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

IJB-FASC (M) 10-02-2021

Minutes of meeting held virtually, via Microsoft Teams, at 9.30am on Wednesday
10th February 2021.

Present:

Voting Members	Ade Aibinu	Councillor, Glasgow City Council
	Jane Morgan	Councillor, Glasgow City Council (Vice Chair)
	Rona Sweeney	NHSGG&C Board Member (Chair)
	Flavia Tudoreanu	NHSGG&C Board Member

Non-Voting Members	Peter Millar	Independent Sector Provider Representative
	Sharon Wearing	Chief Officer, Finance & Resources

In Attendance:	Steven Blair	Principal Officer, Business Development
	Jillian Campbell	Senior Audit Manager, Glasgow City Council
	Craig Cowan	Business Development Manager
	Allison Eccles	Head of Business Development
	Duncan Goldie	Planning and Performance Manager
	Margaret Hogg	Assistant Chief Officer, Finance
	Jacqueline Kerr	Assistant Chief Officer, Adult Services
	Julie Kirkland	Senior Officer, Governance Support
	Claire Maclachlan	Governance Support Officer (minutes)
	Frances McMeeking	Assistant Chief Officer, Operational Care Services
	Fiona Moss	Head of Health Improvement & Inequality
	Gail Urquhart	Audit Manager, Glasgow City Council

Apologies:	Simon Carr	NHSGG&C Board Member
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ACTION

Rona Sweeney, Chair, thanked Councillor Morgan for her care and competence in Chairing the IJB Finance, Audit and Scrutiny Committee over the last 2 years.

The Chair also reminded members of the report considered and agreed at the IJB on 27 January 2021 on IJB Governance and advised that today's meeting would be very focused to minimise the impact on Officers' time whilst also fulfilling the responsibilities of the Committee Members.

1. Declarations of Interest

There were no declarations of interest raised.

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2. Apologies for Absence

Apologies for absence were noted as above.

3. Minutes

The minutes of 9th December 2020 were approved as an accurate record.

4. Matters Arising

There were no matters arising.

5. Rolling Action List

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

Action 54 – this has been closed following the launch of the national messaging campaign.

Action 61 (Progress with Integration) has been added following discussion at the last meeting. Officers advised this action will be dealt with under the consultation and engagement on the next Strategic Plan which will give the opportunity to understand integration in other parts of the service.

Members queried if there was a common understanding of what integration is.

Officers advised they will look at the definition, as integration can be achieved in different ways. Proposals will be presented to the IJB on how the HSCP will consult on the Strategic Plan.

The Chair agreed with the above proposal to include this in work that is already ongoing rather than create a separate process.

6. HSCP Performance Report Q2

Duncan Goldie presented the Joint Performance Report for Health Improvement for Quarter 2 of 2020/21. As Quarter 2 was presented to the last meeting this report focuses only on Health Improvement. The full Quarter 3 report will be presented to the next meeting.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the contents of the report;**
- b) considered the exceptions in section 4.3; and**

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c) reviewed and discussed performance with the Strategic Lead for Health Improvement.

7. Performance Presentations

Health Improvement

Fiona Moss delivered a presentation on Health Improvement performance.

Officers highlighted that 5 of the 6 targets were achieved in 2019/20 however the Alcohol Brief Intervention (ABI) delivery was not achieved. This is the first time in four years that this target has not been met.

There has been significant performance disruption arising from pandemic in the first half of 2020/21 which is likely to continue throughout the financial year. A quarter of the Health Improvement workforce have been realigned to other COVID related tasks, such as Community Assessment Centres and Test and Protect. This has resulted in changes in services and an interruption of flow of people into prevention services.

Officers highlighted work that has taken place in Adults/Older People Mental Health. A new package of training has been developed which is being hosted for NHS GG&C by SAMH. All training has moved on-line. A total of 1400 people have gone through starter Suicide Prevention training to date. COVID Mental Health groups have been established, hosted by GCVS, with 150 organisations involved.

New services have been put in place in Primary Care including the Community Stress Contract, on 1st April 2020, which was awarded to Lifelink. The GAMH Compassionate Distress Response Service commenced in September 2020 and in the first 8 weeks there were 246 referrals. There have now been over 800 referrals and this is increasing significantly on a weekly basis. Discussions are taking place on how to meet this need moving forward.

Community Link Workers are also in place who are fulfilling a significant role in supporting shielding and vulnerable patients with a range of issues.

Within the community, a small fund was trialled in 2019/20 called the Festive Fund which helped reduce social isolation during the Christmas period when services were closed. This was repeated and up-scaled this year. This was managed by a Community Fund Manager and 56 organisations have received funding up until the end of March 2021.

