

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

**IJB-FAC (M) 18-10-2017**

Minutes of meeting held in the Boardroom, Glasgow City HSCP,  
Commonwealth House, 32 Albion Street, Glasgow, G1 1LH  
at 9.30am on Wednesday, 18<sup>th</sup> October 2017

**PRESENT**

**VOTING MEMBERS**

Cllr Ade Aibinu	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**

Sharon Wearing	Chief Officer, Finance and Resources
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**IN ATTENDANCE**

Jillian Campbell	Senior Audit Manager, Internal Audit
Jim Charlton	Principal Officer, Rights and Enquiries
Allison Eccles	Head of Business Development
Duncan Goldie	Performance and Planning Manager
Julie Kirkland	Senior Officer (Governance Support)
Alex MacKenzie	Chief Officer, Operations
Fiona McNeill	Head of Adult Services, South Locality
David Walker	Head of Operations South Locality
Sheena Walker	Governance Support Officer (Minutes)

**APOLOGIES**

Cllr Ken Andrew	Councillor, Glasgow City Council
Duncan Black	Head of Audit & Inspection, Internal Audit
Peter Millar	Independent Sector Provider Representative

**ACTION**

**1. DECLARATION OF INTEREST**

There were no declarations of interest raised.

**2. APOLOGIES**

Apologies were noted as above.

**2. MINUTES**

The minutes of the meeting held on 6<sup>th</sup> September 2017 were approved as an accurate record.

Anne Marie Monaghan referred to 'Item 15 – Service Review Activity 2016-17' and the question regarding if 4% was a sufficient amount of reviews to take place; Anne Marie asked if this should be added to the rolling action list. Simon Carr advised that this should be and requested that officers process this.

**Allison Eccles**

**4. MATTERS ARISING**

There were no matters arising raised by the IJB Finance and Audit Committee.

## **5. ROLLING ACTION LIST**

Sharon Wearing informed the IJB Finance and Audit Committee that in relation to rolling action reference number 6, that a date be established for a report to be presented to the Committee on the set-aside budget, this had been raised with the Director of Finance at the Health Board and there was a requirement for this to be this financial year.

Discussions were ongoing and work was continuing with data, including activity and cost.

## **6. INTERNAL AUDIT – UPDATE (FEBRUARY 2017 – SEPTEMBER 2017)**

Jillian Campbell presented to the IJB Finance and Audit Committee details of the internal audit work undertaken at Glasgow City Council and NHS Greater Glasgow and Clyde that may have an impact upon the Glasgow City Integration Joint Board.

It was reported that the paper provided the IJB Finance and Audit Committee of the detail of the audit by Auditors of Glasgow City Council and PricewaterhouseCoopers, the NHS internal auditor. The report provided information of areas of interest in the delivery of the Strategic Plan. Going forward an extract from the Council Finance and Audit Committee and the Health Board Audit Committee would be included in the report to assure members that actions were being implemented.

It was also clarified to members that the audits reported were not commissioned by the IJB, but were of the Council and Health Board; and that the full reports of the IJB were presented to the Committee.

Section 2 of the report outlined the Internal Audit reports that had been issued to the Council; five reports had been issued and 34 recommendations were provided, of these 3 were high priority. The focus was on two Social Work reports of the review of the PayPoint system; and establishment visits. The review included seven unannounced Social Work establishment visits to undertake spot checks on physical security, information security, health and safety and cash counts. There were 21 recommendations provided, including 1 high priority regarding regular bank reconciliations. Management were implementing recommendations and Audit would follow this up. There would also be a follow up to the Council Finance and Audit Committee of the five medium recommendations for PayPoint to ensure that controls were in place, and an extract would be provided to the IJB Finance and Audit Committee.

Section 3 of the report was also explained and highlighted that there were two low priority recommendations for Health and Social Care Integration – Financial & Performance Reporting and Controls; and that there was one high priority for the reporting and monitoring arrangements for efficiency savings.

Simon Carr referred to the 21 recommendations from the site visits asking if this referred to client funds and if there was concern and risk regarding this.

