

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

**IJB-FASC (M) 21-10-2020**

Minutes of meeting held virtually, via Microsoft Teams, at 9.30am on Wednesday 21<sup>st</sup> October 2020.

**Present:**

**Voting Members**

|                  |                                          |
|------------------|------------------------------------------|
| Ade Aibinu       | Councillor, Glasgow City Council         |
| Simon Carr       | NHSGG&C Board Member                     |
| Archie Graham    | Councillor, Glasgow City Council         |
| Jane Morgan      | Councillor, Glasgow City Council (Chair) |
| Flavia Tudoreanu | NHSGG&C Board Member                     |

**Non-Voting  
Members**

|                |                                            |
|----------------|--------------------------------------------|
| Peter Millar   | Independent Sector Provider Representative |
| Sharon Wearing | Chief Officer, Finance & Resources         |

**In Attendance:**

|                  |                                                              |
|------------------|--------------------------------------------------------------|
| Duncan Black     | Chief Auditor, Internal Audit                                |
| Steven Blair     | Principal Officer, Business Development                      |
| Mike Burns       | Assistant Chief Officer, Children's Services and North East  |
| Emma Corrigan    | Audit Scotland                                               |
| Craig Cowan      | Business Development Manager                                 |
| Gary Dover       | Assistant Chief Officer, Primary Care and Early Intervention |
| Allison Eccles   | Head of Business Development                                 |
| Ann Forsyth      | Programme Manager – Primary Care Improvement Plan            |
| Richard Gass     | Welfare Rights & Money Advice Manager                        |
| Duncan Goldie    | Planning and Performance Manager                             |
| Dominique Harvey | Head of Planning (Children's Services & North East)          |
| Margaret Hogg    | Assistant Chief Officer, Finance                             |
| Julie Kirkland   | Senior Officer, Governance Support                           |
| Stephen O'Hagan  | Audit Scotland                                               |

**Apologies:**

|              |                                   |
|--------------|-----------------------------------|
| John Cornett | Director, Audit Scotland          |
| Rona Sweeney | NHSGG&C Board Member (Vice Chair) |

**1. Declaration of Interests**

The following declarations of interest were raised:

Councillor Jane Morgan declared an interest in Item 10, Children's Services performance.

**2. Apologies for Absence**

Apologies for absence were noted as above.

### 3. Minutes

The minutes of 9<sup>th</sup> September 2020 were approved as an accurate record subject to the following amendment:

Councillor Jane Morgan declared in an interest in Item 9, HSCP Performance Report Q1 2020/21.

### 4. Matters Arising

The following matters arising were raised:

Page 8 – Members requested further clarity on the decision to discharge from hospitals to care homes and whether new protocols are now in place.

Officers confirmed that two negative tests are required before someone can be discharged to a care home. Residents also go into a period of isolation when admitted to the care home.

Members queried how far apart the two negative tests need to be. Officers confirmed that Public Health advice is followed and that further detail will be sent to committee members.

Officers

### 5. Rolling Action List

Allison Eccles presented the Rolling Action List providing an update on the actions listed.

There is no change to reference numbers 7 and 41, relating to Set-Aside and OLM.

A briefing has been circulated in response to reference number 53, which relates to the Royal Hospital for Children. Agreed that this will remain open until the next meeting to allow members the opportunity to review the detail. Officers highlighted that this relates to an Acute service which is not a function delegated to the IJB.

A request has been sent to the Health Board and Scottish Government in relation to reference number 54 to seek detail of any analysis that has been carried out into the effectiveness of national public messaging campaigns.

The meeting with Audit Scotland is being re-arranged in relation to reference number 55.

Reference number 56 is now closed. Cllr Morgan has discussed with the Chair of the IJB and an update report on Homelessness will be presented to the IJB in November.

## **6. Audit Scotland – Glasgow City IJB 2019-20 Annual Audit Report - Draft**

Stephen O'Hagan presented the cover letter and draft Annual Audit Report to the Committee; advising that the report outlines the findings from the 2019/20 audit of the IJB including the proposed audit opinions. As part of the completion of the audit, representation is sought from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.

There are no significant findings to report on the annual accounts. An identified misstatement of £0.448m was adjusted in the accounts which related to an error in a stock certificate that was identified as part of Glasgow City Council's accounts closedown process which took place after the IJB had prepared its accounts. This has resulted in a decrease in expenditure and a corresponding increase in reserves.

