

**GLASGOW CITY INTEGRATION JOINT BOARD
FINANCE AND AUDIT COMMITTEE**

IJB-FAC (M) 06-12-17

Minutes of meeting held in the Boardroom, Glasgow City HSCP,
Commonwealth House, 32 Albion Street, Glasgow, G1 1LH
at 9.30am on Wednesday, 6th December 2017

PRESENT:	Cllr Ade Aibinu	Councillor, Glasgow City Council
VOTING MEMBERS	Cllr Ken Andrew	Councillor, Glasgow City Council
	Simon Carr	NHSGG&C Board Member (Chair)
	Ross Finnie	NHSGG&C Board Member
	Anne-Marie Monaghan	NHSGG&C Board Member
	Cllr Jane Morgan	Councillor, Glasgow City Council (Vice Chair)
NON-VOTING MEMBERS	Peter Millar	Independent Sector Provider Representative
	Sharon Wearing	Chief Officer, Finance and Resources
IN ATTENDANCE	Jillian Campbell	Internal Audit
	Sybil Canavan	Head of HR
	Allison Eccles	Head of Business Development
	Duncan Goldie	Performance Planning Manager
	Christina Heuston	Head of Corporate Services
	Julie Kirkland	Senior Officer (Governance Support)
	Alex MacKenzie	Chief Officer, Strategy & Operations
	Jim McBride	Head of Adult Services, Homelessness, Addiction, Criminal Justice
	Sheena Walker	Governance Support Officer (Minutes)

1. DECLARATIONS OF INTEREST

Peter Millar declared an interest in item 13, performance Q2 – homelessness; as he works for an organisation who is a provider in Glasgow.

Cllr Morgan declared an interest as a trustee of a child care trust.

2. APOLOGIES

There were no apologies noted.

3. MINUTES

The minutes of the meeting held on 18th October 2017 were approved as an accurate record subject to the following amendments:

Item 8 – Health and Social Care Complaints Activity 2016-17(Annual Reports) – the final paragraph on page 5 to be amended to read ‘Cllr Morgan added that analysis of the statistical breakdown was important.’

Item 12 – Performance Reporting Q1 Presentation – Adult Services – ‘...there was a budget of **£330.551m**’.

ACTION

4. MATTERS ARISING

Simon Carr asked for an update in relation to sleepover arrangements and of providers moving to the framework. Sharon Wearing informed members that there would be an assessment of individuals needs and an appropriate level of service would be established. Also that some providers may use waking night cover.

Peter Millar questioned if this would apply to other contracts including cost and volume contracts. Sharon confirmed that it would when arrangements were in place and also applied to direct payments, and children and families for disability.

5. ROLLING ACTION LIST

Reference No. 9 – Allison Eccles reported that the learning process of complaints would be conducted through the Social Work Governance Board and this would be discussed at the next governance meeting.

Reference No. 13 – Sharon Wearing reported that Dr George Ralston had advised that in relation to the psychology budgets there was an underspend in the North East due to vacancies, but that these were now filled.

6. INTERNAL AUDIT – REVIEW OF RISK MANAGEMENT ARRANGEMENTS

Jillian Campbell spoke to a paper to present to the IJB Finance and Audit Committee the main findings of the following audit report that was issued recently, together with a summary of action taken for review of risk management arrangements.

It was reported that there were six recommendations for improvement; one medium and five low and the audit opinion was a reasonable level of assurance. An action plan was provided at section 4 of the report outlining observations, risks and recommendations. The medium priority related to the Risk Management Strategy being updated on an annual basis; this work was on-going and timescales for implementation were February 2018. The low priority risks were outlined and it was reported that management had accepted recommendations; a report would be presented at a future Committee on the implementation of recommendations.

Ross Finnie referred to the training of staff to collate risk registers and questioned the correlation between those who collate and those who use the report/manage this.

Alex MacKenzie informed members that those responsible for the collation of the risk registers attend senior management team meetings to review the risks and to ensure a level of scrutiny. Processes were in place for risk management and were escalated through an appropriate process.

Sharon Wearing further explained that risks were added to the risk register at the point in time. The Council's Internal Audit Section review the risks annually, selecting samples to audit and look at mitigating actions.