Jillian reported that the review was to look at how funds were managed in relation to procedures being followed; there were no concerns regarding service user funds highlighted as part of this audit. These had been scored as medium to highlight the importance of these and to ensure that they were improved upon.

Allison Eccles also explained to members that Business Development staff conducted unannounced site audits regarding information security and that there were small issues that would be highlighted to ensure that these were complied with.

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

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

**7. CLIMATE CHANGE DUTIES REPORT 2016-17**

Allison Eccles presented a report to seek approval of Glasgow City Integration Joint Board's (IJB) draft Climate Change Duties Report 2016-17 to be submitted to the Scottish Government.

The context to the report was outlined in that the IJB was a public body and was required to provide a report on the Duties relevant as this was a legislative requirement. There was also a statutory requirement for the NHS and Council to report on their Duties; and they had to comply on an operational basis.

The report from the IJB would state that the Duties were recognised, but would refer back to the statutory reports of the NHS and Council. Climate change would be included in IJB cover reports under sustainability where applicable going forward.

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

***a) noted the contents of this report;***

***b) approved Glasgow City IJB's draft Climate Change Duties Report 2016-17;***

***c) instructed the Chief Officer (Finance and Resources) to submit Glasgow City IJB's Climate Change Duties Report 2016-17 to the Scottish Government by the deadline of 30 November 2017; and***

***d) approved the inclusion of 'climate change' within the heading of 'sustainability' on the cover pages of future IJB and Committee reports in order to highlight any climate change implications there may be for IJB reports (where relevant).***

**8. HEALTH AND SOCIAL CARE COMPLAINTS ACTIVITY 2016-17 (ANNUAL REPORTS)**

Jim Charlton presented statistical analysis and outcomes of complaints for both health and social care during the period 1st April 2016 – 31st March 2017. Members were informed that from 1<sup>st</sup> April 2018 reporting requirements for

both bodies would change and therefore reporting mechanisms would be more in line for Health and Social Work, and would be more comparable.

The summary findings reported that complaints for both Health and Social Work were rising; Health had had a minor increase in complaints and Social Work had increased at a higher rate. The number of complaints upheld for Social Work were one in four and one in ten for Health. Jim explained the different arrangements in place regarding actions for complaints and that there was a requirement to develop a more efficient system.

The activity of complaints was also outlined and highlighted that there had been a high level of complaints in homelessness the past few years in Social Work and that in Health, 92-93% of complaints were prison health care complaints. There was evidence to show that processes were working as the number of complaints upheld by the Ombudsman and Complaints Review Committee were low. From April 2018 the Ombudsman would be responsible for both Council and NHS complaints.

In relation to performance Social Work was poor, but slightly better than the previous year; resource issues were reported as a factor on performance. There was high performance reported of NHS complaints and this was credited to front-line staff responding to complaints in a timely manner.

Anne Marie Monaghan referred to section 2.4 of the report and the opportunity to learn from complaints to improve services and questioned if there was a process in place. Jim confirmed that there was not at present but that a process would be developed. There was also a requirement to identify trends in complaints to improve service delivery. An example was provided in relation to complaints regarding free personal care and processes were reviewed to rectify this.

**Allison Eccles**

Cllr Morgan questioned if the report had visibility at front-line staff level to inform discussions and allow staff to comment. Jim advised that the annual report was available through a link on the complaints webpage and was reviewed at the HSCP Senior Management Team. Officers also advised that this was considered as part of care governance arrangements; and would also be discussed by Team Leaders and with individuals at supervision.

Ross Finnie referred to the purpose of the report indicating that the Committee should have assurance of the process and that there should be a purpose of why the report was presented to the Committee; that this should not solely be for noting. Officers would review the purpose of the report and provide an update to the next meeting.

**Allison Eccles**

Simon Carr raised that the complaints reports were presented at a number of meetings and expressed concern of duplication and suggested that in the future the Health Board could report on Acute complaints and that the IJB Finance and Audit Committee would report on community complaints. Jim

acknowledged Simon's concerns and advised that the reporting arrangements were due to specific requirements of the Ombudsman.

Cllr Morgan added that analysis of the statistical breakdown was important.