Other findings include a statement around reporting and how it is presented and also set aside expenditure for 19/20. Actual figures have been provided compared to estimates previously used. Prior year figures have been restated from estimates to actuals.

There are no significant matters from the financial statement audit. The opportunity to review and refresh management commentary was recommended in last year's report and that has been done as part of this year's process and reflected in this year's accounts.

The draft annual audit report includes the commentary and observations on financial statement and code considerations.

Appropriate and effective financial management arrangements are in place and will be kept under review in the medium term to reflect the impact of COVID-19. The governance arrangements within the IJB are appropriate and adequate including the revised arrangements during COVID-19.

Effective arrangements are in place for performance management however the IJB should keep targets under review and re-assess to take account of the impact of COVID-19 on service delivery.

Officers highlighted that the audit report is being presented later than usual. To ensure the quality of the audit, agreement was reached with IJB officers to flex the timescales around reporting under the Coronavirus (Scotland) Act 2020. Audit Scotland thanked officers in supporting the revised timescales and for their co-operation during the audit.

Members sought clarity on materiality values and how this is determined. Audit Scotland confirmed that a number of factors are considered when making an assessment, including how the audit has taken place, what coverage is included, what level of error would result in a review, risk factors, understanding of the body, experience of staff, previous errors. Errors are looked at individually and cumulative and materiality figures are used as triggers.

Members queried the best value arrangements and how this is defined as the IJB are not delivering services. Audit Scotland agreed that this is a challenge. When looking at how best to define it in IJBs, performance management arrangements and oversight are considered but also how IJBs hold partners to account in producing best value. Guidance is being developed to specifically look at best value in IJBs but this is still work in progress.

Members sought further clarity on what responsibility the IJB have to ensure partners are getting best value and whether the guidance note will make this clearer. Audit Scotland confirmed that there are steps the IJB can take to gain that level of assurance. There are also steps the IJB can take themselves to look at their arrangements for best value and how they exert that direction.

The Independent Sector representative raised concern regarding the differing levels of understanding of what best value means and suggested this is discussed at an IJB Development Session in more detail to align understanding.

The Chair requested that Audit Scotland provide a hyperlink for the Committee to where they refer to best value and a decision can be made at the next meeting on whether a recommendation is made to the IJB for a development session.

Audit  
Scotland

Members questioned if there is a minimum requirement in light of COVID-19 for reserves and how much flexibility Audit Scotland are willing to give public bodies when auditing next year. Audit Scotland highlighted that they don't set the level but look at what guidance is available and what is a prudent approach to financial management. Guidance from COSLA indicates that an appropriate level of reserves should be set at a 2% target and this has been adopted by the IJB. As IJBs are still relatively new bodies it can take time to build up a reserve position. The impact of COVID-19 on public bodies in terms of how much they need to utilise those reserves will be determined once funding is known. This will be looked at closely for 2021 for all public bodies.

The draft audit annual report will now be presented to the IJB in November 2020 along with the Audited Annual Accounts 2019/20

## 7. Audited Annual Accounts 2019-20

Sharon Wearing presented a report to update members on the completion of the audit of the Annual Accounts for 2019-20.

The accounts have been through the audit process and section 4 of the cover report outlines the amendment to reflect the error of £0.448m which was identified during the audit. This related to an error in a stock certificate that was identified as part of Glasgow City Council's accounts closedown process which took place after the IJB had prepared its accounts. This has resulted in a revised deficit of £1.529m.

Other than the amendment outlined above, the Accounts are as presented to the IJB in June this year.

Officers highlighted the new accessibility regulations for website documents. The accounts will be produced in landscape format for the IJB in November to comply with these regulations.

Members referred to the management commentary which highlights what has been achieved as an IJB and whether something should be done to raise awareness of those achievements to the general public, particularly the work of the HSCP during COVID-19.

Officers confirmed that IJBs are required to put a notification in the local press that the accounts are available for review on the website. Printed copies are also produced which are distributed around offices.

Members suggested that communication might be another area to discuss at a development session and how awareness of the work done in Glasgow is highlighted to the wider population.

Officers reminded members that the HSCP Communications Strategy was agreed at the IJB in September 2020 and there was significant discussion at the engagement session held with members in August 2020.

Officers confirmed that the HSCP website and social media are used to share information with the public as much as possible. Officers agreed that there is a challenge around promoting positive stories in the press, particularly during the pandemic. The press officer is proactive in this area.

The Chair suggested a short development session may be useful to understand more about the work of the communication team. Officers confirmed that information can be shared on what the team are doing to ensure all relevant stakeholders are being kept informed. The Chair asked that officers consider which has less impact on resources to share the approach with members of the IJB.

