

**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
Performance and Audit Committee  
held at 9.00am on 23 November 2016 in  
the Council Offices,  
Main Street, Barrhead**

**PRESENT**

Morag Brown, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Alan Lafferty	East Renfrewshire Council
John Matthews	NHS Greater Glasgow and Clyde Board
Councillor Ian McAlpine	East Renfrewshire Council
Nanette Paterson	Integration Lead, Independent Sector

**IN ATTENDANCE**

Lesley Bairden	Chief Finance Officer
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Candy Millard	Head of Strategic Services
Julie Murray	Chief Officer
Frank White	Head of Health and Community Care

Prior to the commencement of the meeting the Chair welcomed John Matthews who was attending his first meeting of the committee, Anne Marie Kennedy, IJB member who was attending as an observer, and Morven Fraser of Audit Scotland.

**DECLARATIONS OF INTEREST**

1. There were no declarations of interest in terms of Standing Order 9.2 – Codes of Conduct and Conflicts of Interest.

**MINUTE OF PREVIOUS MEETING**

2. The committee considered and approved the Minute of the meeting of 28 September 2016, subject to the following amendment:-

Item 8 – Audit Action Update

That in the third paragraph, “2015/6” be replaced with “2015/16”.

## **MATTERS ARISING**

3. The committee considered and noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussions which took place at the meeting of 28 September 2016.

## **AUDIT ACTIONS UPDATE**

4. The committee considered a report by the Chief Financial Officer providing an update on the delivery of actions associated with the report submitted to the Council's Audit & Scrutiny Committee on progress of financial developments within the HSCP including the implementation of the Care Finance; the internal audit report on payments to care providers; the action plan from the IJB Annual Report and Accounts 2015/16; and the action plan from the Council External Audit Key Controls Report 2015/16. Copies of the action plans in relation to the Annual Report and Accounts and the External Audit Key Controls report were appended to the report.

Commenting on the report, the Chief Financial Officer confirmed that the Council's Audit & Scrutiny Committee was satisfied with the progress that was being made. She also confirmed that £843K of non-recurring support for 2016/17 had now been made available by NHSGGC subject to approval by the IJB of a series of NHS saving proposals, to be considered at the meeting of the IJB being held later in the day.

In response to questions from Ms Brown, the Chief Financial Officer provided details of a national event taking place on 1 December to which HSCP and council Section 95 officers and NHS finance directors had been invited. The purpose of the event was to discuss current and future financial pressures on councils, health boards and HSCPs, continuing integrated working practices, and to develop a financial action plan relative to the forthcoming financial settlement from the Scottish Government. She confirmed that a seminar on the financial position would be held for members of the IJB early in 2017.

The standards relative to Grade 2 of the Care Inspectorate's inspection grades having been explained, in response to questions from Councillor McAlpine the Chief Financial Officer was heard further on the day to day operational use of and further developments in respect of the CareFinance system. This included the rollout of the system to greater numbers of staff and arrangements for knowledge transfer to ensure there were no single dependencies.

In response to further questions from Ms Brown it was confirmed that the Chief Auditor had prepared a follow-up report to her earlier report on payments to care providers, that she was meeting the Chief Financial Officer in the near future to discuss the draft and that the report once finalised would be submitted to a future meeting of the committee.

The committee noted the report.

## **SOCIAL CARE CONTRACTS UPDATE – PROCUREMENT OF A CARE AND SUPPORT FRAMEWORK**

4. The committee considered a report by the Chief Officer providing an update on the procurement exercise to establish a multi-supplier framework for options 2 and 3 of the self-directed support legislation and to ensure compliance with Scottish Government Living Wage policy.

Having provided details of current levels of spend on care and support packages and explained that although the current care and support framework agreement had expired in July 2016 but had been extended to May 2017 to allow tendering and implementation of a new framework, the report explained that the scope of the new framework was wider than the previous agreement.

Details of the process used to develop the new framework were outlined it being noted that 41 providers had submitted a completed tender application. These providers and associated submissions had been interviewed and evaluated by Council officers.

The new framework had taken effect from 3 October 2016 with 39 providers for option 2 and 38 providers for option 1.

The framework was fully compliant with Scottish Government policy to promote the Scottish Living Wage and it was noted that the average hourly rate was £16.39 which reflected current national trends although it was reported that the rates shown were indicative as it remained the intention to procure via mini-competitions, support arrangements, and rates that were tailored to individual circumstances.

The report concluded by explaining that the new framework provided a greater choice of providers than the previous arrangements.

Members of the committee having welcomed the report, the Head of Strategic Services explained that there was an opportunity for members of the committee to meet some of the service providers at a forthcoming event in Eastwood Health and Care Centre.

Discussion took place on the variation in hourly rates and Mr Matthews questioned whether there were any opportunities for co-operation between providers to achieve more uniform rates. In reply the Head of Strategic Services explained that as part of the framework evaluation process, post-tender discussions with providers did take place as part of which examples of costs from other providers were shared. Further service modelling also took place which had helped to reduce rates.

The positive relationship between the HSCP and service providers was also highlighted this being contrasted with less positive relationships in other areas.

Ms Brown having welcomed the transparency of the approach taken as part of which hourly rates for all providers were publicly available, the Head of Strategic Services was heard further on the implementation process for the new arrangements.

