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MANAGEMENT COMMENTARY

Introduction

This document contains the financial statements for the 2019/20 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 108,640 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.

East Dunbartonshire has eight datazones which fall into the top 25% most deprived in Scotland; these datazones are located in Hillhead, Lennoxton, Auchinairn, Kirkintilloch West and Milngavie (Keystone / Dougalston). The most deprived area in East Dunbartonshire is Hillhead, certain parts of which are among the 5% most deprived areas in Scotland according to the Scottish Index of Multiple Deprivation 2020 (SIMD).

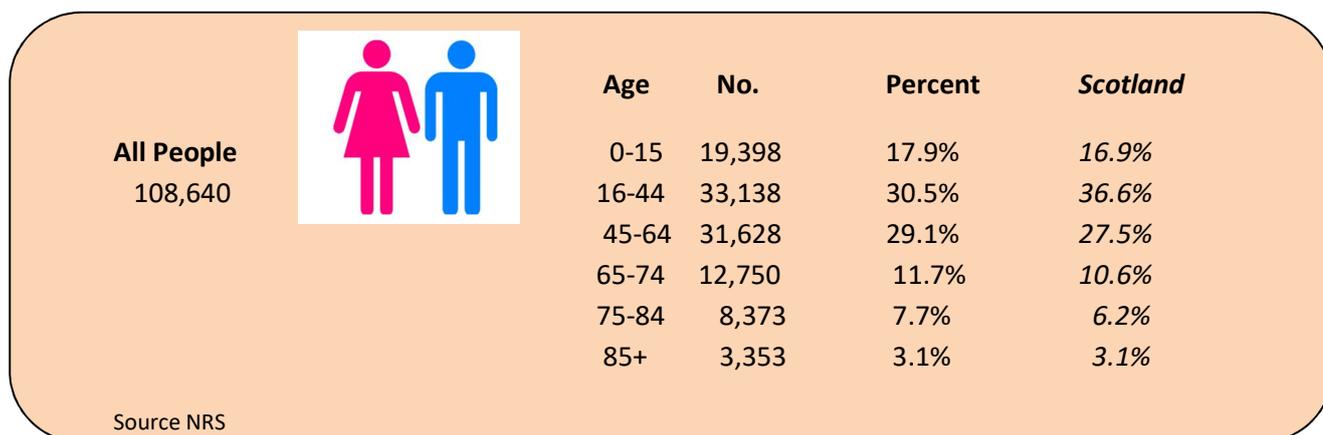
Compared with the rest of Scotland, people living in East Dunbartonshire are relatively healthy. More people take part in sports, fewer smoke and breast feeding rates are higher than the Scottish average. Although East Dunbartonshire is in the highest decile for life expectancy in Scotland for both men and women, there is a 10 year gap of life expectancy in favour of the Westerton area, compared to Hillhead. We also know from Census and population health analysis that the prevalence of disability and long term conditions is considerably higher for people in the areas of relative deprivation. The rate of hospital emergency admissions is also significantly greater amongst East Dunbartonshire's more deprived populations.

In the 2011 Census, 5.6% of the adult population in East Dunbartonshire reported a disability, with hearing impairments and/or physical disability being the main disabilities reported.

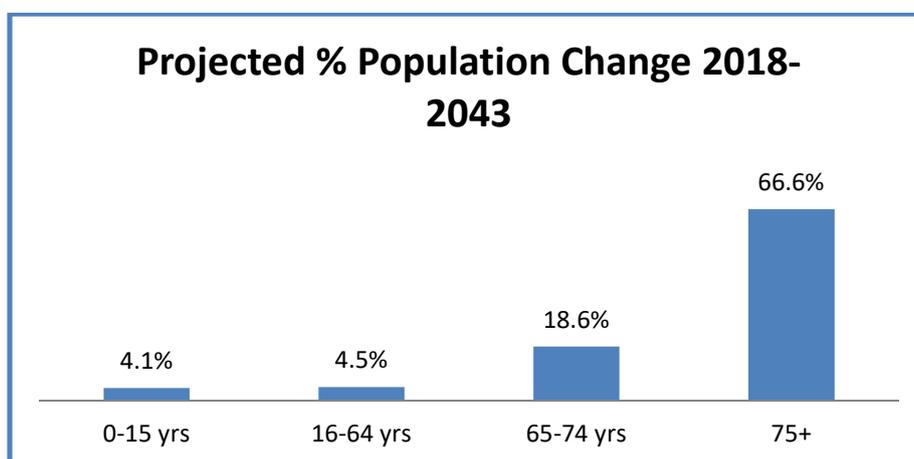
The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atria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

The estimated population of East Dunbartonshire in 2019 predicts a higher proportion of older people than the Scottish average.

Figure 1 Estimated Population in 2019



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.



Between 2015 -17 there was a reported 11% rise in the number of people with diagnosed dementia and this trend has also been experienced with other age-related conditions.

There has 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. 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 Health and Social Care Partnership (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.

These 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”..

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.

HSCP BOARD OPERATIONAL PERFORMANCE FOR THE YEAR 2019/20

A full report on performance will be outlined within the East Dunbartonshire HSCP Annual Performance Report 2019/20. Publication of the Annual Performance Report (APR) is normally in place by the end of July each year, but production of APRs have been delayed by agreement nationally due to the impact of the Covid-19 pandemic. At present there has been no agreement on a date by which APRs should be available for publication. As an interim measure, a summary of key performance across HSCP functions and services will be reported to the HSCP Board in June 2020.

Notwithstanding the delay 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. The performance data provided below is therefore the most up to date annual data available, which relates to the 2018-19 financial year. However transformational change and other qualitative performance updates do relate directly to the 2019-20 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 “Features Supporting Integration” improvement proposals by Audit Scotland and the Ministerial Strategic Group*
- *Progress against the Joint Strategic Inspection of Adult Services Action Plan*

National Core Indicators (collected biennially: 2019/20 awaited)

National Outcome Indicators	2015/16	2017/18	National Rank
Percentage of adults able to look after their health very well or quite well	96%	96%	1st
Percentage of adults supported at home who agree that they are supported to live as independently as possible	86%	84%	1st
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	84%	86%	1st
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73%	84%	3rd
Total percentage of adults receiving any care or support who rated it as excellent or good	86%	84%	6th
Percentage of people with positive experience of the care provided by their GP practice	89%	90%	2nd
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	85%	83%	7th
Total combined % carers who feel supported to continue in their caring role	43%	41%	3rd
Percentage of adults supported at home who agreed they felt safe	84%	87%	4th
National Data Indicators	2017/18	2018-19	National Rank
Premature mortality rate for people aged under 75yrs per 100,000 persons	312.5	274	1 st
Emergency admission rate (per 100,000 population)	10,787	11,454	17 th
Emergency bed day rate (per 100,000 population)	109,384	110,137	14 th
Readmission to hospital within 28 days (per 1,000 population)	73	74	2 nd
Proportion of last 6 months of life spent at home or in a community setting	89%	89	11 th
Falls rate per 1,000 population aged 65+	22	25	25 th
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	81%	27 th
Percentage of adults with intensive care needs receiving care at home	67%	63%	18 th
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	231	357	7 th
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	23%	14 th