Officers

Members questioned the repetition of information in the accounts that is also presented in the annual performance report and whether this was necessary.

Officers confirmed that guidance is issued from Audit Scotland in compiling accounts to the wider public sector which outlines expectations on what should be included.

The Chair suggested that the guidance needs to be updated to reflect a digital world and hyperlinks are used to other documents. Audit Scotland confirmed that there is a requirement for the management commentary to include this information rather than refer to information held elsewhere as these documents are not audited. Hyperlinks are not permitted but consideration can be given to streamlining. The information needs to be stand-alone however and contain sufficient detail to satisfy the requirements of the code of practice.

Members requested clarification on reserves and how Glasgow compares with other IJBs and queried whether there are particular challenges in Glasgow.

Officers updated on the decision at the IJB in November 2019 to support the Maximising Independence programme. This is a major component of the strategy to redesign services and savings are tied to the programme going forward. Agreement was given to set aside a significant sum of money to support that transformation programme, which would be ring-fenced going forward. Officers confirmed that they were comfortable with the general reserves and this will continue to be built on to move towards the 2% target.

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

- a) considered the audited Annual accounts 2019-20; and**
- b) submitted the audited annual accounts and the associated Annual Audit Report from Audit Scotland to the IJB for approval and signature.**

**8. Glasgow City Integration Joint Board Updated Internal Audit Plan 2020/21**

Duncan Black presented to the IJB Finance, Audit and Scrutiny Committee the updated 2020/21 Internal Audit plan for the Glasgow City Integration Joint Board.

Auditors reminded Committee that the draft plan was considered at the February meeting, prior to the full impact of the pandemic. The original plan had 3 proposed reviews: Delayed Discharges; ICT, Advice on service changes.

The plan has now been updated and ICT has been prioritised in 2020/21. Thereafter the review of delayed discharges will be undertaken. It is proposed that 'Advice on service changes' is replaced with a review of the social care provider sustainability payments.

Following question from Members, Auditors confirmed that ongoing advice will still be available on service changes but the additional block of time is being deferred.

Members sought clarity on the Terms of Reference (ToR) for the Delayed Discharge audit. Auditors confirmed that the ToR has still to be drawn up and this will be a joined up piece of work to look at the end to end process. The ToR will be agreed with HSCP management and will be shared with Committee when the report is presented which details the scope of the audit.

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

- a) **considered the content of the updated plan, and**
- b) **approved the implementation of the updated Internal Audit plan for 2020/21.**

**9. Glasgow City IJB Budget Monitoring for Month 5 and Period 6 2020-21**

Margaret Hogg presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 30<sup>th</sup> August 2020 (Health) and 28<sup>th</sup> August 2020 (Council) and highlights any areas of budget pressure and actions to mitigate these pressures.

The budget changes are highlighted at Section 3.1, and Section 4 highlights progress in the transformational programme. Delivery of savings has been impacted on the need to focus resources in responding to COVID-19. These are mainly linked to savings identified for the Maximising Independence Programme. It is anticipated that actual savings realised will be £7.222m which represents 52% of the target. Officers highlighted that this is a significant movement from last time. The levels of savings are reflected in the financial performance throughout the report.

Officers outlined the reasons for major budget variances in each client group. An update was provided on what has been spent on the response to COVID-19 which is outlined at Section 5.6, and to date amounts to £10.100m.

Discussions continue with the Scottish Government regarding funding.

Members sought clarity on whether the Scottish Government will only pay for additional costs or if they will also take account of those programmes that have not been able to advance in terms of savings.

Officers confirmed that local mobilisation plans have been submitted to the Scottish Government and Q1 has been funded on actuals. Q2-4 element of funding is based on projections of expenditure. Social Care expenditure will be reviewed in November and an overall review will take place in January 2021. Officers reported that the challenge of this is recognised but a decision will not be taken until January when it is clearer what can be delivered.

Officers reported that a more realistic outturn will not be available until January as the impact on the budget needs to be clear first.

Members questioned whether there has been any indications from the Scottish Government on the use of reserves in respect of additional COVID-19 costs or unachieved savings. Officers confirmed that there has been no comment on reserves at this stage.

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

- a) **noted the contents of the report.**

**10. HSCP Performance Report Q1/2 2020/21**

Duncan Goldie presented the Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 of 2020/21.

