

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 4 April 2018 in
the Eastwood Health and Care Centre,
Drumby Crescent, Clarkston**

PRESENT

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

Councillor Caroline Bamforth	East Renfrewshire Council
Janice Cameron	Integration Lead, Independent Sector
Councillor Barbara Grant	East Renfrewshire Council co-optee
Anne Marie Kennedy	Non-voting IJB member

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Candy Millard	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer

ALSO IN ATTENDANCE

Morven Fraser	Audit Scotland
Paul Stoller	Audit Scotland

APOLOGIES

John Matthews	NHS Greater Glasgow and Clyde Board
Councillor Paul O'Kane	East Renfrewshire Council

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 29 November 2017.

MATTERS ARISING

3. The committee considered a report by the Chief Officer providing an update on progress regarding matters arising from the discussions which took place at the meeting of 29 November 2017.

In response to a question from Councillor Grant on NHS dental charges, the Head of Adult Health and Social Care Localities undertook to obtain details of the charges from the Oral Health Directorate and to share these in due course.

The committee noted the report.

OVERVIEW OF THE PREPARATION OF THE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS

4. 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.

Commenting on the report the Head of Finance and Resources (Chief Financial Officer) explained that she had been collaborating with the Council's Chief Auditor on the production of a draft Code of Governance which would draw together the key governance documents of the IJB. It had originally been intended to present the Code to this meeting however this had been delayed. It was now proposed to submit the draft Code to the June meeting of the committee along with the unaudited accounts, but that the draft Code would be shared with members of the committee as early as possible prior to the meeting.

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

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP INTEGRATION JOINT BOARD ANNUAL AUDIT PLAN 2017/18

5. The committee took up consideration of the 2017/18 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 2017/18.

Ms Brown welcomed to the meeting Morven Fraser and Paul Stoller from Audit Scotland, Ms Fraser being heard thereafter in further explanation of the Plan.

Having commented on the audit risks as set out in the report, Ms Fraser referred to the £24,000 audit fee for 2017/18. She explained that this was an increase on the previous year's fee, that year's fee having been a best estimate on the level of work that would need to be carried out in conducting the 2016/17 audit. The 2017/18 fee more accurately reflected the amount of work required to conduct the audit and fees for subsequent years would be reviewed after the 2017/18 audit was carried out.

Ms Fraser also referred to the reliance of Audit Scotland on the work carried out by Internal Audit and to the positive contribution from the Head of Finance and Resources (Chief Financial Officer) and her team in providing useful information in respect of the follow-up work being carried out by Audit Scotland relative to two of their national reports that had been published previously.

Responding to comments from Ms Brown that the audit fee for IJBs was the same regardless of the size of the IJB and consequently larger IJBs were getting better value for money, Ms Fraser explained that although the scale was different, the processes carried out in conducting audits were the same, and it was this rather than the size of the IJB that determined the fee.

The committee noted the 2017/18 Annual Audit Plan.

STRATEGIC RISK REGISTER

6. The committee took up consideration of a report by the Head of Finance and Resources (Chief Financial Officer), providing an update of the IJB Strategic Risk Register, a copy of which accompanied the report.

Having set out the risk matrix used to establish risk levels, and having reminded the committee of the process used to identify and report on risks rated as "High/Unacceptable" the report explained that financial sustainability remained a high risk. Whilst the financial picture for 2018/19 had improved on previous scenarios, there remained a future year risk that the HSCP could become unsustainable, with the reasons for this potential unsustainability being set out in the report.

It was also explained that workforce risk was being mitigated through the Fit for the Future change programme, although recruitment to vital posts continued, and further explained that the risk regarding the sale of Bonnyton House had now been removed in light of the decision for alternatives to be considered.

The Head of Finance and Resources (Chief Financial Officer) having been heard further on the register, Councillor Grant suggested that there were certain issues, such as the population demographic in the area, which were never going to be a low risk. Whilst agreeing, Ms Brown suggested that the challenge was how the HSCP could mitigate these risks as best it could.

In response to further questions from Ms Brown, the Chief Officer outlined the current position in respect of the introduction of the Named Person legislation but that she would seek further clarification from the Chief Social Work Officer in this regard.

Discussion also took place on risks associated with the failure of a provider, reference being made in particular to the recent closure of Greenlaw Grove Care Home. In this regard the Chief Officer explained that the HSCP worked closely with partners and providers.

The committee also noted that recent changes to the inspection process had seen lower grades for care homes in East Renfrewshire when compared to the former inspection regime, and that the HSCP was working with the Care Inspectorate to ensure that standards remained satisfactory. Furthermore, Ms Cameron highlighted that there would be a bedding in period any time a new regime was introduced, and explained that Scottish Care was also working with the Care Inspectorate to make sure any potential failures under the new regime were identified and addressed before a care home reached crisis point.

The Head of Adult Health and Social Care Localities also explained that East Renfrewshire was prone to speculative opening of care homes, and that oversaturation of the market had the potential for some homes not to be viable with the resulting effects on quality of care provided.