Local Transformational Change and Best Value improvement activity during 2019/20

Initiative	National Outcome
Review of Service and Transport Charging	9
Review of Transport Policy	9
Review of 3rd Sector Grants	9
Review of Sleepovers	4, 9
Development of Enhanced Day Care for adults with a Learning Disability to reduce out of area provision	2, 3, 4, 9
Development of the Smart Flat /TEC	1, 4
Review of Day Care Services	2, 9
Implementation of the new HSCP Fair Access to Community Care Policy	3, 4, 5, 9
Review of Respite for Older People	2, 9
Review of Blue Badge processes	9
Reduction in Mental Health Officer Agency Spend	9
Reduction in Older People services Agency Spend	9
Maximising Use of Equipment	9
Application of Ordinary Residence to re-designate financial accountability	2, 9
Increase in community based options for looked after and accommodated children	2, 7, 9
Review of Allotment Scheme	9
Review of Learning Disability resource allocation model	5, 9
Vacancy Resourcing	9
Continuing Care (one off)	2

Progress during 2019-20 in support of “Features Supporting Integration” improvement proposals by Audit Scotland and the Ministerial Strategic Group

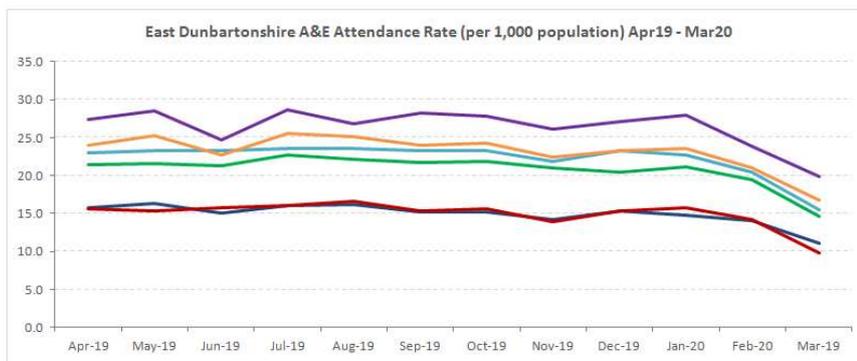
Collaborative leadership and building relationships – completed by March 20
<ul style="list-style-type: none"> • Reviewing all leadership course/training opportunities delivered across, or available to, East Dunbartonshire Council and NHSGGC staff to identify ones that should be made available to partnership staff regardless of employing organisation • Finalising and publishing a formal Commissioning Strategy that sets out areas of development and commissioning intention linked to the delivery of the HSCP’s Strategic Plan. • Engaging, through our Providers’ Forum, with providers to develop an approach to cross-market facilitation that delivers on the priorities set out in the Commissioning Strategy, supported by colleagues from iHub. • Further developing our Providers’ Forums by ensuring meetings are set, agendas are developed with input from providers, and there is attendance of senior managers to update / engage on key priority areas under development. • Working with our local Third Sector Interface to improve engagement with larger national third sector providers who find it difficult to engage directly with the local Providers’ Forums
Integrated finances and financial planning - completed by March 20
<ul style="list-style-type: none"> • Reviewing the financial monitoring and reporting framework to support operational delivery across the NHS, HSCP and Council • Working across the partnership to understand expected future capital requirements for community services further and develop our mapping of the potential contribution of all agencies to delivering on a capital programme for fit for the future facilities in local communities, as far as possible, regardless of ownership of the asset.
Effective strategic planning for improvement - completed by March 20
<ul style="list-style-type: none"> • Finalising and publishing a formal Commissioning Strategy that sets out areas of development and commissioning intention linked to the delivery of the HSCP’s Strategic Plan.
Governance and accountability arrangements - completed by March 20
<ul style="list-style-type: none"> • Working in partnership with the HSCP Board Chair to develop a programme of briefing and discussion opportunities with the Chair and senior management team of the HSCP to support effective agenda, Board business and whole system planning. • Developing a formal quality improvement framework and embedding this is the work of the clinical and care governance group’s scrutiny processes.
Meaningful and Sustained Engagement - completed by March 20
<ul style="list-style-type: none"> • Develop and present to the HSCP Board a refreshed HSCP engagement strategy that outlines our engagement opportunities for local communities in relation to strategic, local planning and transformation activities.

Progress against the Joint Strategic Inspection of Adult Services Action Plan

Actions Completed By March 2020
Implemented the Performance Framework approach developed during 2018 – 2019
Developed an ISD 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 are unable to contribute to.
Developed and implement a Quality Assurance 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
As part of our Quality Improvement Framework established 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

Performance Highlights and Improvement Areas

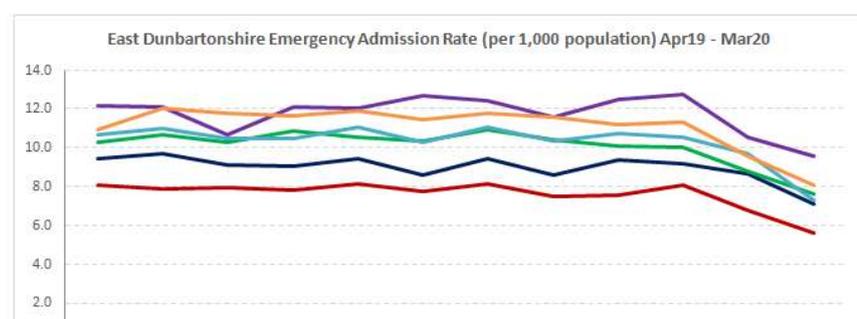
There is a delay of some months for published national unscheduled care performance by Public Health Scotland, so full year performance data is not yet available for this. However, NHS Greater Glasgow and Clyde (GG&C) records more up-to-date unscheduled care activity and performance data, which can be used at this stage to report performance locally. Using this local data, East Dunbartonshire is shown to have recorded the second lowest A&E attendances across GG&C, with the second lowest admissions for over age 65, as a rate of population.