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

***a) noted the content of this report; and***

***b) noted the contents of the two attached appendices.***

**9. HMIPS INSPECTION REPORT INTO HMP LOW MOSS – DRAFT IMPROVEMENT AND ACTION PLAN**

Alex MacKenzie and Fiona McNeill presented a report to advise the IJB Finance and Audit Committee of the recent inspection into HMP Low Moss, one element of which involved prison healthcare for which the HSCP has a hosting responsibility.

Alex explained that the draft improvement and action plan was not available at this stage as discussions had not taken place with Inspectors to establish the requirements, but this would be available by the end of October; with a revisit from Inspectors expected early 2018.

The Committee was informed that the report outlined the process to the inspection and provided the link to the full report. The final written report was published on 3 October 2017; and officers had received a draft report prior to publication. The outcome of the inspection was an overall rating of poor – 21 quality indicators were assessed; 6 of these were rated satisfactory, 10 rated generally acceptable and 5 rated poor. Comments were given from officers to Inspectors regarding the overall rating and also regarding the level of resource invested in to the service for Professional Nurse Advisors, advanced Pharmacy, addiction, primary care and nursing.

Alex informed members that there was no validated workforce tool for prison health care, but that work was ongoing to review standards and this was led by Dr Linda de Caestecker. The delivery of health care in prisons should be the equivalent as the public and the HSCP strived to deliver this. Officers would also identify how the local audit would inform the review of standards which would be applied to all establishments.

The draft action plan would be produced which would include the wider review of prison health care; and provide a detailed response to the individual concerns from Inspectors. It was proposed that the plan would be complete by end October and officers would bring this back to the Committee at the December meeting.

Ross Finnie stated that prison health care was complex to deliver due to the nature of the population and also that it was difficult to deliver health care in a

**Alex MacKenzie**

personal manner due to the environment. Ross explained that officers must ensure that patients receive equivalent health care to that of the public. Alex agreed with Ross' comments and confirmed that this was the aim.

Fiona McNeill advised members that prison health care had improved since the service transferred in 2011, but not to the extent that officers would want. The expectations of service delivery are high and officers would establish if this could be delivered.

Ross Finnie recognised the improvement in prison health care since the transfer and that there had especially been an improvement in oral health.

Bailie Aibinu referred to section 6.1 of the report and that there was little opportunity or capacity to offer health improvement; highlighting that as the majority of prisoners went back in to society, it was crucial and in the public interest to look after prisoners and offer health prevention. Officers agreed with Bailie Aibinu's comments and that they would ensure that an equivalent health improvement service was provided.

Anne Marie Monaghan indicated that the report provided assurance that issues were identified and would be addressed. Anne Marie questioned that if there was no specification for prison health care then what was this being measured against, and if there would be a specification in future. Alex advised that officers would raise this with Dr Linda de Caestecker.

Alex MacKenzie

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

- a) noted the quality indicators contained within standard 4, "Health and Wellbeing";***
- b) noted that a HSCP action plan will be developed to address the areas for improvement;***
- c) noted the plan to engage with staff through an OD Programme on the findings of the inspection and planned actions; and***
- d) noted the intention of inspectors to return to Low Moss with colleagues from Health Improvement Scotland early 2018 to check progress.***

**10. EXTENSION OF THE 2015 SOCIAL WORK FRAMEWORK AGREEMENT FOR SELECTED PURCHASED SOCIAL CARE SUPPORTS AND INTENTION TO OFFER A TRANSITIONAL SLEEPOVER RATE**

Sharon Wearing presented a report to advise the IJB Finance and Audit Committee of the decision to extend the above Framework and agree the offer of a revised sleepover rate to providers.

Sharon explained that there were two aspects to the agreement; the decision of the IJB to extend the framework agreement to end January 2019; and the move to the transitional sleepover rate and to offer providers a choice of

retaining the existing sleepover rate or moving to a transitional sleepover rate set by GCHSCP.

It was reported that the framework was successful, there had been a lot of benefits, but that a further year was required for consolidation and to move some of the providers on to the framework. This had been a significant piece of work with 100 providers.

