

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 20 March 2019 in the
Council Offices, Main Street, Barrhead**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Morag Brown	NHS Greater Glasgow and Clyde Board
Councillor Barbara Grant	East Renfrewshire Council co-opted Member
Anne Marie Kennedy	Non-voting IJB Member
John Matthews	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Morven Fraser	Audit Scotland
Tom Kelly	General Manager, Specialist Learning Disability Services
Candy Millard	Head of Adult Health and Social Care Localities
Ross Mitchell	Senior Auditor (East Renfrewshire Council)
Julie Murray	Chief Officer
Steven Reid	Senior Performance Management Officer

APOLOGIES

Janice Cameron	Integration Lead, Independent Sector
Councillor Paul O'Kane	East Renfrewshire Council

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 28 November 2018.

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 November 2018.

IJB STRATEGIC RISK REGISTER UPDATE

4. The committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register.

Having set out the risk matrix used to calculate risk scores, the report then provided further details in respect of those areas considered to be high risks, these being supported by additional information provided by the Head of Finance and Resources (Chief Financial Officer).

The report explained that since the register had been last updated no risk scores had been amended. However, 3 risks, in relation to Child Protection, Adult Protection and Multi-Agency Protection Arrangements; Financial Sustainability; and the Children and Young People (Scotland) Act, had been updated. Details of the updates that had been made to the register were summarised.

The report also highlighted that Financial Sustainability remained a high risk even following mitigation measures, reflecting the current economy and unknown Brexit implications.

Furthermore it was explained that there remained the future year risk that the HSCP could become unsustainable due to one of a number of causes, these being listed in the report.

Councillor Grant questioned the vetting process for social workers to enable them to access the police VISOR system in response to which the Chief Officer explained that due to the nature of the system and the information it contained social workers required to undergo this more rigorous vetting in addition to the normal vetting that took place. This was a national requirement but consideration was being given to amending social worker job descriptions to make VISOR vetting an early requirement.

Councillor Grant also suggested that the risk in relation to financial sustainability was one that was always going to exist.

The Chief Officer reported that the Council's Corporate Management Team had discussed amendments to the Council's Strategic Risk Register to reflect "smarter" control measures and mitigation action timescales and a similar exercise would be undertaken in respect of the IJB register.

The committee noted the updated Strategic Risk Register.

PERFORMANCE OF HOSTED SERVICES – SPECIALIST LEARNING DISABILITY INPATIENT SERVICES

5. The committee took up consideration of a report by the General Manager, Specialist Learning Disability Service, providing data on the performance of Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity throughout 2018.

By way of background, the report explained that it focussed on activity relating to assessment and treatment services provided at 2 sites, Blythwood House and Claythorn House, with a total of 27 beds.

The service was available to people with a learning disability residing in 9 HSCP areas 6 of which lay within the NHSGGC boundary, with the remaining 3 HSCPs from outwith the NHSGGC area accessing the service by way of service level agreements.

It was further explained that the report being presented was the third full year report which outlined activity during the year and highlighted particular challenges relating to patient flow, delayed discharge and waiting times. All these matters were the subject of ongoing monitoring and review and were reported to all the IJBs involved. It was also reported that the service was subject to redesign with a particular focus on responses to people who exhibited challenging behaviour and were at risk of placement breakdown and could potentially become inappropriately delayed in hospital.

Having highlighted the key messages, the report provided detailed information in relation to an overview of activity; referrals to service; referrals by area; reasons for admission to the service; bed occupancy levels as at 31 December 2018; bed days lost in 2018; length of stay/delayed discharges; and waiting times in respect of the 13 patients admitted to the service. Finally the report provided a summary of activity and the actions that were being undertaken.

The General Manager was then heard further on the terms of the report. In particular he emphasised that the service was operating at 100% capacity and that many of the people were using the service due to their challenging behaviours.

Discussion then took place in the course of which Ms Brown referred to the assurances given about future funding at the time of the programme of hospital closures, and how there was now a perceived reduction in funding levels for the service.

In response the Chief Officer, having reminded members of the committee that the HSCP hosted the service, explained that some redesign work had been carried out looking at the totality of funding across the NHSGGC area and that funding had been disaggregated based on need. As a result of this transfer to partnerships, how much had been received by each and the uses to which it was put were not clear. She further highlighted that whilst the report portrayed a challenging picture for the service, the position was much improved from the previous year.

Acknowledging the complexity of the service and the various influencing factors, Mr Matthews highlighted the high numbers of patients who were delayed from leaving the service, reflected on personal experience of people who had improved when they exited the service, and recognised that a significant challenge was ensuring that the necessary arrangements were in place to allow departures. Councillor Bamforth was also heard in this regard and to the further issue of the possible loss of tenancies due to long stays in hospital.

Commenting further, the Chief Officer reported on a recent workshop with partners when discussions had been in relation to the steps that could be taken to prevent people with challenging behaviours being admitted to hospital in the first place. In this regard the General Manager was heard further on some of the good work already been undertaken to support people with challenging behaviour.

Ms Brown having been heard on the need for adequate resources to be provided to allow people to enjoy their rights as citizens, particularly in relation to liberty and family life, the committee noted the report.

PERFORMANCE OF HOSTED SERVICES – PHYSIOTHERAPY

6. The committee took up consideration of a report prepared by the MSK Service Manager and West Dunbartonshire HSCP Chief Officer providing performance information relative to the physiotherapy service in East Renfrewshire for the period October to December 2018. It was noted that the service was provided in 2 health centres in East Renfrewshire and was hosted by West Dunbartonshire HSCP.

The report provided data across a number of categories, these being Referrals; percentage of patients seen within 4 weeks; patients waiting over the 4 week target; maximum wait time in weeks for routine appointment; new appointments; and return appointments.