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Officers referred to the Scottish COVID-19 Mental Health Tracker Study which highlights significantly increased rates of people reporting distress and suicidal thoughts. Planning for this moving forward will be via the NHS GG&C Recovery of Public Mental Health.

Members noted a lot of concern amongst Elected Members in the Council regarding mental health and asked if the presentation could be shared with them.

Officers advised that Elected Members receive the COVID-19 briefing that is also sent to IJB members from the Interim Chief Officer and suggested the presentation could be shared via that route.

Officers

Members asked for clarification on what informs the level of targets against the 6 indicators outlined in the presentation and whether Officers are sure that competitive targets are being set.

Officers advised the targets are set by the Scottish Government and provided to the Health Board who then set targets for each of the partnerships in the Board area. Although performance targets are being met there are still opportunities for further improvement.

Members highlighted the challenge of translating that to members of the public.

Officers agreed that as well as the targets, the activity and outcomes need to be shared to give the full picture.

Members highlighted the targets being achieved in relation to women smoking in pregnancy and whether learning can be taken from there for other areas that are in amber and red.

Officers advised that the learning is how the service keeps the connection with people to consider and opt into prevention services. This is done through Health Visitors in the breastfeeding work. For the general population most work has been carried out online and it is unclear if this has affected behaviours.

Members asked for more detail on adapting the digital delivery around mental health and how that is working operationally and, what the experience has been so far.

Officers advised the experience is mixed. A number of people have opted to wait for face to face appointments and don't want to work digitally. Others don't have the digital means.

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Members highlighted the increase in alcohol use during the pandemic that is being reported in the media, at a time when the ABI performance is not being met. Clarity was sought on the impact on people's consumption of alcohol and what alternatives are being used.

Officers advised that the National alcohol data is showing an increase in people reporting that they are not drinking at all however there is also an increase in some drinking more. The overall impact has still to be seen.

With regards to alternatives, the alcohol work has been affected by COVID-19. Work has taken place with licensed premises around public information however this has now changed due to these premises being closed in the current lockdown. There have been significant changes in the alcohol agenda and general messaging cannot be done in the same way digitally. Primary Care and the third sector won't be operating in the same way to be able to delivery ABIs. A working group of the Alcohol and Drug Partnership is looking at a prevention framework and where alternative activity can be strengthened to compensate.

Officers advised the Committee that a paper is being drafted to look at the impact of COVID-19 on the population and this will be presented to the IJB at a future date for consideration.

8. Glasgow City IJB Budget Monitoring for Month 9 and Period 10

Margaret Hogg presented a report which outlines the financial position of the Glasgow City Integration Joint Board as at 31st December 2020 (Health) and 18th December 2020 (Council) and highlights any areas of budget pressure and actions to mitigate these pressures.

Members referred to the underspend in Children and Families and Older People and Physical Disability and questioned whether the pandemic is the main cause of this. Clarity was sought on the impact on those people who would normally require services up to a level that is not being provided at the moment.

Officers confirmed the HSCP continue to monitor all of this and the underspend is mainly the result of COVID-19. The HSCP are meeting service needs where it can, taking account of the restrictions across the city and country. Officers highlighted that they expect demand to pick back up again and planning is underway for this to meet the commitments moving forward.

Officers highlighted performance targets are still being met. With regards to Children and Families, there is a significant service reform programme. The Family Support Tender was delayed due to COVID-19 but is out now and timescales have been extended to give providers more time to respond. It is hoped this tender will be up and running by July 2021. Officers highlighted there has been slippage this year but the position will change next year.

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Officers reported that there are different challenges with regards to Older People Services which have been significantly impacted by the pandemic, particularly in care homes. In the various stages of the pandemic, such as lockdowns and the recovery afterwards, there have been changeable arrangements throughout with regards to the number of people in care homes. There is still demand, however there are challenges around admissions due to outbreaks of COVID-19 in care homes.

Officers reported an increase in demand in Home Care. Day care for older people and those with a learning disability is still closed and staff have been redeployed to other parts of the service. Learning Disability staff are undertaking outreach services.

Additional funding has been provided for providers and this is a separate arrangement via the Scottish Government in the form of provider sustainability payments.

Members asked what learning there will be from the impact on individuals on the way services are delivered

Officers confirmed this would sit within the remit of the Maximising Independence Programme Board. A lessons learned exercise takes place after each wave of the pandemic and will be reflected in strategies going forward. It is likely that a number of services will look different in the future.

Members asked if the draft budget will be presented at the next IJB.

Officers advised that this is the intention but is dependent on when Partners notify the HSCP of allocations. The Council budget announcement has been delayed until 11th March 2021.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the contents of the report; and**
- b) approved the recurring funding for the packages of care outlined at section 5.2.4.**

9. Mental Welfare Commission Local Visits 2020

Jacqueline Kerr presented a report which gives an overview of the findings from the Mental Welfare Commission (MWC) Local Visits to adult and older adult mental health inpatient wards in Greater Glasgow and Clyde, during the period 1st January 2020 to 31st December 2020.