It was proposed to extend the Scottish Living Wage sleepover rate offer to providers on a flat rate to a new rate of £7.50 per hour plus 25% associated costs for the remainder of the financial year. Following an announcement from the Scottish Government next year the rate offered to providers would be £8.25 per hour plus the associated costs.

Sharon advised the Committee that a consultation would take place on policy and what future arrangements would be and that this would be reported to the IJB in March 2018. Cllr Morgan asked that members are notified when the consultation is issued.

**Sharon Wearing**

Arrangements would be changed and stabilised to ensure care was provided. Providers also had staffing concerns and this was a challenging area; work would be carried out to address ongoing issues going forward and to ensure sustainability. Alternative models for the delivery of care would also be looked at, including telehealth and telecare and arrangements for the revised policy for sleepovers would be implemented in a transition period and put in place by 1<sup>st</sup> April 2019.

Ross Finnie suggested that there was a need to be bolder in statements for Public Bodies and be clear of the costs and benefits to equalities in making the changes. Sharon reported that there were lots of benefits to the staff and for the city.

Anne Marie Monaghan stated that the work was to be commended and queried what measures were in place to ensure that the costs went to front line staff. Sharon explained that providers signed an agreement to provide the rates and that this was legally binding. Management also conducted checks to ensure that staff were paid the rates through questionnaires and speaking to staff directly. Scotland Excel also monitored this.

Cllr Morgan queried when the announcement would be from the Scottish Government and also in paying the National Living Wage was this going against any other policies that were in place.

Sharon stated that this did not go against any other policies. Officers were awaiting a further announcement from the Scottish Government for the sleepover rates, which was expected this year and the Scottish Living Wage would be with effect from April 2018; in the meantime the National Living Wage would be paid.

Bailie Aibinu asked if there would be an impact assessment for service users with challenging needs before alternative care was implemented. Sharon confirmed that all service users would be reviewed as part of the process and this would identify if people could move to new arrangements; adding that this may not be suitable for some people and therefore their arrangements may not change.

**The IJB Finance and Audit Committee:**

- a) noted the decision to extend the 2015 Framework Agreement for Selected Purchased Social Care Supports (the Framework) until the end of January 2019; and**
- b) agreed the offer to providers giving a choice of retaining their agreed existing sleepover rate or moving to a transitional sleepover rate set by GCHSCP within a GCHSCP agreed budget. The vast majority of sleepover support is provided under the Framework contract so this offer will apply to Framework providers. It will also apply to sleepover supports provided under some other contracts.**

**11. GLASGOW CITY IJB BUDGET MONITORING FOR MONTH 5 AND PERIOD 6 2017/18**

Sharon Wearing presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 31 August 2017 (Health) and 1 September 2017 (Council), and highlight any areas of budget pressure and actions to mitigate these pressures.

It was reported that the summary position for Month 5 and Period 6 was £1.692m less than budget to date. The budget changes were outlined as per section 3 of the report and also the reasons for budget variance as per section 5 of the report. Sharon highlighted that the slippage of £1.15m unachieved savings for elderly mental health should be delivered as this was an in-year issue. The overspend in children and families was at this point in time, however the direction of travel has changed and significant progress had been made. Within hosted services, sexual health a new drug, PReP, was being dispensed from 1<sup>st</sup> July 2018 and this would be managed as an in-year pressure, and officers establish how this would be managed going forward.

Anne Marie Monaghan referred to section 5.12 of the report and asked who provided the funding for the residential unit for Unaccompanied Asylum Seeking Young Women. Sharon reported that some funding was provided from the Home Office but this did not meet the costs and the HSCP would cover the £298k. Susanne Millar would meet with the Home Office to discuss additional funding.

Anne Marie also questioned the impact of not filling vacancies in Crisis services and Psychology. Sharon advised she would discuss this with Dr Michael Smith and report back to members.

Simon Carr referred to the contingency funds of £1.7m and the net underspend of £1.692m, highlighting that there was a potential of £3.5m being put in to reserves and was this acceptable when there were services under pressure.