Commenting on the report the Head of Adult Health and Social Care Localities explained that it demonstrated the high levels of demand that were being experienced. Commenting on the disappointing performance relative to the 4 week waiting time target she explained that the service did operate priority criteria and so anyone who required an urgent appointment was seen within the target timeframe.

Councillor Grant having referred to the challenge of dealing with the unpredictability of demand for the service, Mr Matthews questioned whether self-treatment was used in an effort to better manage demand. In reply, the Head of Adult Health and Social Care Localities explained that self-management of treatment was encouraged although this would be after diagnosis.

Ms Brown having commented on the need for increasing support roles in future, the Chief Officer explained that as part of the Primary Care Improvement Plan advanced practice physiotherapists were being located in GP surgeries and a report could be brought back to a future meeting of the impact of this on performance figures overall.

The committee noted the report and that a report on performance of advanced practice physiotherapists would be submitted to a future meeting.

MID-YEAR PERFORMANCE REPORT

7. The committee considered a report by the Chief Officer giving an overview of the available HSCP performance measures developed to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan, for the period October to December 2018 (Quarter 3).

The report explained that an update on the performance measures set out under the new strategic priorities was provided, with Quarter 3 data provided where available.

Commenting further, the Senior Performance Management Officer explained that as a relatively small HSCP, trend indicators could be affected by relatively small shifts in performance. He also referred to the figures in relation to the electronic Knowledge and Skills Framework (eKSF) explaining that there had been questions over the accuracy of the information and that further investigative work was ongoing,

Thereafter, in response to comments from Councillor Grant on continuing high absence levels, the Chief Officer commented on the continuing efforts being made to address this, and referred to a recent meeting of Chief Officers at which varying absence levels across partnerships was discussed and at which it was agreed to share best practice.

In response to questions from Ms Brown on the accuracy of the information in relation to eKSF, the Head of Adult Health and Social Care Localities explained there had been issues with the transition to the new TURAS appraisal system as a result of which the report understated activity. Reports by service had been requested and managers had been instructed to compare the system data against that held locally.

The committee noted the report.

HSCP STRATEGIC IMPLEMENTATION PLAN

8. The committee took up consideration of a report by the Chief Officer providing details of the Implementation Plan that had been prepared to accompany the 2018-2021 Strategic Plan.

The report explained that following approval of the Strategic Plan, development work had been carried out to establish critical areas of activity to ensure that the strategic priorities were delivered. In consultation with key stakeholders the driver diagram model that was being presented to the committee had been developed. These diagrams formed the HSCP's Implementation Plan, mapping out national and intermediate outcomes and service level contributions to these, setting out critical activities and strategic performance measures to allow progress to be monitored.

It was noted that delivery activities under each strategic priority were set out with the exception of Priority 3 – Wellbeing is improved in our communities that experience shorter life expectancy and poorer health – with operational planning in that area to be further developed in line with the development of Fairer EastRen and restructuring of the health improvement service.

Having heard the Senior Performance Management Officer further on the report, and Ms Brown welcome the layout of the Implementation Plan, the committee noted the report.

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP INTEGRATION JOINT BOARD ANNUAL AUDIT PLAN 2018/19

9. The committee took up consideration of the 2018/19 Annual Audit Plan for the IJB that had been prepared by Audit Scotland, and which provided details of the work that body would undertake as part of their audit of the Annual Accounts of the IJB for 2018/19.

Councillor Bamforth welcomed to the meeting John Cornett and Morven Fraser from Audit Scotland, Mr Cornett being heard thereafter in further explanation of the Plan.

Having commented on the audit risks as set out in the report, Mr Cornett explained that these were generic risks that applied to partnerships across the country. He also referred to the increase in the audit fee for 2018/19, and in response to questions on this explained that these increases were used to fund the national reports that were prepared by Audit Scotland in respect of which individual partnerships could not be individually charged.

The committee noted the 2018/19 Annual Audit Plan.

OVERVIEW OF THE PREPARATION OF THE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS

10. The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) providing an overview of the process for the preparation of the annual accounts for the Integration Joint Board (IJB) including details of legislative requirements and key stages.

Having referred to the legislation establishing IJBs, and to the fact that IJBs were legal entities in their own right, the report explained that IJBs were specified as “Section 106” bodies in terms of the Local Government (Scotland) Act 1973 and as such were expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the UK.

Thereafter the report provided details of the process that would be followed in the preparation of the accounts. This included the consideration of the unaudited accounts by the committee and the IJB, the availability of the unaudited accounts for public inspection, and the approval of the audited accounts. The timetable for this process was outlined.

Referring to the report, the Chief Financial Officer highlighted that additional guidance on accounting for integrated health and social care had been issued by LASAAC (Local Authority (Scotland) Accounts Advisory Committee) on 11 March, the purpose of the guidance being to provide clarity on the accounting treatment for a number of areas where issues such as the differing interpretation of the existing guidance had arisen. Details of the issues covered in the guidance were listed in the report and it was confirmed that the IJB would continue to comply.

The committee noted the report and the proposed timetable for the preparation of the annual accounts.

AUDIT ACTIONS UPDATE

11. The committee considered a report by the Chief Officer providing an update in respect of the audit action plans prepared in relation to the audit of the CareFirst Finance system; the audit of IJB governance arrangements; and the action plan in relation to the Audit Scotland annual report and accounts. Copies of the 3 action plans containing details of progress in delivering the agreed actions accompanied the report.

Having heard the Chief Financial Officer further, the committee noted the report.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 26 June 2019 at 9am in the Council Offices, Main Street, Barrhead.

CHAIR