Item No: 19

Meeting Date: **Wednesday 25th November 2026**

Glasgow City Integration Joint Board

Report By: **Martin Cawley, Chair - Finance, Audit and Scrutiny Committee**

Contact: **Martin Cawley**

Phone: **glasgowcityijb@glasgow.gov.uk**

Update from Chair of Finance, Audit and Scrutiny Committee (21st October 2026)

Summary:

The last FASC meeting took place at 9.30am on Wednesday 21st October 2026.

The meeting heard several important updates including:

- **Glasgow City IJB Budget Monitoring for Month 5 and Period 5 2026-27**

  A report outlining the financial position as at 21st August 2026 for Council and 31st August for Health was presented. This highlighted areas of budget pressures and actions to mitigate these. The net expenditure is £2.852 million higher than budget to date. The savings target for 2026-27 (excluding STEP Forward) is £3.806 million. At this stage of the year, it is anticipated that actual savings realised will be £3.185 million, representing 84% of the target.

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

  Performance presentations for the Health and Social Care Partnership for Quarters 1/2 of 2026-27 for Primary Care and Health Improvement were presented by Strategic Leads Ann Forsyth and Jennifer Alerdyce for Primary Care and Fiona Moss for Health Improvement. At Q1/2 77.8% of indicators were Green; and 22.2% Red. Highlights included an overview of compliance with the Formulary Preferred Medication List; A focus on Polopharmacy Reviews; The roll out of the new Vision GP IT system: An acknowledgment of the positive news that the Community Link Workers programme will receive £1.2 million in recurring Scottish Government funding; An update on the Smoking Cessation initiatives across the IJB and an acknowledgement of the importance of additional external funding to support some of the above.

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

  Gordon McKay presented the annual report on social care and health complaints activity in Glasgow City Health and Social Care Partnership for the period 1st April 2025 to 31st March 2026. Total volumes of Social Work complaint activities increased in 2025/26, rising by 16% from 769 in the previous year to 895. Health services complaints fell by 11% from the previous year to 913 complaints, together with 11 comments, concerns and other feedback. The distribution of Social Work complaints proportionately between the localities have again remained broadly consistent with previous years, although totals have gone up across every area. Officers also noted that higher complaint volumes did not, in themselves, necessarily indicate service failure.

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

  Richard Gass presented a report on the performance of Glasgow City Health and Social Care Partnership (HSCP) Welfare Rights and Money Advice Team for 2025-26, including details of money advice provision commissioned by the Health Improvement Team. The 2025-26 figures show that there has been an increase in the income generated by the Locality teams with a significant increase in back-dated payments. There has also been an increase in income generated from successful appeal tribunals. There has been a drop in income generated by Income Maximisation team, mainly in relation to backdated payments but also in ongoing income and a reduction in the income generated within the Pensioner Poverty Team. However, looking at the whole Welfare Rights and Money Advice Team there is small increase in the overall amount of money that has been able to generate for service users, £9.43m in 2025-26 compared to £9.31m in 2024-25.

- **Duty of Candour**

  Lynsey Smith presented a report to inform the Committee about Duty of Candour cases identified within Glasgow City Health and Social Care Partnership and of the requirements for annual reporting to the Scottish Government. Duty of Candour is a statutory requirement for health and social care organisations in Scotland, designed to promote openness, transparency, and accountability when things go wrong in the provision of care. In 2025, 81 Significant Adverse Event Reviews (SAERs) were commissioned or reported, with 20 recorded as Duty of Candour cases. Learning from these cases identified improvements in areas including staff training, communication, risk management, medication safety and prescribing, with a range of practical service improvements subsequently implemented.