Select Comparator:

- East Renfrewshire
- Glasgow City
- Inverclyde
- Renfrewshire
- West Dunbartonshire

East Dunbartonshire

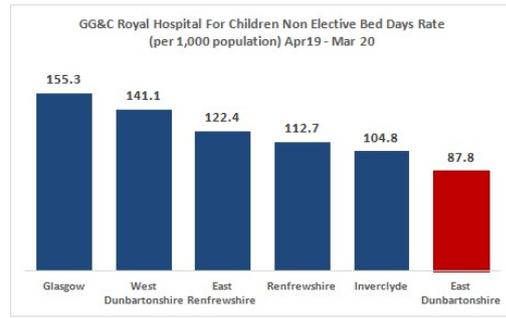
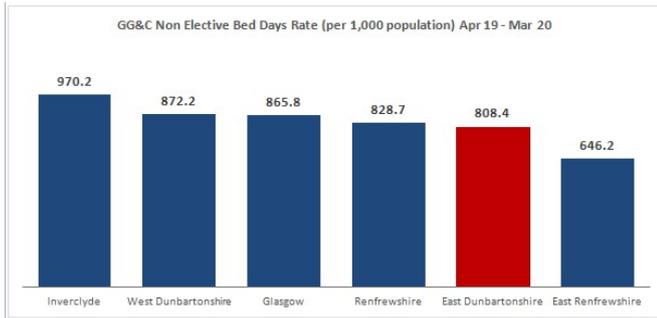


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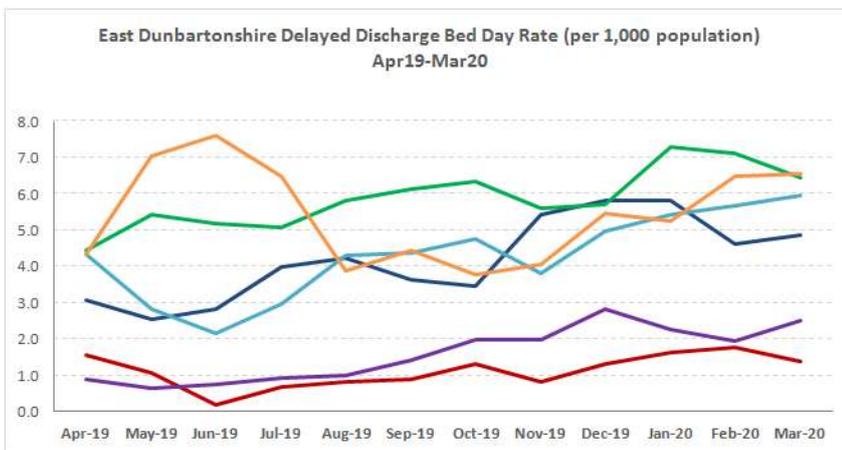
- East Renfrewshi
- Glasgow City
- Inverclyde
- Renfrewshire
- West Dunbartonshire

East Dunbartonshire

Bed days associated with emergency admissions were the second lowest for 18+ and the lowest for under 18s.



After a strong start to the year, East Dunbartonshire experienced a gradual increase in bed days lost to delayed discharge, with a particular spike occurring during the winter period. This placed East Dunbartonshire with the highest rate in GG&C by the end of Quarter 3, in significant part due to local home care provider pressures and an increase in referrals to the Social Work Hospital Assessment team of 20% year-on-year. In response to these challenges, the HSCP introduced a new Care at Home model, and introduced a change in culture and practice with the introduction of Local Area Coordinators. The Home for Me team reduced care calls post discharge by 66% and care hours from an average of 11 per week to 2 per week. Importantly, levels of discharge before 72 hours were sustained despite increased delays and referrals to the Hospital Assessment Team. By the end of the financial year, the delayed discharge levels were significantly reduced from the winter spike, which was also a consequence of the coronavirus emergency planning arrangements.



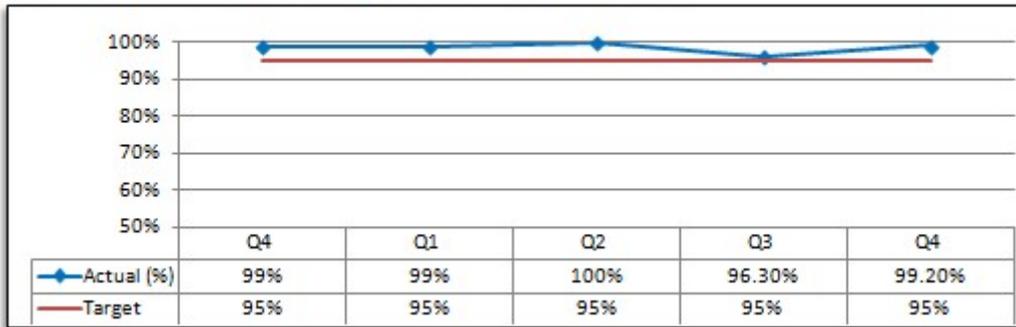
Select Comparator:

- East Renfrewshire
- Glasgow City
- Inverclyde
- Renfrewshire
- West Dunbartonshire

East Dunbartonshire

With adult social work services, the completion of community care assessments within the target 6 week period exceeded 95% in each quarter of 2019-20.

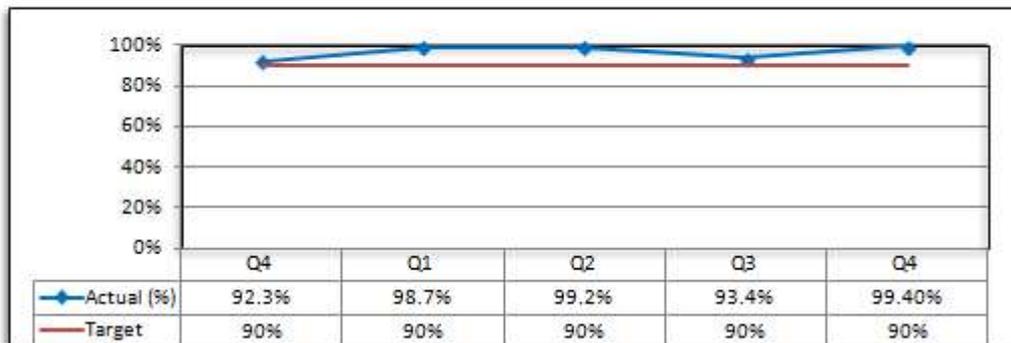
Percentage of service users (65+yrs) meeting 6wk target



Satisfaction with the level of customer involvement in the design of their care and support also exceeded target, achieving 98% satisfaction scores through annual review. After a challenging year in 2018-19 in the face of a trebling of referrals for older people, the achievement of adult protection timescales exceeded 90% for each quarter in 2019-20.

Alcohol and Drugs treatment waiting times began 2019 with target achievement of 76%, but through improved resourcing and operational processes, this was increased to 86% by the end of the reporting year. Mental Health psychological therapy targets were fully met over the same period. There was also a positive roll out by Primary Care Mental Health Service of E-CBT and E-health initiatives and wider multidisciplinary digital health group to progress HMHM and Attend Anywhere development.

Percentage of People Waiting <18wks for Psychological Therapies



Social Work Children’s Services achieved very good performance across the full range of child protection, looked after children and assessment waiting times. Achieving target on the balance of care for looked after children in the community was more challenging, but this improved quarter-on-quarter over the year due to successful initiatives to increase foster care capacity in the East Dunbartonshire area. The number of children on the child protection register increased by 36% over the reporting year. Children’s community nursing services secured SG Funding for a Breast Feeding Project to reduce attrition rates and achievement of UNICEF Breast Feeding Gold Sustainability Status as a result of excellent work in this field.

A fuller report on HSCP performance is available in the HSCP Board’s Quarter 4 Performance Report and will be further developed in the Annual Performance Report 2019-20.