Officers confirmed that Q1 was presented to the last committee and, to avoid the data being out of date and duplication of the previous report, this is an interim report which provides an update on any new information available. The information focuses on the two areas of Primary Care and Children's Services.

A full report of Q2 data will be presented to the December Committee.

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

- a) **noted the attached performance report;**
- b) **considered the exceptions highlighted in section 4.4; and**
- c) **reviewed and discussed performance with the Strategic Leads for i) Primary Care and ii) Children's Services.**

**11. Performance Presentations**

**Primary Care**

Gary Dover and Ann Forsyth delivered a presentation on Primary Care Performance.

Officers highlighted that the Primary Care Improvement Plan (PCIP) tracker is due to be submitted to the Scottish Government. The PCIP progress has been delayed as a result of supporting the primary care response to COVID-19.

Progress was reported in moving the workload from GPs to the other parts of the HSCP to allow GPs to concentrate on patients with complex needs. The progress in the 6 main work streams was reported to the IJB last month. Progress and issues were reported in the following areas:

- Recruitment of circa 400 additional staff is ongoing with 288 new staff being recruited by March 2021. Delays in recruitment have been experienced due to lockdown.
- Engagement with GPs has continued with some positive examples such as GP cluster leads.
- A number of risks have been identified including insufficient funding; staffing availability; not all GPs perceive they have benefited.
- Officers advised that staff in primary care have been diverted into responding to COVID-19 and this has involved setting up the COVID-19 Assessment Centre, the Care Home testing regime and staff being diverted into Acute Wards.
- The Flu Vaccination Programme has resulted in staff being diverted again.

PCIP progress in numbers was highlighted for the 6 main work streams which reflects a point in time. This information is shared with the Scottish Government.

Officers outlined some outcomes from PCIP which included the Vaccination Transformation Programme; Community Treatment and Care Services; Pharmacotherapy; Urgent Care; Advance Practice Physiotherapists; Mental Health.

Members asked if there is an intention to take patient's views on the experience of services that have moved to other parts of the HSCP as well as their experience of the service received from their GP.

Officers confirmed that the last patient experience survey was carried out nationally last year and is about to report soon. Consideration will be given to a local evaluation.

Officers shared a case study outlining a positive experience of a service user's involvement with Community Links and highlighted that it is difficult to give outcomes that are not specific due to the different needs of service users.

Officers updated on the establishment of the Community Assessment Centre (CAC) in Barr Street which opened on 23 March 2020 as a pathway of care for those experiencing symptoms of COVID-19. A CAC was established in each HSCP at the start of the pandemic.

Officers highlighted the speed in which the CAC had to be set up with staff redeployed from across the Health Board and Social Work. The COVID-19 Assessment Centre helped to reduce pressure on Acute and GP services. Over the last 6 months, over 7000 patients have been assessed with only 17% referred to hospital.

The Centre also manages Staff and Resident Care Home Testing and the Flu Vaccination team.

A staff survey took place earlier this year with 98% of staff feeling positive about their experience of working in the Assessment Centre. A patient experience survey has also been commissioned.

Officers outlined the priorities for the year ahead and the ongoing challenges:

- Progress and conclude the Primary Care Improvement Plan (PCIP)
- Expenditure choices
- Life after PCIP and phase 2 of GP contract
- Support MDT development
- Improve joint working between Mental Health and Primary Care
- Evaluation and performance reporting
- Respond to COVID-19, winter planning, flu and unscheduled care

Members thanked Officers for the presentation and commended them on the focus on PCIP whilst dealing with COVID-19.

Members sought clarity on whether additional funding would be available for Mental Health services as a result of COVID-19.

Officers confirmed that they are looking at what additional money can be put into the mental health work stream and GPs have requested priority is given to mental health in the PCIP programme. Officers also reported that additional money has been awarded in mental health through Action 15 which was reported to the last IJB which will result in approximately 200 more staff.

Members highlighted the impressive work of the Community Assessment Centres and suggested this was a good example of a positive story that should be promoted to the general public.

Further detail was sought from Members on the GPs who perceive that they didn't get any benefit from PCIP.

Officers confirmed that there are a number of complex issues relating to how the contract was originally promoted and the models tested at the beginning, for example, in some instances the services are based in another building and not in the GP practice and GP referrals still need to be made to access some of the services.

Members requested clarification on the MSK physio figures as outlined in the performance report and more detail on why MSK is problematic in terms of meeting the targets.

They also sought clarity on the impact of COVID-19 and what types of cases are prioritised.