CLlr Morgan questioned if the risk management audit identified if mitigating actions were undertaken.

Allison Eccles explained that there was a separate audit on mitigating actions and these were tested.

The IJB Finance and Audit Committee:

- a) noted the content of the report; and***
- b) instructed the Chief Internal Auditor to provide follow up reports showing progress towards achievement of the Action Plans arising from audits undertaken.***

7. RISK MANAGEMENT WORKING GROUP RECOMMENDATIONS

Allison Eccles presented a paper informing members that the purpose of this report is to inform the IJB Finance and Audit Committee of the work carried out by the Risk Management Policy and Registers Working Group and to make recommendations accordingly.

Section 3 of the report outlined the issues reviewed by the working group and section 4 of the recommendations. It was proposed that only risks rated 'high' or 'very high' would be reported to the IJB Finance and Audit Committee and an assurance statement provided that 'low' and 'medium' risks had been reviewed and continue to be reviewed by the relevant risk owner/manager. It was also proposed that risks would be categorised as 'strategic' or 'operational'.

Examples of the quarterly report, the single list of risks and an updated IJB Risk Management Policy were appended to the report. The report would be presented to the IJB for approval.

Simon Carr thanked officers for their work in producing the report and of the working group; and advised that the IJB Finance and Audit Committee should decide and approve those risk categorised as 'strategic' or 'operational' as part of the annual report.

The IJB Finance and Audit Committee:

- a) noted the content of this report, and;***
- b) reviewed the recommendations of the working group.***

8. RISK MANAGEMENT QUARTERLY UPDATE REPORT

Allison Eccles presented a report to provide an update to the IJB Finance and Audit Committee on the status of the risk registers being maintained within the Glasgow City Health and Social Care Partnership.

Members were informed that the report presented was the standard format, but this would change going forward as discussed under item 7 of the agenda.

Allison Eccles

The report covered the updates from the last quarterly report to the IJB Finance and Audit Committee on August 2017. The changes to the registers for the IJB, Social Work and Health were outlined. The three risk registers would be reviewed in January 2018 for the next quarterly review.

Simon Carr queried if risk reference 6, outlined at 3.5 of the report, was the same risk as that detailed on page 1 of Appendix B, Social Work Risk Register. Allison confirmed that this was the same risk, but acknowledged that the wording slightly differed and that officers would ensure the detail provided in the report correlated with the detail provided in the risk registers in future.

Allison Eccles

The IJB Finance and Audit Committee:

- a) reviewed the content of this report, and;***
- b) noted the current highest risks on the Integration Joint Board, Social Work and Health risk registers.***

9. NHS IN SCOTLAND 2017 – AUDIT SCOTLAND

Allison Eccles informed members that the purpose of this report is to advise of the key findings of the Audit Scotland report 'NHS in Scotland 2017,' and the areas with updates where there is relevance to the Glasgow City Health and Social Care Partnership (GCHSCP) and Glasgow City Integration Joint Board (IJB).

It was reported that there were four key messages from the report as outlined at section 3.3 there were four recommendations directed to the Scottish Government in partnership with NHS Boards and Integration Authorities as outlined in the table at section 4.2 of the report; and an updated provided for each recommendation, including what work had taken place and future planned work.

Cllr Andrew questioned if NHS Scotland National Resource Allocation Committee (NRAC) would be reviewed. Sharon Wearing advised that she would identify when a review would take place and report back to the Committee. Simon Carr questioned if Glasgow would be in a detrimental position. Sharon explained that it did not necessarily mean that the Glasgow allocation would reduce, but other Board areas may increase.

Sharon Wearing

Bailie Aibinu questioned what the principles of medicine were that the HSCP was trying to maintain. Anne Marie Monaghan outlined realistic medicine to members and stated that any work of the HSCP should be person centred and about realistic medicine; and this should link to service redesign.

Simon Carr would circulate briefing papers to all members of realistic medicine.

Simon Carr

The IJB Finance and Audit Committee:

- a) noted the contents of this report; and***
- b) noted an update will be provided in six months.***

10. HMIPS LOW MOSS ACTION PLAN

Alex MacKenzie presented a report to advise IJB Finance and Audit Committee of the progress being made to address issues raised in the recent inspection into HMP Low Moss relating to prison healthcare, for which the HSCP has a hosting responsibility.