Sharon advised that it was good financial practice to have 2% of budget in reserves which was £20m; the HSCP had £7m. The scale of the financial challenge was outlined and that there would be additional challenges ahead with PReP drug and prescribing. The underspend reported was not necessarily all recurring and that as officers reviewed savings to be delivered, the full impact would be known next year.

**Sharon Wearing**



Simon requested that a report on projections over the next 2-3 years be produced and reported to the Committee.

Sharon Wearing

***The IJB Finance & Audit Committee:***

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

**12. PERFORMANCE REPORTING Q1 PRESENTATION – ADULT SERVICES**

David Walker presented to the IJB Finance and Audit Committee a presentation on performance reporting for Q1, Adult Services.

(<https://glasgowcity.hscp.scot/publication/item-no-12-adult-services-performance-presentation>)

The overview of the scope of adult service was outlined, the adult population was circa 68% of the population and there was a budget £330.551m. Some key statistics were provided in relation to scale, unmet need, inequality, performance and pressures. David reported that Glasgow performed better than the UK benchmark and also across other areas of Scotland. The positive performance areas within adult services were provided including low discharge targets; alcohol and drug treatment and recovery plans performance, which was also better than targets. The key challenges to the service were outlined including inpatient occupancy of 100%; the length of stay in hospitals exceeding targets, access to sexual health below targets; and also issues with prison health care.

The improvement themes and examples were reported and shifting the balance of care featured prominently within these and to change the nature of the service and how this was delivered. Some examples of improvement themes included the Mental Health revised website; Computerised Cognitive Behavioural Therapy; CORENet Clinical Outcome Measure; Physical Healthcare Policy; Interface with Accident & Emergency. Recovery plans had been initiated for alcohol and drugs and these had been applied successfully; these were being looked at to extend to mental health.

The ongoing challenges were reported for adult mental health; the future of the balance of care would be reviewed and to ensure this was safe and the risks managed of delivering services with fewer beds. For alcohol and drugs, outreach models would be used and a single site inpatient capacity. A single city team would be established for Learning Disability rather than three locality teams. There would be a commissioning task to develop a range of models for people with complex needs. There would also be improvements made to prison health care as outlined under item 9 of the agenda; and sexual health services was also subject to further review to deliver improvements in access and service user flow.

Bailie Aibinu asked if the usage of the mental health website could be shared; and also added that individuals with severe mental illness may not use the web. David would provide information on the Computerised Cognitive Behavioural Therapy. David explained that the existing service would not be removed or replaced and that clinicians would decide on the best approach for patients; but that the web and other therapies were used to extend the reach of the service and also allow people to self-help.

David Walker

Anne Marie Monaghan questioned the use of Computerised Cognitive Behavioural Therapy and the limited support provided to people, asking if people were triaged for this model; and also if this would be revisited and reviewed.

David explained that there was evidence to support the model and that he would share a paper produced by Dr George Ralston, Clinical Psychologist. Clinicians were involved in the process for patients. David highlighted that there was a five year mental health strategy and the financial planning assumptions were £30m for adult services, £10m of which would be for mental health services. There was a requirement to deliver the service in a cost effective way and to also avoid putting people at risk.

**David Walker**

Members discussed the indicators for delayed discharges; the numbers were extremely small, there were three delays for people with complex needs. Data issues were reported as there was the transfer from PIMS to EMISweb which was being rolled out across Greater Glasgow and Clyde; this was expected to be complete by the end of the year/early 2018 which would result in information being up to date.

Cllr Morgan explained that the slides presented were important and helpful in understanding the challenges and asked that these be published. Allison suggested that a link to the presentation be included in the minute and that this would be published online.

**Allison Eccles**

Simon Carr queried if there were comprehensive action plans in place for areas of poor performance. David explained that reports were examined at the Adult Services and Mental Health Core Leadership Groups and the observations from the Committee would be taken back to these groups to improve data quality and the narrative. A report would be presented to the IJB on the mental health five year strategy.

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

***a) noted the attached performance report; and***

***b) reviewed and discuss performance with the strategic lead for Adult Services.***

**13. NEXT MEETING**

The next meeting will be held at 9.30am on Wednesday, 6<sup>th</sup> December 2017 in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH

The meeting ended at 12 noon