The Chief Officer was also heard on future challenges in terms of service provision, not least of which was the need to address the issue of sleepover rates. This was an area of significant expenditure and it was anticipated that savings in this area could be achieved through working closely with service providers.

The committee noted the report.

## **MID-YEAR PERFORMANCE REPORT 2016/17**

5. The committee took up consideration of a report by the Chief Officer providing an overview of all the available Health and Social Care Partnership performance measures and detailing progress on the actions agreed to implement the Strategic Plan.

It was explained that in respect of those areas of performance where data provided was off target an exception report giving more information about activity to improve performance was provided.

Referring to the report the Head of Strategic Services explained that it contained a number of new measures where baselines were still in the process of being established. Commenting further, she explained the challenges presented by operating with small teams, where any absences could disproportionately affect performance /service delivery. She referred to the improvements made in criminal justice services and to the imminent introduction of new arrangements for the oversight of community justice. Reference was also made to the challenges around meeting targets for delayed discharges, it being noted that whilst the majority of patients were discharged within 72 hours there was still a small core where meeting this target proved challenging.

Responding to questions from Mr Matthews on resources for health improvement strategies and activities, the Head of Strategic Services explained that the East Renfrewshire Health Improvement Team was the smallest across all the partnerships, and that there was an increasing focus on targeting services with a particular focus on inequalities. This approach linked with new community planning arrangements being introduced with a focus on Local Improvement Plans. Examples of collaborative working with the Culture and Leisure Trust were provided.

In the course of further discussions, the Chief Officer explained that some services were provided on a health-board wide basis whilst others were provided locally. There were often positives and negatives associated with each approach. She explained that the possibility of providing some services on a shared basis with some of the other neighbouring partnerships within the Greater Glasgow area was being explored at present. In the event any proposals to introduce such an approach were drawn up these would be submitted to the IJB for consideration at a future date. Ms Brown was heard to welcome this, referring to the need for a more integrated approach to service provision, with mental health services being referred to by way of example.

The Chief Officer was heard on the challenges facing these services in East Renfrewshire. Although considered to be an affluent area, demand was high with very low numbers of missed appointments.

Commenting on the figures for oral health, the Head of Strategic Services explained that officers from the HSCP and the health board had met the previous day and that proposals to help improve rates would be submitted to a future meeting.

The committee noted the report.

## **AUDIT SCOTLAND REPORT – SOCIAL WORK IN SCOTLAND**

6. The committee considered a report by the Chief Officer providing an overview of the Audit Scotland Report entitled *Social Work in Scotland* and the implications for the IJB.

The report explained that the purpose of the audit was to examine how effectively councils were planning to address the financial and demographic pressures facing social work services.

Having set out the objectives of the audit, the report clarified that that health and social care integration arrangements had not been examined although the audit did consider their impact on councils' financial, operational and governance arrangements. It was also noted that as part of the audit fieldwork interviews had taken place in 6 councils including East Renfrewshire.

It was explained that the Audit Scotland report comprised 3 parts; Challenges facing social work services; Strategies to address the challenges; and Social Work governance and scrutiny arrangements, with each part being summarised.

It was noted that the key challenges facing social work departments were financial pressures, demographic changes and costs associated with the implementation of new legislation and policies, with an estimated increase in social work spending by councils of between 16% and 21% required if services continued to be provided in the same manner as at present. Some of the strategies being adopted to address the challenges were also summarised with East Renfrewshire's innovation in commissioning services being given as a case study. It was further noted that health and social care integration had resulted in complex and varied governance arrangements for social work services, that the key role of the chief social work officer had changed significantly in recent years and that there appeared to be scope for councils and community planning partners to do more to empower communities including working to help communities design, commission, deliver and evaluate services.

In conclusion the report summarised the recommendations made by Audit Scotland, particular reference being made to the need for councils and IJBs to work nationally and locally to review long term provision of social work services future funding arrangements and the development of long-term strategies. A copy of the action plan with the responses to the recommendations accompanied the report.

Commenting on the report, the Chief Officer highlighted that Audit Scotland had recognised the comprehensive strategies already in place in East Renfrewshire to address the challenges. The action plan had been shared with the Council's Chief Executive who was content with the content as it related to the Council.

Responding to comments from Mr Matthews on the scale of the required spending increases without changes to models of service delivery, the Chief Officer explained that she had discussed the scale of demand in East Renfrewshire with councillors the previous week. She highlighted that the former CHCP had already implemented changes in service delivery only now being considered by HSCPs in other areas. As a result the opportunities to achieve further efficiencies now through service delivery changes were not available to the HSCP. Mr Matthews suggested that the HSCP was in effect being penalised for the CHCP having had the foresight in previous years to look at service redesign.

Echoing Mr Matthews comments on the reduced scope for change Ms Brown highlighted that overall the HSCP did not have high levels of per head expenditure on social work services and suggested that it was imperative the HSCP was able to collate financial information to not only demonstrate its effectiveness but also to support arguments for the retention and possible increase in social work funding.

The committee noted the report.

## **DATE OF NEXT MEETING**

7. The committee noted that the next meeting would be held on Wednesday 29 March 2017 at 9.00 am in the Council Offices, Main Street, Barrhead.

CHAIR