It was reported that following the presentation to the Committee on 18 October 2017 a detailed action plan had been produced, attached at Appendix 1 of the report. The plan had been submitted to HMIPS who were content with the report; a meeting would take place on 8 December 2017 with Healthcare Improvement Scotland to discuss the detail of the plan and a revisit was scheduled for January 2018.

The plan was a live document and officers met fortnightly to review, with management meeting weekly to monitor the action plan. David Williams would also engage in the process.

The action plan showed the improvements required, some of which were good practice. The wider improvements were outlined at section 3 of the report. Issues were reported with staff turnover and steps would be undertaken to address this through the wider HSCP workforce; and how staff would be supported.

At the IJB Development Session scheduled for 10th January 2018, as part of the financial planning proposals, it would be recommended that there are no financial efficiencies taken from prison healthcare. There was also recruitment of five WTE Band 5 Nurse post; when the establishment is for four; this was a financial risk but due to high turnover, these posts were required. There is also to be the development of a business administration function to respond to complaints and remove this activity from frontline staff.

In relation to wider workforce planning, officers had engaged with Dr Linda de Castecker to develop standards and a draft had been disseminated to leads for comment. It was likely that additional investment will be required to meet the new standards, as detailed at section 3.5 of the report. There would be a wider review of HMP Low Moss of the current standards and a review of the wider estate for the new standards.

Anne Marie Monaghan asked if there were plans to readdress the inheritance of prison healthcare; highlighting the issues with resource, staffing and investment. Alex explained that the prison healthcare funding was allocated based on that of HMP Perth as an agreement could not be reached at that time. The HSCP would first have to deliver the service within the budget allocation, by using resources in a more effective way. The new standards would also be tested to address issues before any discussions would take place with the Health Board regarding resource.

Cllr Andrew referred to recent reports of psychoactive drugs in prisons and how this would be managed. Alex reported that this was not included in the inspection, but was a task for the HSCP and prison service.

Ross Finnie asked for further detail on the proposals to change the nature of employees to be part of the wider team within the HSCP; and also for staff to deliver care in a prison environment. Alex reported that there was sessional input from GPs and officers hoped to extend this to the addiction workforce. A model would be developed for a wider workforce model to ensure that those staff within prisons viewed themselves as part of the HSCP.

Jim McBride added that the Scottish Prison Service have a dedicated post at corporate level to work with the HSCP and the changing needs of the prison population. Jim also discussed the changes to the prison population and the prisons response in managing this, by adapting to social and health care needs in partnership. Prisons also had a plan to deliver and manage the estate.

Peter Millar and Cllr Andrew referred to the in reach service and the requirement to have a relationship with the prison service and to ensure there was expertise to support prisoners when released from prison.

Jim outlined that there was a fundamental philosophical change and the prison service understood the requirement to learn from the HSCP. Prisoners were supported by the HSCP, criminal justice and the third sector on release from prison.

Bailie Aibinu asked officers how they would make employment within prison healthcare attractive to applicants.

Alex reported that the HSCP does have a workforce who wishes to work within prisons, but that there was robust engagement at exit interviews to understand reasons for turnover. Officers would make posts attractive by being flexible to the needs of individuals; and the HSCP response was that prison healthcare was an integral part of the service.

Alex advised that a progress report would be produced January 2018 and reported back to the Committee in the short-term and a report presented in future on the standards, the outcome from HMP Greenock; and a robust workforce plan in Spring 2018.

Alex MacKenzie

The IJB Finance and Audit Committee:

- a) noted the submission of an improvement action plan to HM Inspectorate of Prisons for Scotland (HMIPS). (Appendix 1)***
- b) noted the intention of HMIPS to undertake a return visit to HMP Low Moss between 24th and 26th January 2018 to assess progress.***
- c) noted the progression of wider improvement work undertaken by the HSCP including:***
 - better workforce planning across prison healthcare;***
 - improving the interface between prison healthcare and other HSCP services;***
 - Self –assessment activity at HMP Greenock; and***
 - preparatory work for the anticipated introduction of new national standards for inspecting and monitoring prisons in Scotland***

11. GLASGOW CITY IJB BUDGET MONITORING UPDATE MONTH 6 / PERIOD 7 2017/18

Sharon Wearing presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 30 September 2017 (Health) and 29 September 2017 (Council), and highlights any areas of budget pressure and actions to mitigate these pressures.

