

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
Performance and Audit Committee
held at 10.00am on 29 June 2016 in
the HSCP Headquarters,
Giffnock**

PRESENT

Councillor Alan Lafferty, East Renfrewshire Council (Chair)

Morag Brown	NHS Greater Glasgow and Clyde Board
Ian Lee	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
Ross Mitchell	Senior Auditor
Julie Murray	Chief Officer
Maria Paterson	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 16 March 2016.

MATTERS ARISING

3. The committee considered and noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussion which took place at the meeting of 16 March 2016.

UNAUDITED ANNUAL REPORT AND ACCOUNTS

4. The committee considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 7 October 2015 to 31 March 2016 as well as outlining legislative requirements relating to the legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation of the IJB's annual report and accounts.

The report also highlighted the main messages from the annual report and accounts referring in particular to the successful part-year operation of the IJB with financial delegation as of 7 October 2015; the establishment of governance committees and associated frameworks; and that the first period of operation as an IJB had ended with free reserves of £272,000 and earmarked reserves of £869,000.

Having heard the Chief Financial Officer further on the terms of the report in the course of which she explained that some minor presentational changes would be made but that there would be no alteration to the technical content, and having commended staff for their work in producing the documents, full discussion took place.

Commenting on the proportion of the Chief Officer's time attributed to the IJB, Mr Lee supported by Ms Brown suggested that this figure should be 100%. He also questioned what assurances were sought from the Health Board and the Council as to the robustness of their internal controls as part of the overall financial control framework.

In reply, the Chief Financial Officer that the proportion of Chief Officer time attributed was the subject of ongoing debate at national level and that the option chosen had been based on those national discussions. However she would seek further clarification during the audit period

Commenting on the process for the approval of the accounts, and in response to Ms Brown's comments that approval should be by the IJB, the Chief Financial Officer reminded the committee that the IJB had delegated authority for the approval of the accounts to the committee, at least in the short term, to take account of the statutory timescales for accounts being signed off. However, whether or not accounts were approved by the IJB or the committee could be reviewed.

The reasons for the increase in the level of free reserves from that previously reported having been explained, discussion took place on the continuing lack of synergy between the timetables of the Council and the Health Board in the context of preparing budgets and final accounts. It was explained that discussions on this issue were ongoing but it was likely to be several years before budgets were aligned.

The Committee:-

- (a) approved the unaudited annual report and accounts and noted that they would be subject to audit review; and
- (b) agreed to receive the audited report and accounts for approval in September, subject to any recommendations made by the external auditor.

END OF YEAR PERFORMANCE REPORT

5. Under reference to the Minute of the meeting of the IJB of 1 June 2016 the committee considered a report by the Chief Officer advising of the performance of the Health and Social Care Partnership and former Community Health and Care Partnership over 2015/16.

The report referred to the recent guidance setting out the prescribed content of a performance report for an integration authority, explaining that although the guidance did not come into force until 2016/17 it had been considered helpful to cover main reporting areas and provide performance information where data was available.

The report then provided performance information across a broad range of headings, these being Outcomes; National Indicators and Trends over time; Getting it Right for Every Child; Integration Planning and Delivery; Financial Planning and Performance; Best Value; Locality Arrangements; Inspection; Review of Strategic Plan; and Organisational Performance. Examples of activities under each of the headings were provided.

The report concluded by suggesting that there had been a strong start to the work of the HSCP, building on the success of the former CHCP.

Having heard the Head of Strategic Services on the potential for a report on tackling inequalities to be submitted either to a future meeting of the IJB or the committee, Ms Brown referred to the Care Inspectorate report grades for the Adoption Service which whilst still good, were lower than the results for other inspections carried out, She suggested that an update on this service to a future meeting may be helpful. In reply the Chief Officer confirmed that she would take this up with the Chief Social Work Officer. In addition, the Head of Strategic Services explained that inspection reports would be submitted to the Clinical and Care Governance Committee. In response to comments from Ms Brown on the poor performance in terms of the Long Term Conditions admissions rate per 100,000, the Head of Strategic Services also suggested there was an opportunity to explore this further at a future seminar.

Councillor Lafferty having commented on work so far in terms of the development of locality arrangements, the Chief Officer referred to reports already submitted to meetings of the IJB setting out the vision for locality planning in East Renfrewshire. In this regard, the Head of Strategic Services explained that requests to alter the GP cluster arrangements had been received from local GPs and these discussions were ongoing. In the event changes were considered appropriate, this would require a change to the Strategic Plan which would need approval by the IJB.

The committee noted the report.

PERFORMANCE REPORTING 2016/17

6. The committee considered a report by the Chief Officer providing a full list of the performance measures for the Health and Social Care Partnership, and submitting for consideration proposals for regular performance reporting to support the IJB in its scrutiny role. A copy of the indicators to be reported accompanied the report.

The report explained that integration authorities were accountable for delivering the National Health and Wellbeing Outcomes, and that each authority would be required to publish an annual performance report setting out how the national outcomes were being improved. The annual report would also include information about the core suite of indicators, supported by local measures and contextual data to provide a better picture of local performance.

