NOT YET APPROVED AS A CORRECT RECORD

# Glasgow City Integration Joint Board
# Finance, Audit and Scrutiny Committee

**IJB-FASC (M) 21-10-2026**

Minutes of a hybrid meeting held at 9.30am on Wednesday 21st October 2026.

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| **Present:** | | |
| **Voting Members** | Martin Cawley | NHSGG&C Board Member (Chair) |
| | Cllr Chris Cunningham | Councillor, Glasgow City Council |
| | Graham Haddock OBE | NHSGG&C Board Member |
| | Lesley McDonald | NHSGG&C Board Member (substitute for Ketki Miles) |
| | Cllr Davena Rankin | Councillor, Glasgow City Council |
| **Non-Voting Members** | Duncan Black | Depute Chief Officer, Finance & Resources |
| | David Reilly | Independent Sector Representative |
| **In Attendance:** | Jennifer Allardyce | HSCP Lead Pharmacist, South Locality |
| | Steven Blair | Standards Officer (substitute for Craig Cowan) |
| | Amanda Clarke | Assistant Chief Officer, Finance |
| | Ann Forsyth | Head of Primary Care |
| | Richard Gass | Welfare Rights Manager |
| | Duncan Goldie | Planning and Performance Manager |
| | Julie Kirkland | Senior Officer, Governance Support |
| | Gordon McKay | Business Development Manager |
| | Nikki McColl | Senior Audit Manager, Internal Audit |
| | Fiona Moss | Head of Health Improvement and Equalities |
| | Grace Scanlin | Ernst & Young (External Auditor) |
| | Lynsey Smith | Assistant Chief Officer, Operations and Governance |
| | Jane Wong | Governance Support Officer (minutes) |
| **Apologies:** | Craig Cowan | Head of Business Development / Standards Officer |
| | Ketki Miles | NHSGG&C Board Member |
| | Cllr Jon Molyneux | Councillor, Glasgow City Council (Vice Chair) |

**ACTION**

## 1. Declarations of Interest

There were no declarations of interest.

## 2. Apologies for Absence

Apologies for absence were noted as above.

## 3. Minutes

The minutes of 9th September 2026 were approved as an accurate record.

ACTION

## 4. Matters Arising

None.

## 5. Rolling Action List

Steven Blair presented the Rolling Action List advising of the following.

Action Ref No. 91 – Internal Audit – High-Cost Care Arrangements – Further work to be undertaken to clarify the definition of high-cost care packages and bandings of value, as well as review timelines. This action remains open and will be reported to Committee in December.

The Chair sought clarification on whether the follow-up report would include a more detailed review and update on the issues previously raised. Officers advised they would update on refreshed governance following the audit recommendations and provide additional context around controls.

## 6. Glasgow City Integration Joint Board Budget Monitoring for Month 5 and Period 5 2026-27

Amanda Clarke presented a report outlining the financial position as at 21st August 2026 for Council and 31st August 2026 for Health and highlights any areas of budget pressures and actions to mitigate these pressures.

The net expenditure is £2.852 million higher than budget to date. The savings target for 2026-27 (excluding STEP Forward) is £3.806 million. At this stage of the year, it is anticipated that actual savings realised will be £3.185 million, representing 84% of the target.

The monitoring position includes the year-to-date position in relation to the STEP Forward programme, which, at the start of the financial year was forecast to deliver £10 million in-year savings. In addition to this, the 2026-27 budget strategy included a drawdown from reserves of £10 million to reflect that a further £10 million in STEP Forward savings would be in place by 1st April 2027.

The Integration Transformation Board continues to monitor the transformation agenda to support in year delivery and assist future year budget planning.

Members noted the Older People overspend arising from bank staffing in Mental Health services and sought clarification on when establishment levels would be reviewed to support permanent recruitment and reduce reliance on high-cost bank and agency staff. Officers advised that targeted recruitment of qualified nurses, aligned with the Mental Health Strategy, was expected to reduce bank staffing costs, with improvements anticipated during remainder of 2026-27.

ACTION

Members queried whether any underlying risks could affect the Council's ability to meet its funding commitment for homelessness pressures. Officers advised that homelessness costs for 2026-27 were currently reflected as fully offset by Council funding, with regular updates provided on trends and pressures. Discussions are continuing with the Council, Scottish Government and at ministerial level regarding a meaningful contribution towards projected costs. The level of Scottish Government funding remains uncertain, and the position will continue to be kept under review.

**The IJB Finance, Audit and Scrutiny Committee:**

**a) Noted the contents of the report; and**
**b) Approved the budget changes noted in Section 3.**

**7. HSCP Performance Report Q1/2 2026-27**

Duncan Goldie presented the Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 of 2026-27 for Primary Care and Health Improvement only.

At Q1/2 for Primary Care and Health Improvement, 77.8% of indicators were Green; and 22.2% Red. The indicators which are Red are summarised in the report, with those which have been Red for two or more successive quarters marked in bold.

There has been no change in RAG status for the indicators included in the report since the last report (Q1) presented to the Committee on 9 September 2026.