It was reported that the summary position was net expenditure of £2.994m less than budget to date. The budget changes were outlined as per section 3.3 of the report; members were advised that the CBS administration staff had transferred back to the HSCP in September and the budget had transferred too.

The transformation programme was outlined and the overall savings target for 2017/18 is £17.935m with expected achievement of £17.635m, leaving a shortfall of £300,000.

Sharon outlined the major budget variances, highlighting that the position of spend in children's and families was changing and the underspend would increase through the year. In elderly mental health one unit had closed in September and it was hoped that the other would be progressed in discussions with the provider, and close this financial year.

Members were informed of the pressures related to the PReP, HIV drug, and officers would look at how this was managed. There was a risk sharing agreement for prescribing, but it was expected that this would conclude next year. Pressures were reported within short supply and price inflation. There was a pressure of £7.4m for prescribing in 2018/19, with the Glasgow share £4m. Funding would be required to be put aside to manage in year pressures.

Cllr Morgan expressed concern regarding financial implications and requested if an analysis of key concerns and trends, including growing demand and slippage could be included in future reports to allow members to be aware of the implications earlier in the year. Cllr Morgan acknowledged that a report would be presented in February.

Cllr Andrew added that in relation to recruitment, a strategic view of year on year savings would provide a better overview of pressures.

Sharon informed members that the report to be presented in February would provide an update on the budget position, which would be announced the following week by the Scottish Government. The budget changes and contingencies would be outlined and if these were on a recurring basis, to provide an overall picture. High level figures would be outlined as well as pay inflation for the next five year period, and show any pressures. Prescribing would also be included. The report would provide a better overview before the budget report was presented to the IJB in March 2018. The assumptions of new demand and how this would be managed with current resource would also be outlined.

Sharon added that the transformation reports presented to the IJB on older people's services and children and families showed staff savings within these papers. The transformation projects allowed efficiencies and service redesign to progress, which was also required to stop overspend.

Anne Marie Monaghan asked if the overspend and underspend in children's and families was due to the move to strategic objectives. Sharon advised that additional resource has been allocated to establish a peripatetic team, to reduce the use of overtime. Additional staff would provide extra support within the children's units.

Anne Marie also asked what the reporting arrangements were for hosted services. Sharon reported that Chief Finance Officer had discussed hosted services and that this would be reported on a quarterly basis going forward as part of the budget monitoring report, for their area of responsibility. The host also responded to any areas of overspend or underspend.

Sharon Wearing

The IJB Finance & Audit Committee:

a) noted the contents of this report.

12. ATTENDANCE MANAGEMENT

Christina Heuston presented a report to advise IJB Finance and Audit Committee of Quarter 2 2017/18 absence levels across Glasgow City Health and Social Care Partnership and highlight priorities within Attendance Management Action Plans.

The current position for NHS was 5.3% which was a reduction from quarter 1. The average days lost for Social Work were maintained at 2.6%; the same as that reported at quarter 1. It was expected that there would be an increase in absence rates for both Health and Social Work in quarter 3 and quarter 4, due to the period of the year, as this was a normal trend.

In relation to services there had been an increase in absence rates within children's and families, which was reported as a concern. An action plan was being produced to establish what support could be offered. Another area officers would review was absence due to musculoskeletal reasons; although there was some success related to back pain. Officers would liaise with occupational health to establish if there was anything that could be done differently to manage this.

Within Health, continued support was provided to managers and to review absence triggers.

Bailie Aibinu asked if the percentage of work days lost related to back pain could be provided. Bailie Aibinu also asked what support was offered to combat back pain, acknowledging that there was moving and handling training in place and asked if this was used in practice.

Christina confirmed that this data would be shared with members. Christina advised that there had been an improvement in absences due to back pain, but that other musculoskeletal absence reasons were reported. As well as moving

Christina
Heuston

and handling training, DSE (display screen equipment) assessments were also conducted and risk assessments. Sybil Canavan added that staff were proactive in managing musculoskeletal issues and utilised the physiotherapy service through occupational health for employees. Sybil also explained that there were risk management processes and incident recording reported through the Datix system, which could be used to identify issues at sites, which would then be reviewed by health and safety practitioners.