Officers reported that MSK physio is hosted by another HSCP who have provided the figures in the report. These services are based in Health Centres and meeting the performance targets has always been a challenge due to the number staff vs the number of patients. A range of programmes have been looked at to improve performance. Over the last 6 months, physios have been diverted to working in Acute wards or Community Assessment Centres so this has further impacted the number of people being seen.

Officers advised that Advanced Practice Physiotherapists will see people who come straight into a practice. They can self-refer or be referred by their GP. Those funded through PCIP will see patients straight away to see if they can self-manage or go to physio services. Officers highlighted a shortage of physios and the need for further recruitment.

In terms of prioritisation, Officers updated on the mobilisation of physio services for the treatment of COVID patients for chest and respiratory issues. The physio workforce had to be re-skilled to re-deploy into Acute services for those with longer term impact of COVID. The service has started to remobilise and prioritise other conditions whilst keeping a sense check on respiratory illness around that priority. Challenges were also reported on the nature of physio which involves close contact work and the requirement for risk assessments to take place. A lot of consultations moved to virtual. It was highlighted that 70% who contacted their GP for a MSK condition can self-manage.

A national programme to develop a toolkit will impact on the large waiting times however this was delayed during the pandemic.

Members sought an update on this year's Flu Vaccination Programme.

Officers reported a good uptake and highlighted the work done to deliver the programme in very short timescales. They confirmed that delivering the programme is challenging but it is being managed.

### **Children's Services**

Mike Burns and Dominique Harvey delivered a presentation on Children's Services performance.

Officer outlined data for Q2 and highlighted the impact of COVID-19 on performance. A review of performance indicators is taking place to reflect the direction of travel in Children's Services.

Officers provided an update on Child and Adolescent Mental Health Services (CAMHS) and Community Podiatrists. Responsibility for CAMHS transferred to the HSCP in April 2020 and Officers acknowledged previous concerns raised by the Committee regarding waiting times.

Officers highlighted the following:

- Three new Service Managers have been employed
- Ongoing analysis of Waiting List – a meeting takes place every 4 weeks with the Interim Chief Officer to provide an update
- Decentralisation of Choice and a Whole system approach
- Locality Joint Support Teams, Youth Health and Taskforce
- Getting it Right for Every Child (GIRFEC) – streamlining of pathway
- Quality of the Referrals and Streamlining the Whole Process
- A Third are Returning Referrals and the Impact of No Rejected
- Additional Nursing Support (Linking) Family Support and MH
- Attend Anywhere – limitations due to COVID-19

Officers outlined examples of Shifting the Balance of Care (pre-COVID.)

- Reduction in outwith and purchased foster care
- Reduction in Looked after Children - 1,412 (2016) – now 494 (35%)
- Admission Rates down – 32 per month(16/17), 18 (19/20), 15 (20/21)
- Placement stability has increased
- Permanent Orders – 20%
- Intensive Family Support – continue to work on 'Test of Change' – sustaining 30 children at home who would be in care
- Family Support Strategy has been endorsed by the IJB and Council
- Kinship Care – important transformational factor.
- Community Fund has invested well in children's services – will bring report to future meeting.

Officers highlighted the progress in a Shifting the Balance of Care graph. Admissions and placement moves were also highlighted in graph form which shows a reduction in both and therefore creating better stability for children.

Officers highlighted the learning from COVID-19 and the need for this to be a catalyst for further public service reform.

The presentation concluded with a quote from Professor Paul Bywaters and the findings of the Child Welfare Inequalities Project (CWIP) which commended the work of the IJB and Council in Glasgow which has resulted in almost 500 fewer children in foster and residential care and a doubling of expenditure on family support.

Members thanked officers for the presentation and the level of information provided.

Members sought clarity on the figure for under 5s being accommodated and whether this would be exclusively in foster care. Officers confirmed that that this was the case. A small cohort of 8 and 9 year olds are in residential care however this is due to foster care breakdowns due to their complex needs.

Members queried how the service measures whether children are healthier, wealthier and happier. They also asked for clarification on the CAMHS waiting list and the increase in referrals.

Officers advised that a lot of participation work has been carried out with children in care through agencies and the Children's Rights Service where there has been positive and good feedback.

Officers outlined the work around quality of support and assistance to children, in particular strength based practice. When working with families, the HSCP and third sector providers are exploring what strength based means and the focus on them as a means of building and strengthening relationships.

The HSCP focus at the moment is the workforce and how quality practice is maintained. Work is ongoing to look at strength based conversation, building up practice profiles and data systems and seeking direct feedback from frontline staff and families that is more outcomes focused.

