Care un-commissioned spend and through the Scotland Excel framework. There have been a number of areas subject to scrutiny through internal audits which are relevant to the HSCP in the year including a review of the HSCP Provider Claims, Contract Awarding, and Financial Planning. Action plans have been agreed with management and any outstanding audit actions will continue to be monitored for compliance.

Assurance

The system of governance (including the system of internal control) operating in 2020/21 provides reasonable assurance that transactions are authorised and properly recorded; that material errors or irregularities are either prevented or detected within a timely period; and that significant risks to the achievement of the strategic priorities and outcomes have been mitigated.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the East Dunbartonshire HSCP Board's systems of governance.

Ms J Forbes

28th October 2021

IJB Chair

Mrs C Sinclair

28th October 2021

Interim Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

Care Group	2019/20			2020/21		
	Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
	3,633	(591)	3,042 Strategic / Resources	2,625	(57)	2,568
	1,301	(16)	1,285 Addictions	1,369	0	1,369
	40,681	(1,272)	39,409 Older People	39,268	(624)	38,644
	20,133	(553)	19,580 Learning Disability	19,803	(470)	19,333
	4,687	(620)	4,067 Physical Disability	4,595	285	4,880
	5,652	(497)	5,155 Mental Health	5,882	(504)	5,378
	14,356	(79)	14,277 Children & Families	14,938	(676)	14,262
	1,372	(1,161)	211 Criminal Justice	1,452	(1,290)	162
	817	0	817 Other - Non Social Work	741	0	741
	10,916	(1,081)	9,835 Oral Health	10,921	(1,101)	9,820
	29,049	(1,371)	27,678 Family Health Services	29,976	(154)	29,822
	19,484	0	19,484 Prescribing	19,178	0	19,178
	0	0	0 Covid	7,215	0	7,215
	32,247	0	32,247 Set Aside for Delegated Services to Acute Services	36,975	0	36,975
	270	0	270 HSCP Board Operational Costs	282	0	282
	184,598	(7,241)	177,357 Cost of Services Managed By East Dunbartonshire HSCP	195,220	(4,591)	190,629
		(176,267)	(176,267) Taxation & Non Specific grant Income		(202,669)	(202,669)
	184,598	(183,508)	1,090 (Surplus) or deficit on Provision of Services	195,220	(207,260)	(12,040)
			1,090 Total Comprehensive Income and Expenditure			(12,040)

Movement in Reserves Statement

This statement shows the movement in the year on the HSCP Board’s reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2020/21	Contingency Reserve (non-earmarked)	Ear-Marked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance at 31 March 2020	0	(804)	(804)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2020/21	(1,935)	(10,105)	(12,040)
Closing Balance at 31 March 2021	(1,935)	(10,909)	(12,844)

Movements in Reserves During 2019/20	Contingency Reserve (non-earmarked)	Ear-Marked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance at 31 March 2019	(41)	(1,853)	(1,894)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2019/20	41	1,049	1,090
Closing Balance at 31 March 2020	0	(804)	(804)

BALANCE SHEET

The Balance Sheet shows the value as at the 31st March 2021 of the HSCP Board's assets and liabilities. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

31 March 2020		Notes	31 March 2021
£000			£000
804	Short term Debtors	9	12,844
804	Current Assets		12,844
	Net Assets		12,844
0	Usable Reserve: Contingency	10	(1,935)
(804)	Unusable Reserve: Earmarked	10	(10,909)
(804)	Total Reserves		(12,844)

The unaudited accounts were issued on 28th June 2021 and the audited accounts were authorised for issue on 28th October 2021.

Ms J Campbell
Chief Finance & Resources Officer

28th October 2021

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, East Dunbartonshire Council and NHS Greater Glasgow & Clyde. Expenditure is incurred as the HSCP Board commissions specified health and social care services from the funding partners for the benefit of service recipients in East Dunbartonshire.

Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet.

The funding balance due to or from each funding partner, as at 31 March, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The HSCP Board's reserves are classified as either Usable or Usable Ear-marked Reserves.

The balance of the General Fund as at 31 March 2021 shows the extent of resources which the HSCP Board can use in later years to support service provision and complies with the Reserves Strategy for the partnership.

The ear marked reserve shows the extent of resource available to support Covid-19 recovery and service re-design in achievement of the priorities set out in the Strategic Plan including funding which have been allocated for specific purposes but not spent in year.

Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS GG&C and EDC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any ‘shared risk’ exposure from participation in CNORIS. The HSCP Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP was £0k, the balance will be payable in Board’s Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

2. Prior Year 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 HSCP’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.

There are no prior year restatements represented within these annual accounts.

3. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the HSCP Board has had to make critical judgement relating to services hosted within East Dunbartonshire HSCP for other HSCPs within the NHS GG&C area. In preparing the 2020/21 financial statements the HSCP Board is considered to be acting as ‘principal’, and the full costs of hosted services are reflected within the financial statements.

In responding to Covid-19 the HSCP has been required to act as both principal and agent. An assessment of all Covid-19 expenditure has been undertaken and this assessment has concluded that the HSCP acted as agent in relation to the payments made to care providers to support staff shielding at the request of the Scottish

Government. In line with the Code, this expenditure has been excluded from the accounts.

The Scottish Government has issued guidance on accounting for Personal Protective Equipment (PPE) and testing kits provided through NHS National Services (NSS). In accordance with this guidance and based on the judgement that the HSCP is acting as an agent, the income and expenditure relating to PPE has been excluded from the HSCP Annual Accounts 2020/2021.

A range of COVID-19 related costs have been excluded from the HSCP's accounts in accordance with national accounting guidance:

- an additional £500 payment to staff employed by the independent sector as this will be treated as agency costs in East Dunbartonshire Council and therefore there is no impact for East Dunbartonshire HSCP

- costs associated with the provision of PPE and testing kits by NHS National Services Scotland to East Dunbartonshire for social care services. East Dunbartonshire Council is acting as principal and therefore East Dunbartonshire HSCP has not recognised the £0.98m expenditure and associated funding within the financial statements as they are acting as agents.

The Annual Accounts contain estimated figures that are based on assumptions made by East Dunbartonshire HSCP about the future or that which are otherwise uncertain. Estimates are made taking into account historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the HSCP has no areas where actual results are expected to be materially different from the estimates used.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance & Resources Officer on 28th October 2021. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2019/20 £000		2020/21 £000
41,597	Employee Costs	45,183
603	Property Costs	344
5,487	Supplies and Services	5,053
54,647	Contractors	56,964
1,229	Transport and Plant	825
178	Administrative Costs	199
28,856	Family Health Service	30,217
19,484	Prescribing	19,178
32,247	Set Aside	36,975
270	HSCP Board Operational Costs	282
(7,241)	Income	(4,591)
177,357	Net Expenditure	190,629
(176,267)	Partners Funding Contributions and Non-Specific	(202,669)
1,090	(Surplus) or Deficit on the Provision of Services	(12,040)

6. HSCP Board Operational Costs

2019/20 £000		2020/21 £000
243	Staff Costs	255
27	Audit Fees	27
270	Total Operational Costs	282

External Audit Costs

The appointed Auditors to ED HSCP were Audit Scotland. Fees payable to Audit Scotland in respect of external audit service undertaken were in accordance with the Code of Audit Practice.

7. Support Services

Support services were not delegated to the HSCP Board through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: financial management and accountancy support, human resources, legal, committee administration services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

All support services provided to the HSCP Board were considered not material to these accounts.

8. Taxation and Non-Specific Grant Income

2019/20 £000	2020/21 £000
55,760	57,719
Funding Contribution from East Dunbartonshire Council	
120,507	144,950
Funding Contribution from NHS Greater Glasgow & Clyde	
176,267	202,669
Taxation and Non-specific Grant Income	

The funding contribution from the NHS GG&C shown above includes £36.98m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS GG&C which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

9. Debtors

31 March 2020 £000		31 March 2021 £000
727	NHS Greater Glasgow & Clyde	7,519
77	East Dunbartonshire Council	5,325
<hr/>		
804	Debtors	12,844
<hr/>		

The short term debtor relates to the balance of earmarked reserves to support specific initiatives for which the Scottish Government made this funding available and is money held by the parent bodies as reserves available to the partnership. There is also an element related to general contingency reserves – the detail is set out in the note below.

10. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance at 31 March 2019 £000	Transfers Out 2019/20 £000	Transfers In 2019/20 £000	Balance at 31 March 2020 £000	Transfers Out 2020/21 £000	Transfers In 2020/21 £000	Balance at 31 March 2021 £000
			0 HSCP Transformation	0	(1,100)	(1,100)
			0 Apropriate Adults	0	(4)	(4)
			0 Review Team	0	(170)	(170)
			0 Children's MH & Wellbeing Programme	0	(25)	(25)
			0 Children's MH & Emotional Wellbeing - Covid	0	(201)	(201)
(78)	1		(77) Scottish Govt. Funding - SDS	0	0	(77)
(523)	216		(307) SG - Integrated Care / Delayed Discharge	25	0	(282)
(200)	200		0 Oral Health Funding	0	(403)	(403)
0		(13)	(13) Infant Feeding	13	(13)	(13)
0		(15)	(15) CHW Henry Programme	15	(15)	(15)
(39)	39	(39)	(39) SG - GP Out of Hours	39	(39)	(39)
(632)	632	(78)	(78) SG - Primary Care Improvement	78	(878)	(878)
(121)	121	(108)	(108) SG – Action 15 Mental Health	108	(572)	(572)
(73)	73	(38)	(38) SG – Alcohol & Drugs Partnership	38	(112)	(112)
(11)	11	(11)	(11) SG – Technology Enabled Care	11	(11)	(11)
		(91)	(91) GP Premises	91	(118)	(118)
		(27)	(27) PC Support	27	(27)	(27)
(176)	176		0 Prescribing	0	(185)	(185)
			0 Covid	0	(6,469)	(6,469)
			0 Psychological Therapies	0	(60)	(60)
			0 District Nursing	0	(31)	(31)
			0 Chief Nurse	0	(51)	(51)
			0 Health & Wellbeing	0	(55)	(55)
			0 Specialist Children - SLT	0	(3)	(3)
			0 Woodland Garden Project	0	(7)	(7)
(1,853)	1,469	(420)	(804) Total Earmarked	445	(10,549)	(10,908)
(41)	1,300	(1,259)	0 Contingency	0	(1,935)	(1,935)
(1,894)	2,769	(1,679)	(804) General Fund	445	(12,484)	(12,843)

11. Related Party Transactions

The HSCP Board has related party relationships with the NHS GG&C and EDC. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Transactions with NHS Greater Glasgow & Clyde

2019/20 £000		2020/21 £000
(120,507)	Funding Contributions received from the NHS Board	(144,950)
102,885	Expenditure on Services Provided by the NHS Board	111,271
122	Key Management Personnel: Non-Voting Board Members	127
(17,500)	Net Transactions with the NHS Board	(33,552)

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief

Finance & Resources Officer. These costs are met in equal share by the NHS GG&C and East Dunbartonshire Council. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with NHS Greater Glasgow & Clyde

31 March 2020 £000		31 March 2021 £000
727	Debtor balances: Amounts due from the NHS Board	7,519
727 Net Balance with the NHS Board		7,519

Transactions with East Dunbartonshire Council

2019/20 £000		2020/21 £000
(55,760)	Funding Contributions received from the Council	(57,719)
74,202	Expenditure on Services Provided by the Council	79,076
121	Key Management Personnel: Non-Voting Board Members	128
27	Support Services	27
18,590	Net Transactions with the Council	21,512

Balances with East Dunbartonshire Council

31 March 2020 £000		31 March 2021 £000
77	Debtor balances: Amounts due from the Council	5,325
77 Net Balance with the Council		5,325

12. Contingent Assets & Liabilities

A contingent asset or liability arises where an event has taken place that gives the HSCP Board 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 HSCP Board. Contingent liabilities or assets 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 disclosed in a note to the Accounts where they are deemed material.

The HSCP Board is not aware of any material contingent asset or liability as at the 31st March 2021.

13. VAT

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

The VAT treatment of expenditure in the HSCP Board's accounts depends on which of the partner organisations is providing the service as these agencies are treated differently for VAT purposes.

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

Independent auditor’s report to the members of East Dunbartonshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Dunbartonshire Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of East Dunbartonshire Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is five years. I am independent of East Dunbartonshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council’s Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to East Dunbartonshire Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

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

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on East Dunbartonshire Integration Joint Board’s ability to continue to adopt the

going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance & Resources Officer and Performance, Audit & Risk Committee for the financial statements

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

In preparing the financial statements, the Chief Finance & Resources Officer is responsible for assessing East Dunbartonshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance, Audit & Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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

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

- obtaining an understanding of the applicable legal and regulatory framework and how East Dunbartonshire Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of East Dunbartonshire Integration Joint Board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

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

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

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Report on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

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

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

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the

Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

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

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

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

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

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

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

28 October 2021