

**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
Performance and Audit Committee  
held at 9.00am on 29 March 2017 in  
the Council Offices,  
Main Street, Barrhead**

**PRESENT**

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

Councillor Barbara Grant	East Renfrewshire Council
Anne Marie Kennedy	Third Sector Representative
Councillor Alan Lafferty	East Renfrewshire Council
John Matthews	NHS Greater Glasgow and Clyde Board
Councillor Ian McAlpine	East Renfrewshire Council

**IN ATTENDANCE**

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

**ALSO IN ATTENDANCE**

Morven Fraser	Audit Scotland
David McConnell	Audit Scotland
Paul Stoller	Audit Scotland

**APOLOGIES FOR ABSENCE**

Janice Cameron	Integration Lead, Independent Sector
----------------	--------------------------------------

**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 23 November 2016, it being noted that the average hourly rate of £16.39 was the rate paid to contracting companies and not individuals.

## **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 23 November 2016.

It having been noted that a performance paper on oral health would be submitted to the next meeting, the committee noted the report.

## **PUBLICATIONS SCHEME**

4. The committee considered a report by the Chief Officer providing an update in the development of a publication Scheme and Records Management plan for the Integration Joint Board (IJB)

Having referred to the statutory obligation on IJBs to produce a Publication Scheme, a copy of which accompanied the report, the report referred to the decision of the IJB on 29 November 2015 to establish a short-life working group to develop both a Publication Scheme and associated Records Management Plan. However, following the creation of an NHS Partnership Records Management Group, encompassing all HSCPs within the NHSGGC area, the local working group had been dissolved, with further records management work taking place through the larger group.

Having heard the Business Manager further in the course of which he explained that the draft scheme had now been submitted to and accepted by the Information Commissioner, the Head of Strategic Services explained that some further advice regarding the Chief Officer and Chief Financial Officer had been sought which would result in some minor amendments to the scheme. There may also be further amendments in future.

In response to Councillor Lafferty the Head of Strategic Services was heard on current website hosting arrangements and to ongoing discussions regarding the possibility of the development of a site which whilst hosted by the Council would have a separate identity. This was similar to the arrangements now in place for the East Renfrewshire Culture and Leisure Trust.

Further comment was made about potential public confusion between the role of the IJB and that of the HSCP in response to which the Chief Officer explained the statutory requirement for an IJB but that did not preclude the possibility of looking at naming conventions to try and reduce possible public confusion.

In reply Ms Brown suggested that a report on ways in which confusion amongst the public about the roles and responsibilities of the IJB and HSCP could be minimised be brought to a future meeting.

The committee agreed to:-

- (a) note and adopt the Publication Scheme; and
- (b) note the progress in the development of the Records Management Plan.

## **OVERVIEW OF THE PREPARATION OF THE ANNUAL ACCOUNTS FOR THE INTEGRATION JOINT BOARD**

5. The Committee took up consideration of a report by the Chief Financial Officer providing an overview of the process and associated timetable for the preparation of the annual accounts for the IJB and noting that it was being recommended to the IJB that whilst the committee would still have a role in the oversight and consideration of the final accounts prior to consideration by the IJB, formal approval would in future be undertaken by the IJB itself.

The committee noted the report.

## **PERFORMANCE AND EXCEPTION REPORT – 2016/17 – QUARTER 3**

6. The committee took up consideration of a report by the Chief Officer providing updates on performance indicators for the period September to December 2016. The report also provided updates on other data from 2016/17 where this had become available since the submission of the mid-year report to the IJB, and included exception report in those cases where performance was off-target, giving details of action or improvement work underway.

Having heard the Head of Strategic Services further on the terms of the report, particularly with regards to those off-target performance areas outlined, full discussion took place. Members of the committee raised a number of issues relating to delayed discharge, physiotherapy services, absence levels, benchmarking using the Local Government Benchmarking Framework and staff performance, particularly the low numbers of NHS staff who had undergone EKSF.