**The IJB Finance, Audit and Scrutiny Committee:**

**a) Noted the Interim Performance Report;**
**b) Considered the exceptions highlighted in section 4.4; and**
**c) Reviewed and discussed performance with the Strategic Leads for Primary Care and Health Improvement (at Item 8).**

**8a. Performance Presentations: Primary Care**

Ann Forsyth and Jennifer Allardyce delivered a presentation on Primary Care performance. The presentation is available on the Glasgow City HSCP website.

Members asked what compliance with the Formulary Preferred List meant. Officers explained that the list recommends effective, lower-cost generic medicines as first-line treatments, while recognising that these will not be suitable for all patients. Compliance of 80–90% was therefore considered appropriate.

ACTION

The Chair asked whether polypharmacy reviews were on track for the remainder of the year, noting the potential impact on budgets and the number of older people whose long-term prescriptions had not recently been reviewed.

Officers clarified that polypharmacy refers to a patient's use of multiple medicines and advised that reviews were being expanded through public awareness, engagement with practices and patients, and skills development across pharmacies and general practices. Patients most likely to benefit, particularly those taking ten or more medicines, would be prioritised to reduce clinical risk, costs and environmental impact, with reviews embedded into routine practice over the coming years.

Members expressed concern that the current IT system could be decommissioned before rollout of the new GP IT system was complete and sought assurance that risks to medicines management, including access to the formulary, had been appropriately managed.

Officers advised that the risk had been escalated through digital and NHS Board governance arrangements. Migration of the 138 practices was planned at a rate of five per week, with support from digital teams, the system provider and national partners. As the Formulary Management Tool was not yet available, interim pharmacy guidance and support were being developed to manage prescribing and financial risks. Learning from early migrations was being monitored and additional support negotiated where required. Officers also referred to issues with the switching software identified during migration and advised that some had been resolved and work was ongoing to address the remaining issues with mitigations in place.

Members sought further assurance on progress with the Formulary Management Tool and whether the Finance Team had oversight of the associated prescribing savings and risks.

Officers advised that prescribing activity in the test practice was being reviewed and that the migration process would be refined in response to feedback. Officers confirmed that the Assistant Chief Officer, Finance attends monthly meetings with the Health Board team and receives regular updates on the financial position. Officers will consider how best to articulate the risks and mitigations to provide assurances around it.

Members noted the positive news that the Community Link Workers programme will receive £1.2 million in recurring Scottish Government funding.

**8b. Performance Presentations: Health Improvement**

Fiona Moss delivered a presentation on Health Improvement performance. The presentation is available on the Glasgow City HSCP website.

ACTION

Members noted that the smoking cessation KPI was limited to SIMD 1 and 2 and suggested that this did not reflect the full breadth of activity. A request was made for the next report to include wider data demonstrating the reach and overall value of smoking cessation work across the population, including the Quit Your Way (QYW) service.

Officers advised that broader smoking cessation data, including outcomes beyond the 12-week quit measure, could be added to the dashboard. Reference was also made to smoking cessation activity in prison and acute settings, with officers noting that prison-based quits were more complex to capture due to follow-up arrangements and individuals returning to custody.

The Chair emphasised the importance of recognising and celebrating the critical work delivered by the QYW team.

Officers welcomed the feedback and agreed that KPIs should be reviewed periodically.

Members highlighted the risks arising from reliance on external funding and asked whether Health Improvement services would be included in the STEP Forward programme to consider more sustainable funding arrangements.

Officers confirmed that all services and associated funding would be considered through the programme. The Chair acknowledged the progress made despite reduced funding but noted that annual funding arrangements limited forward planning and created risks for workforce security and service delivery.

Officers

Lesley McDonald requested a briefing on the Compassionate Distress Response Service, which officers agreed to provide offline.

The Chair noted the impact that delivering training and development activity had on staff capacity within substantive roles and reiterated the importance of sustainable funding, while recognising that philanthropic funding could support innovation and emerging opportunities.

**9. Health and Social Care Partnership Complaints Annual Report 2025-26**

Gordon McKay presented the annual report on social care and health complaints activity in Glasgow City Health and Social Care Partnership for the period 1st April 2025 to 31st March 2026.

Social Work complaints figures have been compiled from several recording sources following the failure of the previous C4 system during the widespread Glasgow City Council IT issues in summer 2025. As a result, the figures may be less reliable than in previous years, with a risk of duplication, omissions and other data-quality inconsistencies. Health complaints data was unaffected.

ACTION

Total volumes of Social Work complaint activities increased in 2025/26, rising by 16% from 769 in the previous year to 895.

Health services complaints fell by 11% from the previous year to 913 complaints, together with 11 comments, concerns and other feedback.

The distribution of Social Work complaints proportionately between the localities have again remained broadly consistent with previous years, although totals have gone up across every area. Within Centre, the most notable increase in complaints activity relates to Subject Access Request delays, and complaints regarding Homelessness issues have decreased very slightly. Almost all Care Services complaints focus on Home Care, with more in South locality than the other localities, in line with the greater population and scope of services in South area. In terms of Health complaints, the majority of complaints (46%) were about prison-based health services at HMP Barlinnie, Greenock and Low Moss, as in previous years.
Members expressed concern about the reliability of the Social Work complaints figures and sought assurance on whether complaint activity might be under or over reported, and whether all complaints had been captured.