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2020

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 2019/20 from each of the partnership bodies were:-

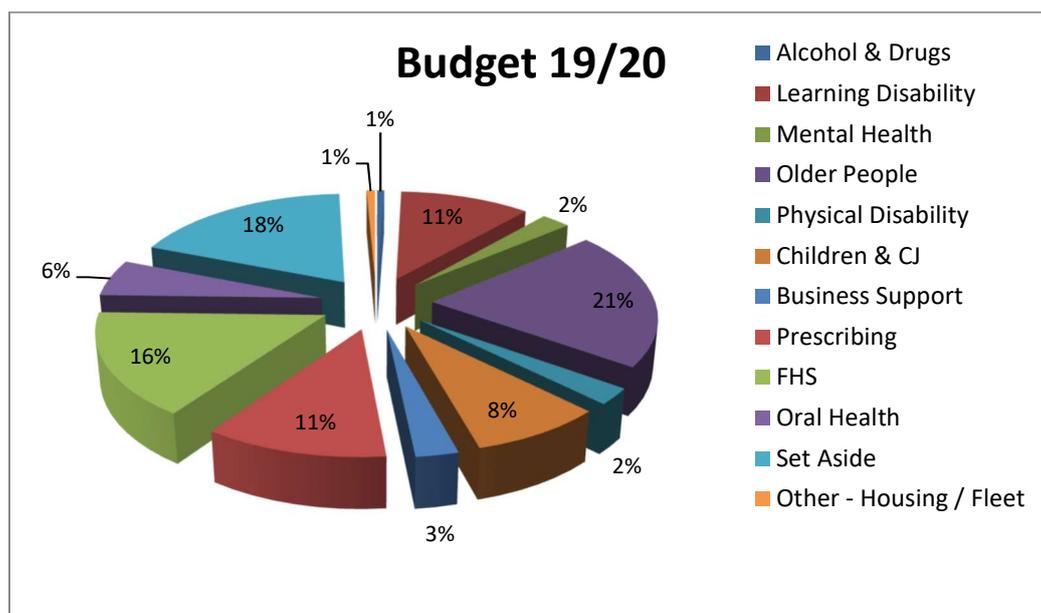
HSCP Board Budgets 2019/20 (from the 1st April 2019 to the 31st March 2020)

	Original Budget 19/20 £000	In Year Adjustments £000	Final Budget 19/20 £000
Functions Delegated by East Dunbartonshire Council	55,154	606	55,760
Functions Delegated by NHS GG&C	78,364	9,896	88,260
Set Aside – Share of Prescribed Acute functions	19,602	12,645	32,247
TOTAL	<u>153,120</u>	<u>23,147</u>	<u>176,267</u>

The increases to the original budget for 19/20 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. The increase to the set aside allocation relates to NHS GG&C now being in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

The budgets include an element of funding provided by the Scottish Government to deliver on the key outcomes for the Partnership in the form of delayed discharge (£0.5m), integrated care funding (£0.7m) and Social Care funding (£6.1m).

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 (£9.8m) 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:-

2018/19 £000	Service Area	2019/20 £000
518	MSK Physio	556
62	Retinal Screening	59
563	Podiatry	578
333	Primary Care Support	342
357	Continence	372
633	Sexual Health	637
	Learning Disability – Tier 4	42
793	Mental Health Services	825
	Augmentative & Alternative Communications	25
800	Oral Health	809
907	Addiction	912
155	Prison Healthcare	164
193	Healthcare in Police Custody	193
2,361	General Psychiatry	2,301
	Learning Disability – In Patient	154
1,389	Old Age Psychiatry	1,204
9,064	Total Cost of Services consumed within East Dunbartonshire	9,173

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 £32.2m for 2019/20 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.

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 throughout 2020/21.

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 IJB has been required to move quickly and decisively.

There has been significant disruption to how health and social care services across East Dunbartonshire are currently being delivered 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 and testing of potential COVID-19 patients and 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) is significant and likely to be ongoing and evolving. The Governance Statement on page **x** outlines the governance

arrangements which are in place during this challenging time. These accounts have been prepared on the assumption that the Scottish Government will meet the additional costs experienced by the IJB and this is also the assumption which has been made moving forward into 2020/21.

Future Scottish Government grant settlements remain uncertain with further reductions in government funding predicted to 2020/21. The EU referendum result on the 23rd June 2016 continues to create some further uncertainty and risk for the future for all public sector organisations and this continues with negotiations ongoing and due to conclude during 2020/21.

The Partnership, through the development of an updated strategic plan, has prepared a financial plan 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 earmarked reserves. This was presented on the basis of “business as usual”, ongoing and developing COVID-19 issues highlight that this is not the case. It should be recognised that extraordinary costs are being 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 £100m has been provided to HSCPs for 2020/21 to support continued implementation of the Carers Act, Scottish Living Wage to care providers, delivery of health and social care integration, increases to the FPC allowances and delivery of school counselling. 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 (£50m), Mental Health and CAMHs (£28m) and Alcohol and Drugs services (£12.7m)

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 2019/20, the impact on the demand and supply of medicines following the Covid-19 pandemic in mid March will be felt during 2020/21. 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 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 November 2019. 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 September 2019, updated in April 2020 for the Covid-10 pandemic) 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. 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 inline 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
Covid - Failure to deliver services to all those vulnerable and complex individuals to allow them to remain safely at home	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.
Covid - Increased demand for services to support individuals within the community in the context of reduced capacity.	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.
Covid - Lack of funding available through the Scottish Government (SG) to support the significant additional costs arising from managing Coronavirus locally	Development and contribution to GG&C Mobilisation plan, financial templates completed and submitted for East Dunbartonshire, weekly updates on anticipated and actual expenditure as planning progresses. Chief Officer representation on GG&C and national groups to make representation for adequate funding, representation through COSLA.

FINANCIAL PERFORMANCE 2019/20

The partnership's financial performance is presented in these Annual Accounts. The table, on page 39, shows a deficit of £0.182m against the partnership funding available for 2019/20. This includes unspent investment (to be carried forward to future years) during the year in relation to Scottish Government funding for specific priorities including Primary Care Improvements (PCIP), delivery of the Mental Health Strategy (MH), and Alcohol and Drugs partnership monies (ADP). This masks the full extent of in year pressures. Adjusting this position for in year additions or re-statement of earmarked reserves provides the true extent of these pressures, totalling nearer £0.6m for 2019/20.

As part of the approval of the 2019/20 Budget in March 2019, the HSCP Board approved a Transformation and Service Redesign programme of £3.9m to deliver a balanced budget for the year. This was a hugely challenging programme to deliver in year and required a process of service review across a number of work-streams, consultation and engagement with key stakeholders and dependencies with complimentary work across a number of fronts. This led to slippage within the programme which caused budget pressures across the range of HSCP services but primarily within Older Peoples services where the focus of service redesign was targeted. In addition the demand increases for Older People's services resulted in this presenting as a significant area of budget pressure for the partnership during 2019/20.