The report referred to the process, in terms of the Integration Scheme, for a core set of indicators to be identified by the Council and the Health Board from those indicators and targets they currently reported against. Thereafter a list of indicators and measures relating to integration functions would be collated along with information on the data gathering and reporting requirements targets for performance targets and improvement measures in a performance directory, all the information to be shared with the IJB.

The report further explained that a set of national outcome performance indicators had been developed in consultation with a wide range of stakeholders including significant input from COSLA, and subsequently agreed by the Ministerial Steering Group.

Thereafter the report outlined the new approach taken by the Council to update its Outcome Delivery Plan, in particular the use of driver diagrams. The new approach was intended to deliver a more strategic, logical visual and measurable plan, with the diagrams allowing progress to be monitored and reported on in a meaningful way. The HSCP had linked its contribution to the new approach to the most relevant National Health and Wellbeing Outcomes, outcomes for children and families and criminal justice, and the diagrams would form the HSCP's performance reporting requirements for the Council.

The report also explained that with regards to health functions, HSCPs across Glasgow had agreed a set of 25 high level performance indicators, each of which was in line with Local Delivery Plan requirements and national and local priorities. The 25 indicators had been prioritised from the 40 suggested measures reported to the committee meeting in December 2015, and would be reported under the Health and Wellbeing Outcomes, outcomes for children and families and criminal justice.

Finally the report proposed that in addition to the annual performance report, a mid-year report be submitted to the IJB, and the committee receive an update on available data at each meeting with exception reporting for areas where the HSCP was at risk of not achieving the target.

Commenting further on the report, the Head of Strategic Services suggested that in the first instance the committee may wish to continue to receive a full suite of performance data and potentially review this in future. Ms Brown supported this approach suggesting it may be more appropriate to await the outcome of the Scottish Government review of indicators before changing.

Mr Lee suggested it may be helpful to keep abreast of the approaches being taken by other IJBs.

The Committee:-

- (a) noted the report;
- (b) agreed to the approach as outlined;
- (c) agreed that in addition to the annual performance report, a mid-year report be submitted to the IJB, and the committee receive an update on available data at each meeting with exception reporting for areas where the HSCP was at risk of not achieving the target.

MUSCULOSKELETAL PHYSIOTHERAPY HOSTED SERVICE PERFORMANCE

7. The committee considered a report by the Chief Officer providing an overview of the current Musculoskeletal (MSK) Physiotherapy Service waiting times and the issues faced by

the service as waiting time targets were changing from 9 weeks to the national target of 90% of patients seen within 4 weeks of referral, effective from 1 April 2016. The accompanying appendix to the report provided an overview of the service and local activity.

Commenting on the report the Head of Strategic Services reminded the committee that this was one of a number of services hosted by other areas and that it was proposed to bring a report on different hosted services to each meeting of the committee.

She referred to the particular challenges facing the MSK Physiotherapy Service and with regard to East Renfrewshire explained that demand for the service was very high with very few DNAs (Did Not Attend) compared to other areas.

Welcoming the report, and commenting on the current waiting times, Ms Brown highlighted the significant resource challenges facing the service. Generally, she referred to decisions taken in respect of acute services which were having knock on effects on services such as the MSK Physiotherapy Service, but with no accompanying resource transfer, stating that an enquiry into how resources should follow changes to acute services practices was required.

Having heard Mr Lee support Ms Brown, the Chief Officer highlighted that any people assessed as requiring urgent treatment did receive it but there needed to be more discussion amongst IJB Chief Officers to try and address the situation.

The committee noted the report.

INTERNAL AUDIT REPORT ON PAYMENT TO CARE PROVIDERS

8. Under reference to the Minute of the previous meeting (Item 5 refers) the committee considered a report by the Chief Officer providing an update on the implementation of actions arising from the internal audit report into payments to care providers.

Commenting further, the Chief Financial Officer explained that 16 of the 23 actions had been completed, referring in particular to the new staffing structure which was now fully in place.

Having commented on the changes to financial governance arrangements, she was heard to clarify the reasons for the delay in the migration of data associated with the CareFinance system, and indicating that it was now expected that data migration would be complete by the end of July.

Councillor McAlpine having expressed disappointment that it had not been possible to achieve the intended target date for the full data migration, the Chief Officer explained that offices had been equally disappointed. However a management decision had been taken to make sure that the data being migrated was completely accurate rather than run the risk of migrating incorrect information simply to meet the target date.

Whilst echoing comments regarding the initial target date not being met, Ms Brown highlighted that the report provided clear evidence of management control with conscious decisions being taken to reflect changing circumstances.

The committee noted the report, and that a copy would also be submitted to the Council's Audit & Scrutiny Committee.

EXTERNAL AUDIT RECOMMENDATIONS ARISING FROM EAST RENFREWSHIRE COUNCIL ANNUAL ACCOUNTS

9. Under reference to the Minute of the meeting of 16 March 2016 (Item 6 refers), the committee considered a report by the Chief Officer reporting on progress in addressing the 3 recommendations in respect of the HSCP, made by the external auditor in respect of the East Renfrewshire Council Annual Accounts for 2014/15.