Cllr Morgan asked if there was comparative data available. Christina Heuston explained that there was for Health but not at an appropriate level for Social Work.

Peter Millar requested the financial consequence of short and long term absences. It was agreed that this information would be provided in the report on a regular basis where replacement cover is required. Officers explained that a peripatetic team was being established in children's and families and older people to move away from agency staff.

Simon Carr also requested that the service areas and absence figures are provided and that action plans be produced for the areas with high absence rates.

C Heuston /
Sybil Canavan

C Heuston /
Sybil Canavan

The IJB Finance and Audit Committee:

a) noted the content of this report.

13. HSCP PERFORMANCE Q2

Duncan Goldie presented the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2017/18.

Members discussed the format of the performance report and agreed officers would review and establish a different style of report for the Committee that would be linked to the annual performance report, highlighting good performance, poor performance and what action was being taken to mitigate this. Members also stated that pressures would be reported; that finance should connect to performance and if the IJB was meeting the national outcomes, with evidence provided; and also how the IJB was performing against the Strategic Plan.

Allison Eccles

The IJB Finance and Audit Committee:

- a) noted the attached performance report; and***
- b) reviewed and discuss performance with the strategic leads for Homelessness and Human Resources.***

a) HR

Christina Heuston and Sybil Canavan provided a presentation to members on performance within HR. The workforce profile was outlined, including the leavers profile, ethnicity and disability. The projected retiral information was provided; this was key for the next 5 to 10 years as there would be a peak in 2024 as number rise due to an ageing workforce. The estimated staff turnover for 2016-19 was also detailed, with the average being 7-8%.

The detail of the NHS performance indicators for KSF activity in quarter 2 was reported, the target was 80% however this was not reached across any of the areas listed. Sybil advised that the Senior Learning and Education Advisors would be trying to increase the rates by the end of the year. A new system would be implemented in March 2018 and it was hoped that the rates would be in a much better position for the commencement of this system.

In relation to inductions, this had been identified by Audit as fluctuating; this could be due to one person not completing the induction, and the figures could fluctuate monthly. Named information was shared in order to increase the figures and this was a continued focus. Social work did not have the mechanism to record inductions and this was an ongoing issue.

The case management activity for discipline cases, grievances, bullying and harassment/dignity at work and Social Work SSC referrals were provided. In relation to disciplinary there were 51 cases in 2016 for Social Work and 134 for Health; although for Health 52 of these had no cases to answer to. In 2017 there were 41 cases for Social Work and 46 for Health. Within Health there had been a move to a more centralised HR support, which provided consistent approach to managing conduct. The number of bullying and harassment/dignity at work were noted as low for the size of the organisation, but acknowledged these and the difficulty in working relationships.

Registration for SSC was 80% of people, 2300 employees were registered; with 73 people awaiting outcomes. This would be reviewed to identify why there was a delay and what the factors were for this.

Absence was detailed as per item 12 of the agenda, and performance was recognised as consistent.

Future developments for officers were to review figures and analyse data for performance indicators. Also to look at HSCP trends and comparisons across HSCP staffing and to identify what officers would report on. To also review timescales of case management activity; and the review of 'no case to answer' and Conduct cases and Grievances of non-progression.

Simon Carr thanked officers for the presentation and that he would welcome the development of the performance report beyond KSF and absence, and to include appraisal, grievance and disciplinary.

Ross Finnie stated that the presentation was encouraging and that there had to be distinction between executives managing this, as that was their function; and the role of the non-executive member who wanted to see clear indicators that staff were being looked after.

Anne Marie Monaghan added that a balance was required in members being presented information and at an appropriate time; and that the detail was required for scrutiny and evidence provided for indicators.

Cllr Andrew agreed with Simon's suggestion of the performance indicators being expanded; and would also like to see how the new KSF system would impact upon figures in future.