In relation to CAMHS, officers confirmed that the pathways are being explored and highlighted the need to create different mechanisms for dealing with it.

Members requested an update on the transfer of CAMHS to the HSCP and clarity on who was previously responsible for the service.

Officers confirmed that the service transferred to the management of the HSCP in April 2020 and it now sits under the IJB as a delegated function. The service was previously managed by the Health Board and Acute care. Tier 4 level children still sit with Acute. Officers advised that the governance is still being worked through but there will now be a more joined up system with the service managers reporting direct to the Heads of Children's Services in the HSCP.

Members sought clarity on the digital inclusion activity and how this is being coordinated and aligned with Education Services and the third sector.

Officers confirmed that an additional 850 laptops have been received which also come with a connectivity package. One of the conditions is that the service also supports young people for a period of 6 months.

The service is looking to recruit a digital coordinator who will have a key role and there is also a pool of volunteer staff who will support young people.

As the Scottish Children's Reporter Administration (SCRA) are currently conducting virtual hearings this will be the first focus in terms of the devices to support people with digital access to attend hearings.

Links are being made with Education Services and the third sector in relation to the next phase of funding. Members were encouraged to hear that this is on the agenda.

Members asked for an update on the Communities Fund and thoughts on alignment for the future.

Officers confirmed that there is ongoing conversations within the 3 localities in children services and work is taking place to ensure that every successful provider is aligned and coordinated with the work the HSCP are doing around the transformation agenda.

Work continues on the Family Support Strategy for 2020-2023 with the aim of the Communities Fund becoming more aligned which allows a financial infrastructure to be created that is robust, coordinated and effective.

Members thanked officers for their presentations and requested that the slides are circulated after the meeting. Officers confirmed that any further questions can be directed to the Glasgow City IJB mailbox.

## **12. Welfare Rights and Money Advice Performance Report 2019-20 Annual Report**

Richard Gass presented a report on the performance of Glasgow City Health and Social Care Partnership's (HSCP) Welfare Rights and Money Advice Team for 2019-20, including details of money advice provision commissioned by the Health Improvement Team.

Officers reported that this is the third performance report presented to the Committee covering the work of the Welfare Rights and Money Advice Team including a number of sub teams and the three localities (North East, North West and South).

Outwith the Welfare Rights and Money Advice Team there is a Financial Assessment Income Team which focuses on supporting service users and their representatives to complete financial assessments for chargeable services.

Officers reported that activity is recorded within a variety of tools as it's not currently possible to capture all the information within Carefirst (Social Work Services' main client information system). An e-form is being developed in Carefirst however which will provide the functionality required and allow more detail in future reports.

An update was provided on Directly Provided Provision which includes the Social Work Income Maximisation Team; the Social Work Appeals Team; Social Work Information and Training Team; Social Work Debt Arrangement Scheme; and the Social Work Financial Assessment and Income Team (FAIT). Information was also provided in Health Purchased Service Provision.

Officers highlighted that support is also provided to internal and external groups to provide welfare reform updates as well as expert advice on benefit issues.

The impact of Universal Credit on HSCP service users has not yet fully materialised. Existing clients can remain on old benefits until migration.

Officers highlighted that the report doesn't address the impact of COVID-19 as the financial year concluded at the onset of the pandemic. Work is still ongoing but the claims process is slower as appeals are now held digitally.

Members questioned if the service is able to establish how many people are not being reached, i.e. the population who aren't claiming or don't know about the service. Officers clarified that the Welfare Rights and Money Advice Team only deal with HSCP service users.

Members requested further detail on contacts via other networks and what alignment there is with the work in the HSCP. Officers confirmed that if someone is not already known to the HSCP, then they would be redirected to Glasgow's Advice and Information Network (GAIN). The only exception to this is in relation to Appeals Tribunals as this applies to every resident of Glasgow.

The activity of the Income Maximisation was discussed and Members requested further detail on the 67% of cases that were identified as already being fully maximised and whether there was some redundant work taking place that could be avoided, e.g. to establish whether they have already been advised via another network.

Officers confirmed that this is part of the Council's Charging Policy and anyone assessed for a social work charge needs to be income maximised as part of that process. The Income Maximisation Team deals only with social work service users.

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

- a) **noted the content of the report.**

**13. Next Meeting**

The next meeting was noted as Wednesday, 9 December 2020 at 9.30am via Microsoft Teams.