The pressures on the partnership budget relate in the main to social work services of £1.9m which were mitigated in part through under spends on community health budgets of £1.3m with reserves applied to manage the remaining gap to deliver a balanced budget at the year end.

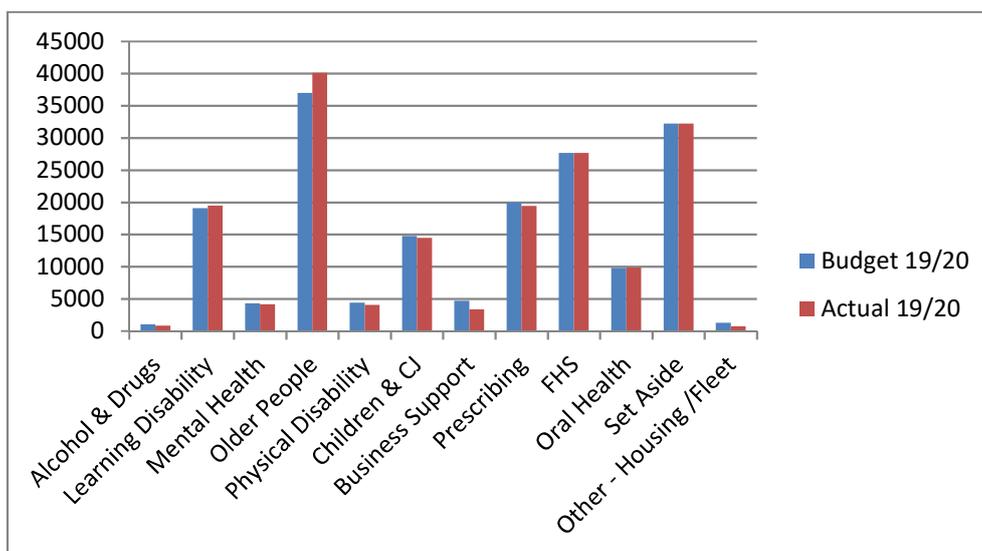
A recovery plan was approved by the HSCP Board in September 2019 comprising robust vacancy management, limits to essential areas of spend only across the range of services delivered through the HSCP and identification of additional efficiency measures to be implemented throughout the year. The recovery plan did not extend to measures which delivered reductions in service provision, cessation of services or which would lead to a diminution in service performance such as in the areas of bed days occupied and delayed discharges. The recovery

plan delivered a positive contribution towards mitigating the anticipated budget pressures, however did not manage this completely. The partnership therefore relied on the use of limited general reserves (£0.041m) and the re-designation of a number of earmarked reserves to deliver a balanced budget position for this financial year (£0.561m).

This has had a significant impact on the available reserves of the partnership moving into future years with no general reserve available to act as a contingency to manage delivery of transformation and in year unplanned budget pressures, and earmarked reserves limited to those where funding has been made available by the Scottish Government for specific initiatives such as PCIP, Mental Health Action 15 and support to alcohol and drug services. A small balance remains to lever in transformational change, however this is limited and seed funding to deliver transformation will need to be sought from other sources where available. Limited reserves also increases the risk of having to rely on partner agency additional contributions beyond that agreed at the setting of the annual budget in March 2020. Any additional contribution may be on the basis of a loan which requires to be repaid in future years which only serves to further the risk to the financial sustainability of the partnership and places a reliance on identifying extensive transformation activity or service reductions / cessations to deliver a balanced budget.

The movement in reserves can be seen within the Reserves Statement detailed on page 40.

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



The main areas of budget pressure for the HSCP during the year are set out below:

Older People Services (£2.8m over spend)

The overall pressures relate to ongoing demand and cost pressures exceeding the available budget for 2019/20, particularly in the area of older people’s social care.

These were a result of adverse payroll variances particularly in relation to homecare as a consequence of reliance on overtime and use of agency to ensure continuity of service delivery to cover vacancies, sickness and absence; challenging savings plans predicated on the redesign of homecare services and which were not achieved in year; increased activity levels placing demand pressures on older people care homes, homecare, supported living and day-care

(alternatives) and contractual increases in relation to the care at home framework and national care home contracts beyond that which was provided for within the budget. These pressures arose as a direct result of the growing demand from an ageing population requiring support from social work services to maintain independent living within the community or within a care home setting.

A review of care at home services during the year has determined that a locality based approach supported through a balance of usage of externally purchased services will deliver a sustainable care at home service going forward. This is in the process of being implemented internally with external provision subject to re-tendering exercise with resort to the national Scotland Excel Framework to deliver this element of the service.

Adults – Learning Disability, Mental Health, Addiction Services (£0.1m under spend)

There were some pressures in the area of learning disability in relation to the impact of the delay in delivering savings within the Pineview service, taxi provision to support individuals with a learning disability to access services and costs associated with agency staff to cover statutory mental health officer functions. This was offset through a downturn in residential accommodation within addiction recovery services, recharges for fleet provision and savings achieved through vacancies across community health services within this care group area. The implementation of the new Access to Transport policy and progression of the learning disability review will mitigate pressures in this area going forward.

Children & Families (£0.3m under spend)

There were some pressures in relation to externally purchased foster placements, kinship payments and health visiting staff costs, this was offset through robust vacancy management across Children's social work and residential services.

Business Support (£1.3m under spend)

There were some pressures on accommodation costs within the Kirkintilloch Health & Care Centre and Lennoxton Hub, this was offset through additional funding above anticipated levels in relation to the improved health offer, continuing care, support to veterans, carers funding and the positive impact of improved bad debt provisions.

Prescribing (£0.5m under spend)

There are a number of points to note in respect of prescribing, namely:-

- The cost per drugs is increasing on average by 9.36% for East Dunbartonshire based on the types of drugs being dispensed and this is expected to continue.
- The overall performance on prescribing is being driven largely by volumes with an average decline in volumes over the year of 6% compared to that forecast at the budget planning stage.
- This is set in the context of increasing list sizes for East Dunbartonshire having seen an increase of 1.06% since the same period last year.
- There were savings from discounts (patented drugs) and discount clawback (generic drugs) in 2019/20 which had a positive impact on this budget

Other Services (£0.4m under spend)

There was a positive variation on other budgets delegated to the partnership relating to private sector housing grants and care & repair services delivered through the Council's housing service.

Partnership Reserves

As detailed above, there was additional funding allocated during the year from the Scottish Government to support the development and implementation of a number of key initiatives which have been earmarked within reserves with planned expenditure during 2020/21. These provide for balances on earmarked reserves as set out below:

• Self Directed Support (SDS)	£0.077m
• Integrated Care Funding	£0.307m
• Primary Care Improvement Plan	£0.195m
• Primary Care Cluster Funding	£0.039m
• Action 15 Mental Health Strategy	£0.108m
• Alcohol and Drugs Partnerships	£0.038m
• Technology Enabled Care	£0.011m
• Infant Feeding	£0.013m
• CHW Henry Programme	£0.015m
• TOTAL	£0.803m

There was an overall reduction in the level of earmarked reserves of £1.05m over the course of the year due to the review and re-designation of a number of earmarked reserves related to Oral Health, Prescribing and Integrated Care Funding (£0.56m). This supported the general reserve position and ability to support a balanced position in year. Further monies were used in the delivery of the Scottish Government initiatives outlined above during 2019/20 (£0.49m).