Responding to the comments made, the Head of Health and Community Care was heard on the extensive works taking place to try and reduce delayed discharges in support of which the Chief officer highlighted it was the outcome for patients that was most important and it was sometimes better for a person to remain hospitalised for slightly longer than was felt to be required to ensure that they were less likely to require readmission following discharge.

With regards to physiotherapy services the Chief Officer reminded the committee that this was a service with historical challenges, that it had been hoped that the move to a hosted service (by West Dunbartonshire HSCP) would have delivered improvements, but challenges still remained. She suggested that an officer from West Dunbartonshire HSCP be invited to a future meeting to talk about the service and the challenges it faced.

The Chief Officer also outlined some of the ongoing work in relation to benchmarking, suggesting that the discrepancies may be down to a different understanding of the data to be input, but that this would be the subject of further investigation. Some of the work being undertaken to reduce staff absence levels was also outlined. The Chief Officer explained that the absence panels that had been established within the Council were having a positive impact, and that proposals were now in place for a roll-out of the arrangements for NHS staff.

In respect of eKSF, the Chief Officer explained that the HSCP had taken on responsibility for hosting the Learning Disability Inpatient Service, and that none of the staff involved in the

service had gone through the eKSF process. This had resulted in a significant skewing of the figures. Managers were working hard to address the issue and future performance reports would see improvements in this area.

The committee noted the report.

## **SPECIALIST LEARNING DISABILITY INPATIENT SERVICES**

7. The committee took up consideration of a report by the Chief Officer providing an overview of key performance issues for the Learning Disability Inpatient Service, particularly in relation to admission and discharge activity throughout 2016.

The report explained that it focussed on activity relating to assessment and treatment services comprising 27 beds across 2 sites. The service was available to people with learning disability resident in 9 HSCP areas, 6 within the NHSGGC boundary and 3 outwith in respect of which the service was provided via service level agreement.

The report set out 4 key messages, these being that beds were largely occupied by people admitted due to challenging behaviour the majority of whom had been occupying a bed for more than a year and were likely to have lost their community placement; that people were more likely to be discharged within a reasonable timescale if their primary admission reason related to mental ill health; that placement breakdown was common and impacted significantly on ability to achieve timely discharge; and that almost half of all beds were occupied by delayed discharges with the majority of patients having no discharge plans in place.

Thereafter the report provided performance information which gave an overview of activity in 2016, details of referrals from each of the participating HSCPs, and breakdowns for each participating HSCP on reasons for admission to the service, bed occupancy, and bed days lost. More general information relating to waiting times as well as a summary of the actions that were being taken to address the various issues that had been identified was also provided.

The Chief Officer was heard in further explanation of the report. Clarifying that a copy of the report had been sent to the other participating HSCPs to allow their respective performance committees to consider the information, she highlighted in particular the position with regard to delayed discharge, it being noted that one patient from the Glasgow area had been resident for almost 8 years. She explained that Glasgow and Renfrewshire HSCPs were actively developing discharge plans for the patients from their respective areas. However regardless of this there was no immediate prospect of discharge for many patients. This raised human rights issues and the Mental Welfare Commission was monitoring the position.

Full discussion then took place. Councillor McAlpine commented on the challenges facing the service and the need for adequate resources and services to be in place to support patients and welcomed the exploration of commissioning options by Renfrewshire HSCP.

Echoing Councillor McAlpine's comments, Councillor Lafferty referred to the length of time patients were staying in the service and to the human rights implications as outlined in the report.

Mrs Kennedy having enquired if other HSCPs could learn any lessons from East Renfrewshire in this area, Mr Matthews sought clarification of how the service could manage to admit new patients when there was little turnover.

Ms Brown was also heard on the potential human rights issues and that whilst the service was hosted by East Renfrewshire HSCP there was a responsibility on the other partnerships to work constructively to address the challenges being faced by the service and that it was the responsibility of East Renfrewshire HSCP to challenge them to do this.

In response to the comments made the Chief Officer outlined the strong focus on learning disability in East Renfrewshire, and the good relationships built up with providers.

She explained that one of the main challenges was the high cost of discharging patients to suitably designed services. Given half the beds were not being used for the purpose they were intended for, if the patients ready for discharge could be accommodated in their communities, closing one of the facilities would enable resource to be released..