Officers advised that the new complaints recording system had gone live in January 2026 and the introduction of this new system will have a significant impact in terms of improving management information around all complaints. It is likely that there has been an over count under the old system as the previous system counted Stage 1 and Stage 2 as separate complaints. Following the implementation of the new complaints system, Officers will be in a position to report fully in future on both complaint cases and complaint activities. The distinction between the two is that a complaint case may include multiple stages – for example, Stage 1, Stage 2 and Stage 3 activities – but should be classed only as a single complaint against the service. Complaints activities are the individual stages – these are handled in different ways and represent workload impact on different areas of the business, as Stage 1 complaint activities are handled by frontline services and staff, and Stage 2 and 3 complaint activities are handled by the central complaints team.

Members noted that complaints about missed Home Care visits had decreased while those relating to service quality and staff competency had increased and asked whether this indicated an emerging quality issue requiring further attention. The Chair also sought assurance that managers followed up concerns about staff attitude and competency and monitored resulting actions.

Officers advised that a detailed analysis was not available but that further information on specific service areas could be obtained from Care Services colleagues. All complaints were investigated with management involvement. Stage 2 complaints were independently investigated and reported to senior management, providing oversight and enabling recurring patterns or service failures to be identified and addressed. Officers also noted that higher complaint volumes did not, in themselves, necessarily indicate service failure.

**ACTION**

Members highlighted the disparity in Home Care Services complaints between the localities. While South had the largest number of service recipients, concern remained that a disproportionate share of complaints related to one locality. Members suggested comparing the number of complaints in each locality with the number of people receiving services to identify whether the difference reflected service demand or an issue with service delivery.

Officers acknowledged that demographic and service-delivery context was required and agreed that further analysis from Care Services would be provided. Officers

**The IJB Finance, Audit and Scrutiny Committee:**

**a) Noted the contents of the annual Health and Social Care Partnership Complaints Report and two attached appendices.**

**10. Welfare Rights and Money Advice Performance Report 2025-26**

Richard Gass presented a report on the performance of Glasgow City Health and Social Care Partnership (HSCP) Welfare Rights and Money Advice Team for 2025-26, including details of money advice provision commissioned by the Health Improvement Team.

The 2025-26 figures show that there has been an increase in the income generated by the Locality teams with a significant increase in back-dated payments. There has also been an increase in income generated from successful appeal tribunals. There has been a drop in income generated by Income Maximisation team, mainly in relation to backdated payments but also in ongoing income and a reduction in the income generated within the Pensioner Poverty Team. However, looking at the whole Welfare Rights and Money Advice Team there is small increase in the overall amount of money that has been able to generate for service users, £9.43m in 2025-26 compared to £9.31m in 2024-25.

The Committee noted that the HSCP's Welfare Rights and Money Advice Team had recently been reviewed under the STEP Forward Programme, and the outcome of the review had been reported to the IJB in September 2026.

The Chair highlighted the importance of income maximisation and welfare advice, particularly in the context of the planned service reduction. Interest was expressed in how the impact of both HSCP and externally delivered welfare benefit services would be reflected in next year's report, with an emphasis on presenting a joined-up picture of provision.

Officers advised that there was some overlap between services however the in-house services are for social work service users and external agencies deal with non-social work service users. Quantifying outcomes for people supported

**ACTION**

by other organisations would be challenging. It was further noted that Glasgow City Council is working with the advice sector through a strategic partnership body, which negotiates with 16 organisations in the city in a more coordinated way.

**The IJB Finance, Audit and Scrutiny Committee:**

**a) Noted the contents of the report.**

## 11. Duty of Candour

Lynsey Smith presented a report to inform the IJB Finance, Audit and Scrutiny Committee about Duty of Candour cases identified within Glasgow City Health and Social Care Partnership and of the requirements for annual reporting to the Scottish Government.

The Duty of Candour is a statutory requirement for health and social care organisations in Scotland, designed to promote openness, transparency, and accountability when things go wrong in the provision of care.

In 2025, 81 SAERs were commissioned or reported, with 20 recorded as Duty of Candour cases. Learning from these cases identified improvements in areas including staff training, communication, risk management, medication safety and prescribing, with a range of practical service improvements subsequently implemented.

Members welcomed the clarity of the service improvements arising from Duty of Candour incidents and suggested that future reporting include case studies to demonstrate the learning identified and resulting changes in practice. Officers agreed that case studies would be a useful addition to next year's report.

**The IJB Finance, Audit and Scrutiny Committee:**

**a) Noted the contents of the report;**
**b) Noted the draft report to the Scottish Government (Appendix 1); and**
**c) Noted next steps to ensure robust reporting and monitoring.**

## 12. Next Meeting

The next meeting was noted as Wednesday 9th December 2026 at 9.30am.