There is a nil balance on partnership general reserves at the end of 2019/20. This provides no resilience for future years for managing in year financial pressures and any slippage in savings targets.

The total level of partnership reserves is now £0.803m as set out in the table on page 40.

Financial Planning

The HSCP continues to face significant financial pressures from demographic growth particularly amongst the elderly population placing demand on care at home and care home provision, pressures in relation to increasing numbers of children moving on into adult services generating demand, and increased cost pressures across a range of adult social care services. This will be compounded during 2020/21 due to anticipated costs associated with the re-tendering of the Care at Home Framework, increased costs associated with the national care home contract, pressures in the delivery of the Scottish Living wage, continued prescribing demand and cost pressures and

extremely challenging savings plans associated with service redesign, income generation, fairer access and eligibility to services.

In setting the budget for 2020/21, the partnership had a funding gap of £6m 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 2019/20 (excl. Set aside)	54.838	81.802	136.640
Financial Pressures	7.645	1.942	9.587
2020/21 Budget Requirement	62.483	83.744	146.227
2020/21 Financial Settlement	56.768	83.405	140.173
Financial Challenge 20/21	5.715	0.339	6.054
Budget Savings 19/20 - F/Y Impact	(1.020)	(0.200)	(1.220)
Financial Challenge Measures	(0.577)	(0.339)	(0.916)
Efficiency Measures			
- turnover analysis	(0.445)	0.000	(0.445)
Transformation Plan 20/21	(0.701)	0.000	(0.701)
Residual Financial Gap 20/21	2.973	(0.200)	2.773

Savings plans of £3.2m were identified to mitigate the financial pressures which left a remaining gap of £2.8m to be funded through a process of collaborative working with Council Transformation Leads to identify further transformation activity to address the gap in full.

The Council continues to underwrite the delivery of the transformation programme. In the event of this being unachievable suitable provision will need to be made by the Council with the reserves position serving as the ultimate backstop.

The IJB may be asked to consider a recovery plan at a future date in order to achieve a balanced budget in the event that pressures extend beyond the assumptions set out in the financial plan for 2020/21. A range of options have been developed which focus on service reductions, extension to waiting times, placement management, staffing reductions, funding reductions to 3rd sector to align with statutory minimums and further charging options.

There has been a significant delay in progressing this work as a result of resources re-directed to manage the effects of the covid-19 pandemic and this is expected to continue.

The HSCP, along with other HSCPs across Scotland, have developed a mobilisation plan to manage the impact of the pandemic along with a financial assessment of the likely costs associated with these planned responses. This includes the anticipated shortfall in the HSCP transformation planning for 2020/21.

This also includes an assessment of the impact of the national agreement on the level of uplift to be provided to support delivery of the Scottish Living Wage to staff within purchased care at home, housing support and daycare services. The level of funding provided through the Scottish Government to fund this initiative provided a cost pressure within East Dunbartonshire and an element of this has been reflected within mobilisation plans related to the difference between what would normally have been provided as an uplift and that agreed nationally.

The other areas of cost pressures arising from the pandemic relate to personal, protective equipment (PPE), additional costs to social care providers including staffing, PPE and sustainability support, development of a local assessment centre and cost to support carers, alternatives to daycare. It is assumed that the cost implications associated with managing the Covid-19 pandemic will be met through funding from the Scottish Government. However this remains a key risk to the HSCP for 2020/21.

Both partner organisations continue to face significant financial challenge and these impact the consideration of the financial settlement to the partnership in the delivery of its key strategic priorities and the delivery of the services delegated to it.

The NHS settlement to the HSCP provided an uplift of 3% on pays and general expenditure which provides a real terms increase on 2019/20 baseline funding.

The EDC settlement to the HSCP provided a flat cash position for pays and general expenditure with specific funding from the Scottish Government in relation to funding for health and social care totalling £100m across Scotland representing an additional £1.9m for the HSCP.

The challenging levels of savings on Partnership budgets is expected to continue for future years given the challenging financial settlements expected to both EDC and NHS GG&C.

The partnership is therefore planning for the period 2019/20 to 2024/25 for a potential funding gap of £3.4m to £21.4m (being best and worst case scenarios) in the context of reducing resources set against increasing cost and demand pressures and a 'do nothing' approach to service redesign. This represents the scale of the challenge to be met through transformation over the next 5 years.

The partnership will focus on a Transformation Plan for 2020/21 and beyond based upon a set of fundamental principles initiating a new way of working within health and social care services in East Dunbartonshire based around:

- Local and community led.
- Digital first.
- Shared ownership and shared care.
- Sustainable.
- Empowered practice
- Maximised independence.

Mrs S Murray

HSCP Board Chair

28^h September 2020

28^h September 2020

Mrs C Sinclair

Interim HSCP Chief Officer

Ms J Campbell

Chief Finance & Resources
Officer

28th September 2020

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), 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 September 2020.

Signed on behalf of the East Dunbartonshire HSCP Board.

Mrs S Murray
IJB Chair

28th September 2020

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 2020 and the transactions for the year then ended.

Ms J Campbell
Chief Finance &
Resources Officer

28th September 2020

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 2018/19 £	Senior Employees	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total 2018/19 £
0	C Sinclair Interim Chief Officer 6 th January 2020 to present	23,590	0	23,590
98,071	S Manion Chief Officer 12 th December 2016 to 5 th January 2020	77,938	0	77,938
75,387	J. Campbell Chief Finance & Resources Officer 9 th May 2016 to present	79,412	0	79,412
173,458	Total	180,940	0	180,940

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 31/03/19	For Year to 31/03/20		Difference from 31/03/19	As at 31/03/20
	£	£		£000	£000
C Sinclair	0	4,600	Pension	0	0 - 5
Interim Chief Officer 6 th January 2020 to present			Lump sum	0	0
S. Manion	15,000	16,300	Pension	0 – 2.5	15 - 20
Chief Officer December 2016 to 5 th January 2020			Lump sum	0 – 2.5	50 - 55
J. Campbell	11,000	16,600	Pension	0 – 5	5 - 10
Chief Finance & Resources Officer 9 th May 2016 to present			Lump sum	0	0
Total	26,000	37,500	Pension	0 – 7.5	20 - 30
			Lump Sum	0 – 2.5	50 - 55

The Chief Officer and the Chief Finance & Resources Officer detailed above are members of the NHS Superannuation Scheme (Scotland). The Interim Chief Officer is a member of the Local Government Superannuation Scheme. 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. 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.