Further discussion took place on the move of residents from Greenlaw Grove Care Home in the course of which staff were commended for the way in which they had dealt with the situation. Whilst unsettling for residents, Ms Brown referred to research that suggested that if people were moved to better care there was no adverse impact.

Councillor Grant expressed concern at the high numbers of agency staff being employed in care homes, with the consequent effect on continuity of care. In reply, the Chief Officer explained that the contract monitoring team met regularly with care home managers and she was not aware of this as an issue locally. In addition, Ms Cameron explained that the Care Inspectorate examined agency staff numbers as part of their inspection regime and would raise this if they felt too many agency staff were being employed.

The committee noted the Strategic Risk Register.

QUARTER 3 PERFORMANCE REPORT 2017/18

7. The committee considered a report by the Chief Officer providing an overview of the available HSCP performance measures, providing further information about activity to improve performance in those areas where performance was off target.

The Head of Adult Health and Social Care Localities having been heard further on the information contained in the report, discussion took place on the performance measures that had been reported.

In response to questions the Head of Adult Health and Social Care Localities explained that officers were looking into the reasons for the poor figures that had been reported in relation to the percentage of people 65+ with intensive needs (plus 10 hours) receiving care at home. The Chief Officer explained that these results were based on a small sample and that when the homecare service carried out their own customer satisfaction surveys results were more positive. The figure also suggested that the focus on developing the re-ablement service was having a positive effect and the below average figure for East Renfrewshire was a reflection of this, although it was acknowledged that one of the main elements of the re-ablement model was that service if required may not always be provided by the HSCP but by a partner and this cultural shift may also have an adverse effect on satisfaction levels.

The Chief Officer also highlighted that there was still not a consistency of approach to the production of data by HSCPs and this always made accurate comparison a challenge.

The Head of Adult Health and Social Care Localities was also heard on the poor performance in relation to Primary Care Mental Health Team appointment waiting times. She explained that some further analysis of the figures was required and that she planned to meet with NHS officers to discuss the figures in more detail. Once clarification had been obtained this would be shared with the committee.

Discussion also took place on the different methods used by East Renfrewshire Council and NHSGGC for recording staff absence levels, the Chief Officer acknowledging that it would be better if the same measure could be used by both and that further work was required in this regard.

In response to further questions, the Head of Adult Health and Social Care Localities explained how the figure of £242 for the net cost of residential care services per older adult (+65) per week was calculated, and how costs relating to “self-funders” were excluded from the calculation. Due to the high numbers of “self-funders” in East Renfrewshire, this had a significant effect on the figure, which was significantly lower than the true weekly cost of care.

The committee noted the report.

SPECIALIST LEARNING DISABILITY INPATIENT SERVICES – PERFORMANCE REPORT

8. The committee considered a report by the Chief Officer providing an update on the performance of the Specialist Learning Disability Inpatient Service, with a particular focus on admission and discharge activity throughout 2017.

It was explained that the report focussed on activity at Blythwood House and Claythorn House which between them provided 27 beds, and that the service was available to people with learning disability residing in 9 HSCP areas, 6 within the NHSGGC boundary and the remaining 3 outwith the NHSGGC area and provide through service level agreement.

The Chief Officer was heard further on the key messages contained in the report, in particular that more than 50% of the total number of beds were occupied by delayed discharges. She explained that whilst the East Renfrewshire HSCP did use the beds appropriately the same could not be said for some other HSCPs, and that the findings had been shared with the Chief Officers of other partnerships. She further reported on ongoing work around the potential reduction in the number of available beds, with the resulting resource that was released being used to support more local work in each HSCP area.

The committee noted the report.

PERFORMANCE OF HOSTED SERVICES – MSK PHYSIOTHERAPY

9. The committee considered a report by the Chief Officer providing an overview of performance in relation to waiting times in East Renfrewshire for Musculoskeletal Physiotherapy for the period April to December 2017.

Having highlighted that this service was hosted by West Dunbartonshire HSCP the report explained that there had been a slight reduction in demand with referral levels remaining constant. It further referred to the initiative in June 2017 where to address staffing issues and rising waiting times in the south quadrant which included East Renfrewshire, appointments were offered across the whole NHSGGC area.

Full discussion followed in the course of which it was explained that one of the challenges facing the service in East Renfrewshire was the very low DNA (did not attend) rate.

The ongoing work with GPs in relation to a self-help service was also noted and it was explained that GPs were keen to take greater control in this area and that some of the GP funding that was being made available could be used in this area.

NOT YET ENDORSED AS A CORRECT RECORD

Discussion around appropriate patient screening and prioritisation also took place and it was noted that in many cases physiotherapy would simply be an exercise regime which possibly did not meet the expectations of patients.

In the course of further discussion it was suggested that it would be useful to obtain DNA and demand information with this being broken down on a partnership basis and in reply the Head of Adult Health and Social Care Localities indicated that she would make an approach to West Dunbartonshire HSCP for this information.

The committee noted the report.

DATE OF NEXT MEETING

9. It was reported that the next meeting of the committee would take place on Wednesday 27 June 2018 at 9am in the Eastwood Health and Care Centre, Clarkston.

CHAIR