It was agreed that officers would review the performance indicators that would be reported in future and report back at a future meeting.

b) HOMELESSNESS

**C Heuston /
Sybil Canavan**

Jim McBride delivered a presentation to members on homelessness, providing an overview of performance in relation to prevention; assessment and resettlement; residential; multiple and complex; and the improvement plan.

Jim informed members of his new role as Head of Adult Services (Homelessness, Addiction and Criminal Justice) explaining that there was a strong correlation between homelessness, addiction, criminal justice and mental health. It was clear that a person could be known to a number of the services outlined and that there was a requirement for a strategic approach to sharing resources, commissioning and coordinating treatment for an individual. It was highlighted that without suitable accommodation it was difficult to manage an individual's treatment. Prevention is a key aspect and officers wished to explore the 'not tenancy ready' definition; advising that most people were ready depending on the support offered to them.

The key improvements were reported within housing options and demand; resettlement plans; decisions unintentionally homeless; directly provided residential – Care Inspectorate grades; partnership working on multiple & complex needs; the CAN/Winter Shelter/Co Production; and HSCP Improvement Plan.

There would be a review of housing options through the weekly resettlement plans to identify trends. The Care Inspectorate grades were reported as positive with scorings of 5 and 6; and the workforce was commended. Officers would review areas and share any learning.

In relation to resettlement plans there was a 28 day timescale and there would be a process established in the new year to sample these to identify the quality of plans. There were also plans to look at establishing a commissioning alliance framework for directly provided residential for homelessness.

For those with multiple and complex needs collaborative leadership working had taken place over the past three months with organisational development, Strathclyde University and the innovation team at Glasgow School of Art. There had been three sessions with lived experience, frontline staff and senior managers to review how to manage those with multiple and complex needs; and how they were supported. There was a specific focus on the city centre.

Jim outlined the partnership working with CAN/Winter Shelter/Co Production advising members that there was a pilot with the Hamish Allen service being delivered at the City Mission on Tuesday's and Wednesday's; and from 11th December this would be open five nights per week. The winter centre opened on 1st December.

The ongoing challenges were reported as; managing capacity of permanent/temporary accommodation; the robust assessment/resettlement & throughput; individuals with multiple & complex needs; improving quality of practice and user experience (learning through Care governance incident review).

Work was also taking place with organisational development and the homelessness workforce to improve the quality of practice and give the staff an appreciation of strategic priorities. The positives aspects so far and the priorities for the future would be outlined and how staff influenced the direction of travel. There would also be the recognition of homelessness rough sleepers and working with partners to respond to this. It was highlighted that for the future partnership working was key to delivering services and supporting people.

Peter Millar recognised that there was a cultural change required and asked if there had been a change to staff working in purchased services who had previously worked within the housing sector.

Jim reported that staff were aware that it was not enough to provide someone solely with a tenancy, but that there were other elements of support required and that staff would have to work with individuals to coordinate pathways. Some staff were trying to understand what this meant and there were others who resisted this. Officers would use sampling examples to show staff that individuals' needs were multiple and not solely one issue, and this would be explored through the collaborative sessions. The key principles would be set by organisational development and ensure that people felt valued. The three areas of criminal justice, addiction and homelessness would be aligned.

Peter also referred to the 1500 temporary furnished flats, stating that at times families could be within a temporary flat for a few years; were integrated in neighbourhoods and would then face disruption if moved. Peter asked if people have a choice to remain in the temporary flat on a permanent basis.

Jim advised that this was one of the areas officers would be reviewing and discussing with partners, using case studies. Officers did not want to disrupt families.

Cllr Andrew complimented the work of housing options of identifying tenancies at risk and providing support to people.

Simon Carr welcomed the work plans outlined and asked that this be developed in to a strategic work plan and reported back to the Committee at a future meeting.

Jim McBride

Simon also referred to target number 6 'number of individual households not accommodated over last month of quarter' on page 92 of the performance report asking why there was a reduction to 129 in September 2017; and asked that a note be provided to the Committee at the next meeting.

Jim McBride

Jim advised that this could be due to a number of factors including choice, location or not being tenancy ready. Officers would provide more detail to members at the next meeting.

14. NEXT MEETING

The next meeting will be held at 9.30am on Wednesday, 7th February 2018 in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH

Apologies noted from Cllr Andrew.

The meeting ended at 12.20pm