Mrs S Murray
IJB Chair

28th September 2020

Mrs C Sinclair
Interim Chief Officer

28th September 2020

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 business as usual in the delivery of services

The COVID-19 pandemic has led to significant changes in the ways in which people are living and working, and changes to the focus of health and social care services delivery. The Health & Social Care Partnership continues to provide essential care and protection services, in line with Business Continuity and the Caring for People Plans. There is a clear focus within the Business Continuity Plan on continuing to provide support to our most vulnerable services users and patients, alongside a commitment to supporting staff to work safely and in line with Health Protection Scotland advice. As such, as many of our staff as possible are now working remotely from home.

Other changes have included a public protection collaborative team consisting of specialists in child and adult protection, and justice services, to ensure our approach is consistent with the changes to legislation that have been brought about through the Coronavirus (Scotland) Bill and to ensure there is clear and regular guidance to staff undertaking these duties.

The HSCP established a local Assessment Centre on 30 March 2020, based at Kirkintilloch Health and Care Centre. This centre provides 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.

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 a Mobilisation Plan 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 is necessary, given the lack of available reserves.

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.

Governance Implications

Since the end of March 2020, the HSCP Board has adopted temporary arrangements, and authority has been delegated to the Chief Officer; such provisions are normally actioned during the annual summer recess. This delegation is set out in the Scheme of Delegation to Officers and is subject to reporting to the HSCP Board at the first available opportunity. This power is exercised in consultation with the Chairperson or Vice-Chairperson, as appropriate. In addition, the Chief Officer is seeking legal and financial advice prior to making significant decisions and is liaising throughout with the Chief Executives of both the Council and the Health Board. These temporary

arrangements are required to deliver new and existing high priority services in these challenging and unprecedented times and will be reviewed as circumstances evolve.

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

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.

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 deliver 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 2019/20 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.
- 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 November 2019 and is reviewed by the Senior Management Team on an ongoing basis. In light of the recent COVID-19 pandemic, a specific risk register has been compiled for the risks associated with this event. Regular reports to IJB members to keep them abreast of ongoing action during this period, much of which will mitigate the risks of this pandemic. Services have internal systems in place to review and prioritise risks relating to service delivery and resources. The Service Risk Registers are updated when required and reviewed on a quarterly basis.
- 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 IJB.

- 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 approved this in March 2019, 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 Audit 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 review independently and 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, their assurance is based on the EDC internal audit reports relating to the Partnership for which they have direct responsibility. Assurance is always from a variety of sources, and one of those sources is the summary of reports of the internal auditors of NHS GG&C that relate to the partnership.

The Chief Internal Auditor has conducted a review of all EDC produced Internal Audit reports issued in the financial year 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. A number of recommendations have been made by the internal audit team in order to improve controls further, with action plans developed with management to address the risks identified.

Review of Effectiveness

East Dunbartonshire HSCP Board has responsibility for reviewing the effectiveness of the governance 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 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 2020/21 audit programme.

There has been specific work undertaken by each partner's audit functions. The Council's internal auditors were able to provide reasonable assurance over the areas reviewed by NHSGCC internal auditors, which includes audits completed by 31 March 2020. Key areas for improvement identified by NHSGCC internal auditors included those in relation to having an agreed Performance Plan and reporting against this, the medicines reconciliation process in hospitals, and IT security in relation to leavers and the development of a roadmap for replacing legacy infrastructure and systems. Management have given assurances that these areas have been or will be addressed.

An area identified for improvement by the HSCP is that of the process for purchasing emergency or short notice commissioned care. The processes for ensuring this, and other existing commissioning, has proper contractual under-pinning requires strengthening. In support of these improvements, an internal audit review of two specific arrangements is currently underway. The outcome of the review will support improvements to be taken forward through the Senior Management Team and in collaboration with NHSGGC and EDC, to ensure controls are improved and proper governance arrangements are operating correctly.

The HSCP Board has various meetings, which have received a wide range of reports to enable effective scrutiny of the partnership's performance including regular Chief Officer Updates, financial reports, quarterly performance reports and service development reports, which contribute to the delivery of the Strategic Plan. There been a number of development sessions and service visits for members covering topics such as Corporate Parenting, Health & Well Being Survey results and the Framework for Community Health & Social Care Integrated Services.

Governance Improvement Plans

There are a number of areas of improvement identified for 2020/21, 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.
- EDC Internal Audit Reports – There have been a number of areas subject to scrutiny through internal audits including a review of the HSCP Financial Outturn and Key Controls, a systems audit of Direct Payments and a review of a Direct Payment Case, which are of interest to the HSCP. These highlighted areas were identified through follow up processes as requiring further improvement and

formal action plans have been developed to mitigate the risks identified. Any outstanding audit actions will continue to be monitored for compliance in 2020/21.

Assurance

The system of governance (including the system of internal control) operating in 2019/20 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. Temporary arrangements have been put in place in response to the COVID-19 pandemic. These arrangements are necessary measures to enable to the HSCP to meet its responsibilities. The HSCP will continue to review its Corporate Governance arrangements and take any additional steps, as required, to enhance these arrangements.

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 and control.

Mrs S Murray

IJB Chair

28th September 2020

Mrs C Sinclair

Interim Chief Officer

28th September 2020

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

East Dunbartonshire Integration Joint Board – Annual Accounts for the year ended 31 March 2019

2018/19 Re-Stated			Care Group	2019/20		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
3,510	(305)	3,205	Strategic / Resources	3,633	(746)	2,887
1,360	(0)	1,360	Addictions	1,301	(89)	1,212
37,940	(1,194)	36,746	Older People	40,681	(1,799)	38,882
19,169	(610)	18,559	Learning Disability	20,133	(553)	19,580
4,089	(47)	4,042	Physical Disability	4,687	(620)	4,067
5,519	(415)	5,104	Mental Health	5,652	(618)	5,034
13,527	(13)	13,514	Children & Families	14,356	(79)	14,277
1,366	(1,108)	258	Criminal Justice	1,372	(1,161)	211
946	0	946	Other - Non Social Work	817	0	817
10,509	(790)	9,719	Oral Health	10,916	(1,081)	9,835
27,258	(1,410)	25,848	Family Health Services	29,049	(1,371)	27,678
19,072	0	19,072	Prescribing	19,484	(32)	19,452
27,471	0	27,471	Set Aside for Delegated Services to Acute Services	32,247	0	32,247
246	0	246	HSCP Board Operational Costs	270	0	270
171,982	(5,892)	166,090	Cost of Services Managed By East Dunbartonshir	184,598	(8,149)	176,449
	(164,273)	(164,273)	Taxation & Non Specific grant Income		(176,267)	(176,267)
171,982	(170,165)	1,817	(Surplus) or deficit on Provision of Services	184,598	(184,416)	182
		1,817	Total Comprehensive Income and Expenditure			182

The 2018/19 expenditure has been re-stated to reflect an amendment to the set aside figures. NHS GG&C are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

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 2019/20	General Fund Balance	Ear-Marked Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2019	(41)	(1,853)	(1,894)
In Year drawdown of Reserves	0	908	908
Re-designation of earmarked to general	(561)	561	0
Total Comprehensive Income and Expenditure	602	(419)	183
Increase or Decrease in 2019/20	41	1,050	1,091
Closing Balance at 31 March 2020	(0)	(803)	(803)