The report explained that whilst the Council had been awarded an audit certificate with no qualifications, 3 recommendations specific to the HSCP had been made by the external auditor. These related to Scheduled Payments, Provider Contracts, and Systems. The appendix to the report provided full details of the recommendations and the associated management response in respect of each, as well as providing progress as at 10 June 2016.

Having heard the Chief Financial Officer explain that actions in respect of 2 of the recommendations had now been completed, the committee noted the report and agreed to receive progress updates at future meetings.

SOCIAL CARE CONTRACTS UPDATE

9. The committee considered a report by the Chief Officer providing an overview of changes to the Council's Contract Standing Orders in relation to social care and providing an update on social care procurement and contractual activity undertaken since December 2015 when the matter had been last reported to the committee.

Commenting on the report the Head of Strategic Services referred to the result of the recent referendum on the UK's membership of the EU which may have implications for procurement activities in the future. She also provided updated information relative to arrangements for current and planned social care procurement, explaining the process around the Care at Home Framework Contract which had been the subject of formal tendering under EU Procurement Directives. As part of this, the outcome of the evaluation exercise was explained and details provided of the home care providers that had been awarded contracts.

In response to questions, she provided information about the care ratings of some of the contractors and explained that arrangements that were in place to ensure that companies were not provided with work if ratings were unsatisfactory.

Following further discussion on the different care provision options available to service users and the need for best value to be demonstrated in terms of any contracts awarded, the committee noted the report.

RISK MANAGEMENT POLICY AND STRATEGIC RISK REGISTER

10. Under reference to the Minute of the previous meeting (Item 10 refers), the committee considered a report by the Chief Officer providing an update of the development of the IJB risk management policy and strategy and the review of the content and scoring of the Draft IJB Strategic Risk Register.

The report reminded the committee that at the previous meeting officers had been requested to reflect further on the scoring matrix and "by exceptions" reporting to the committee. An updated copy of the risk register for this meeting had also been requested.

The report explained that further consideration had been given to the matrix and that, recognising that scoring could be subjective, officers had produced a guide to terms and scoring to be attached as an appendix to the policy and strategy document, with a copy of the register and new guide accompanying the report.

The report suggested that taking account of the new guidance, it was proposed that only risks rated as High/Red/Unacceptable be reported to the committee. However, taking into account the subjectivity of scoring, it was also proposed that if the HSCP Management Team considered a risk to be significant despite not scoring in the high risk category, they would bring exception reports to the committee for consideration.

The committee endorsed the draft IJB Strategic Risk Register and amendments to the Risk Management Policy and Strategy and agreed that they be remitted to the IJB for consideration.

AUDIT SCOTLAND REPORT – CHANGING MODELS OF HEALTH CARE

11. The committee considered a report by the Chief Officer providing an overview of the Audit Scotland report on Changing Models of Health and Social Care, as well as providing information in respect of the implications for the IJB.

Having set out the background to the production of the Audit Scotland report, the report commented on some of the key findings. These included that people were living longer with multiple long-term conditions and increasingly complex needs. The report explained that Audit Scotland had used a variety of information to conclude that with predicted population increases and services continuing to be delivered in the same way, by 2030 an additional 1.9 million GP appointments and 1.5 million practice nurse appointments would be required, as well as an additional 20,000 homecare clients and 12,000 long-stay care home residents.

The report also referred to a number of new care models identified by Audit Scotland which were designed to deliver more care to people in community settings in line with the Scottish Government's 20/20 Vision for health and social care.

It was explained that the Audit Scotland report concluded by stating that due to rising numbers, complex needs and pressures on public finances, current models were unsustainable in the long-term, and that the transformational change required was not taking place quickly enough.

Details of the separate recommendations made to the Scottish Government and integration authorities were provided and the appendix to the report provided details of how the recommendations to integration authorities were being delivered locally.

Having heard the Chief Officer Councillor McAlpine expressed support for shifts from acute and primary care to community based services. However he emphasised the need for accompanying resource transfer and stated that this needed to be examined by the Scottish Government and health boards as a matter of urgency.

Full discussion took place on the need for strategic decisions around the transfer of resources it being noted that amongst other things the Scottish Government's continuing focus on acute services made this very challenging. It was also acknowledged that the Scottish Government position was potentially influenced by the perception of the general public that hospital care was always best when this was not always the case.

The committee noted the report and the actions being taken locally in respect of the Audit Scotland recommendation.

VALEDICTORY – MR IAN LEE

12. Councillor Lafferty reminded the committee that this would be the last meeting attended by Mr Lee, whose term of office as a Non-Executive Director of the NHS Greater Glasgow and Clyde Board and member of the East Renfrewshire IJB and associated committees was coming to an end.

He thanked Mr Lee for his support during the establishment of the new IJB, referring to the positive contribution made by Mr Lee during his time in office, and on behalf of the committee offered Mr Lee best wishes for the future.

Mr Lee replied in suitable terms.

DATE OF NEXT MEETING

13. It was reported that the next meeting of the committee take place on 28 September 2016 at 10.00am, venue to be agreed.

CHAIR