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Officers highlighted this is a new report which is Board wide and will go to all Greater Glasgow and Clyde HSCPs and IJBs so that there is an overview of some of the themes coming out of this. The visits are either announced or unannounced.

The MWC concentrate on practice as well as areas of improvement. The visiting programme has been paired down over the last year due to the pandemic, however 5 visits were still undertaken. A total of 12 recommendations were made which are outlined in the report with the service response. Each ward produced an action plan which are reviewed regularly and the MWC will look at these at the next meeting. They are also reported via the various governance structures and system wide learning is reviewed.

Members questioned the recommendations linked to the need for electronic records rather than paper, and whether this will be encompassed in the digital strategy for the HSCP.

Officers advised that EMIS is being rolled out in Mental Health wards. This was delayed due to the pandemic but is now back on track. There is a digital strategy of the Mental Health Programme Board. A Digital Board for Older People and Adults has been set up within the HSCP and there will be an Overview Board chaired by Sharon Wearing in relation to the Digital Strategy.

Officers asked if members were happy for Officers to continue to present this report to the Committee. Members agreed this would be helpful.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the contents of the report; and**
- b) noted the recommendations of the Mental Welfare Commission and the Services' response at Appendix 1.**

10. Community Alarm and Telecare Service – Annual Audit carried out by TEC Services Association (TSA) – October 2020

Frances McMeeking presented a report to advise of the outcome of the annual audit of the Community Alarm & Telecare service provided by Glasgow City HSCP in respect of TSA's common standards modules and their service delivery modules.

Officers highlighted that the Community Alarm service supports just under 10,000 service users to live at home with an element of technology to support their independence. The service is audited biannually and took place virtually last year due to COVID-19. The virtual audit took 3 days and looked at call handling, responder services, and equipment.

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The audit process covers 10 common standards and 3 Service delivery areas. This audit is similar to a Care Inspectorate review and Officers must provide evidence to show the service is compliant.

Auditors met with service users, staff, management team, installers and technicians to validate the evidence.

There were two areas for improvement and the HSCP are given 90 days to comply with. The first was relating to staff's understanding of DNA in care plans and the second related to changes made around installation procedures in relation to off the hook testing. Officers advised they have fully amended the procedures around this.

The action plan included in the report has been signed off by the TSA Auditors as complaint.

The IJB Finance, Audit and Scrutiny Committee:

a) noted the contents of the report and audit findings in respect of the level and quality of services provided.

11. Risk Management Quarterly Update

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

The report covers the review carried out in January 2021 in respect of changes to risk in the quarter from 1 October 2020 to 31 December 2020.

The IJB Risk Register has had no new risks added and one removed around governance arrangements which was historical.

The Social Care Risk Register has had one new risk added relating to delays to completion of the Central Review Team and locality assessment reviews. No risks were removed.

The Health Risk Register outlines four risks where the risk level has decreased which are outlined in the report.

Members highlighted duplication on the Health Risk Register, with reference number 1708 Winter Planning Primary Care, being recorded twice.

Officers apologised for the duplication error and confirmed this would be reviewed and amended as necessary.

Officers

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Members also highlighted duplication with regards to reference number 2456 and 1048 Psychological Therapies. The Chair highlighted however that the narrative is different so these are two separate risks.

Officers to review the risk titles so that members can differentiate between the two.

Officers

Officers reported that work is ongoing in relation to the Health Risk Register to ensure the risks and mitigating actions are up-to-date.

Members highlighted that a number of risks on the Health Risk Register have no control actions outlined and therefore the Committee can't fulfil its role if the information is not provided.

Officers confirmed this would be picked up in the review being carried out of the Health Risk Register.

Members highlighted the National Child Abuse Enquiry and the reference in risks to financial implications and whether the Council would expect to be involved in the redress scheme as well as individual claims.

This was not addressed within the meeting but Officers have discussed with the Council's Corporate Compliance and they advised that the redress scheme is not currently referred to on the Council's Corporate Risk Register, however they will highlight this to the Council's Legal Services at the next formal review of the GCC risk register.

Compliance also confirmed that the risk of financial impact of the NAI and the Redress Scheme does lie with the Council so would not require to be noted in the HSCP risk register.

The IJB Finance, Audit and Scrutiny Committee:

- a) noted the contents of the report; and**
- b) noted the current highest risks on the Integration Joint Board, Social Care and Health Risk Registers.**

12. Next Meeting

The next meeting was noted as Wednesday, 14th April 2021 at 9.30am via Microsoft Teams.