Movements in Reserves During 2018/19	General Fund Balance	Ear-Marked Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2018	(957)	(3,130)	(4,087)
In Year drawdown of Reserves	0	376	376
Re-designation of earmarked to general	(2,114)	2,114	0
Total Comprehensive Income and Expenditure	3,030	(1,213)	1,817
Increase or Decrease in 2018/19	916	1,277	2,193
Closing Balance at 31 March 2019	(41)	(1,853)	(1,894)

BALANCE SHEET

The Balance Sheet shows the value as at the 31st March 2020 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 2019 £0		Notes	31 March 2020 £0
1,894	Short term Debtors	9	803
	Current Assets		
1,894	Net Assets		803
(41)	Usable Reserve: General Fund	11	(0)
(1,853)	Unusable Reserve: Earmarked	11	(803)
(1,894)	Total Reserves		(803)

The unaudited accounts were issued on 18th June 2020 and the audited accounts were authorised for issue on 28th September 2020.

Ms J Campbell
Chief Finance &
Resources Officer

28th September 2020

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2019/20 financial year and its position at the year-end of 31 March 2020.

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 2018/19, 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 2020 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 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 – Set Aside

There has been a re-statement of the 2018/19 figures for the set aside expenditure and an associated adjustment to the contribution from the GG&C to support this increased expenditure. The net effect to the Comprehensive Income and Expenditure Statement is therefore nil.

The 2018/19 figures were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. There has been considerable work progressed in refining the set aside mechanism with actual figures now based on a much more detailed approach including actual spend on acute services and activity data for each year.

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 2019/20 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.

A further critical judgement relates to the assumption that all costs associated with the Covid_19 pandemic will be met from government funding. The amounts included for 2019/20 relate to the final weeks in March 2020 when the impact of the pandemic began to be felt, therefore the exposure is not significant (<£0.5m) and these have been accrued appropriately. However, in the event that funding is not available to support the full extent of these costs, this will have an impact during 2020/21.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance & Resources Officer on 28th September 2020. 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 2020, 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

2018/19		2019/20
Re-stated		
£000		£000
38,858	Employee Costs	41,598
475	Property Costs	603
4,822	Supplies and Services	5,487
52,683	Contractors	55,151
1,015	Transport and Plant	1,229
194	Administrative Costs	177
27,342	Family Health Service	28,856
19,072	Prescribing	19,484
27,471	Set Aside	32,247
246	HSCP Board Operational Costs	270
(6,088)	Income	(8,653)
166,090	Net Expenditure	176,449
(164,273)	Partners Funding Contributions and Non-Specific	(176,267)
1,817	(Surplus) or Deficit on the Provision of Services	182

The 2018/19 expenditure has been re-stated to reflect an amendment to the set aside figures. NHS GG&C are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

6. HSCP Board Operational Costs

2018/19		2019/20
£000		£000
221	Staff Costs	243
25	Audit Fees	27
246	Total Operational Costs	270

External Audit Costs

The appointed Auditors to ED HSCP were Audit Scotland. Fees payable to Audit Scotland in respect of external audit service undertaken in accordance with the Code of Audit Practice in financial year 2019/20 were £9k. The audit

fee agreed for 19/20 was £27k, the balance of £18k has been accrued and will be payable in 20/21.

Given the HSCP Board cannot physically pay for invoices; this will be paid through EDC or NHS GG&C and charged as a cost in the HSCP Board Accounts.

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

2018/19 <i>Re-Stated</i> £000		2019/20 £000
52,690	Funding Contribution from East Dunbartonshire Council	55,760
111,583	Funding Contribution from NHS Greater Glasgow & Clyde	120,507
164,273 Taxation and Non-specific Grant Income		176,267

The funding contribution from the NHS GG&C shown above includes £32.2m 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.

The 2018/19 expenditure has been re-stated to reflect an amendment to the set aside figures. NHS GG&C are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were

based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

9. Debtors

31 March 2019 £000		31 March 2020 £000
1,775	NHS Greater Glasgow & Clyde	726
119	East Dunbartonshire Council	77
1,894 Debtors		803

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.

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 1 April 2018 £000	Transfers Out 2018/19 £000	Transfers In 2018/19 £000	Balance at 31 March 2019 £000	Transfers Out 2019/20 £000	Transfers In 2019/20 £000	Balance at 31 March 2020 £000
(102)	24		(78) Scottish Govt. Funding - SDS	1		(77)
(36)	36		0 Mental Health project	0		0
-			0 Delayed Discharge – HAT Funding	0		0
(1,665)	1,665		0 Social Care Fund	0		0
(6)	6		0 Keys to Life Funding	0		0
-			0 Autism Funding	0		0
-			0 Police Scotland – CPC Funding	0		0
(523)			(523) SG - Integrated Care / Delayed	216		(307)
			0 Infant Feeding		(13)	(13)
			0 CHW Henry Programme		(15)	(15)
(198)	159		(39) SG - Primary Care Cluster funding	39	(39)	(39)
(600)	600	(200)	(200) Oral Health Funding	200		0
		(632)	(632) SG - Primary Care Improvement	632	(195)	(195)
		(121)	(121) SG – Action 15 Mental Health	121	(108)	(108)
		(73)	(73) SG – Alcohol & Drugs Partnership	73	(38)	(38)
		(11)	(11) SG – Technology Enabled Care	11	(11)	(11)
		(176)	(176) Prescribing	176		0
(3,130)	2,490	(1,213)	(1,853) Total Earmarked	1,469	(419)	(803)
(957)	3,513	(2,597)	(41) Contingency	1,300	(1,259)	0
(4,087)	6,003	(3,810)	(1,894) General Fund	2,769	(1,678)	(803)

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

2018/19 <i>Re-stated</i> £000		2019/20 £000
(111,583)	Funding Contributions received from the NHS Board	(120,507)
93,174	Expenditure on Services Provided by the NHS Board	101,977
110	Key Management Personnel: Non-Voting Board Members	122
(18,299)	Net Transactions with the NHS Board	(18,408)

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.

The 2018/19 expenditure has been re-stated to reflect an amendment to the set aside figures. NHS GG&C are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

Balances with NHS Greater Glasgow & Clyde

31 March 2019 £000		31 March 2020 £000
1,775	Debtor balances: Amounts due from the NHS Board	726
1,775 Net Balance with the NHS Board		726

Transactions with East Dunbartonshire Council

2018/19 £000		2019/20 £000
(52,690)	Funding Contributions received from the Council	(55,760)
72,670	Expenditure on Services Provided by the Council	74,202
111	Key Management Personnel: Non-Voting Board Members	121
25	Support Services	27
20,116 Net Transactions with the Council		18,590

Balances with East Dunbartonshire Council

31 March 2019 £000		31 March 2020 £000
119	Debtor balances: Amounts due from the Council	77
119 Net Balance with the Council		77

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 2020.

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.