The committee:-

- (a) noted the report; and
- (b) agreed that update reports be brought to future meetings as appropriate.

#### **AUDIT SCOTLAND DRAFT ANNUAL AUDIT PLAN 2017/17**

8. The committee took up consideration of the draft 2016/17 Annual Audit Plan for the IJB prepared by Audit Scotland.

Ms Brown welcomed to the meeting Dave McConnell, Paul Stoller and Morven Fraser from Audit Scotland and Mr McConnell was heard in further explanation of the plan in the course of which he explained that the plan contained an overview of the planned scope and timing of the audit.

He explained that the plan was divided into sections (exhibits) and offered comment on each section.

Having heard Ms Brown comment on the useful work carried out by Audit Scotland and comment them on their recent report into costs of providing health and social care, the committee noted the plan.

#### **AUDIT ACTIONS UPDATE**

9. The committee considered a report by the Chief Financial Officer providing an update on the progress in the delivery of actions associated with the Council's 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 internal audit report and both action plans accompanied the report.

Commenting on the report, the Chief Financial Officer confirmed that the Chief Auditor had submitted a follow up report on Payments to Care Providers to the meeting of the Council's Audit & Scrutiny Committee on 2 March. This report confirmed that the progress that had been made was satisfactory and that no further action was required. It was noted that the HSCP had not accepted one of the Chief Auditor's recommendations in relation to a full reconciliation for 2015/16 between actual and committed expenditure for learning disability, but that following discussions the Chief Auditor had accepted the mitigation measures in

place as satisfactory. The Chief Financial Officer also advised the committee that the CareFinance system was moving into the operational stage and the project would close in the coming months.

The Chief Auditor was also heard on the report and in response to the comments by the Chief Financial Officer. She acknowledged the good progress that had been made and confirmed that she had accepted the mitigation measures in place in respect of her recommendation that had not been accepted. She further reported that she would carry out a follow up during 2017/18 and prepare a report for submission to the Audit and Scrutiny Committee.

Members of the committee having offered congratulations for the work carried out the Chief Financial Officer acknowledged the amount of work carried out by both members of her team and the Council's Internal Audit service.

She explained some of the new measures in place to minimise the likelihood of a recurrence of the situation, highlighting in particular that scheduled payments were no longer made and that all payments made were now based on invoices submitted. In support, the Chief Officer stated that officers were confident in the new processes, and that internal audit would perform spot checks as part of their follow up work.

The Chief Auditor further explained that her annual audit plan was being presented to the Audit and Scrutiny Committee the following week, that she had allocated days in the plan for a review of the CareFinance system and the follow up work, and that the external auditor also intended to review the system.

The committee noted the report.

## **STRATEGIC RISK REGISTER UPDATE**

**10.** The committee considered a report by the Chief Officer providing an update on the IJB Strategic Risk Register, a copy of which accompanied the report.

Having referred to the monitoring arrangements previously approved by the committee, the report highlighted changes that had been made to the risk register, and also provided further information in relation to those areas which were identified in the register as being high level risks.

The Head of Strategic Services having commented further on the report, Mr Matthews referred to the escalation of financial sustainability to the high risk category, and enquired how an issue such as this was addressed.

In reply the Chief Officer referred to the increasingly challenging financial circumstances facing the IJB/HSCP and the identification of these challenges as a high risk which in turn would be used to support discussions around funding with the relevant bodies in future.

Further discussion followed in the course of which reference was again made to very challenging financial situation ahead, the need for alternative methods of service delivery to be considered and Ms Brown highlighted the role of NHS non-executive directors in rigorously challenging the funding allocations for acute and community services from NHSGGC.

Having heard the Chief Officer thank the Council for the additional funding that had been provided for the 2017/18 financial year, the committee noted the report.

## **DATE OF NEXT MEETING**

7. The committee noted that the next meeting would be held on Wednesday 28 June 2017 at 9.00 am in the Council Offices, Main Street, Barrhead.

CHAIR