

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 25 November 2020**

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Councillor Barbara Grant	East Renfrewshire Council co-opted member
Anne Marie Kennedy	Non-voting IJB member
Councillor Alan Lafferty	East Renfrewshire Council

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Aimee MacDonald	Audit Scotland
Lee McLaughlin	Head of Recovery and Intensive Services
Candy Millard	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer - IJB
Steven Reid	Policy, Planning and Performance Manager

APOLOGIES FOR ABSENCE

Heather Molloy	Scottish Care
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INTRODUCTORY REMARKS

1. Ms Monaghan welcomed Councillor Lafferty to his first meeting of the committee following his recent appointment to the IJB as replacement for Councillor O’Kane.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

3. The committee considered and approved the Minute of the meeting of 23 September 2020.

MATTERS ARISING

4. The Board considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

The Chief Financial Officer was heard further on the benchmarking exercise carried out by the Council's Chief Auditor examining the split of audit time between specific IJB and HSCP work. The exercise had shown from the responses received that the split was comparable. She also confirmed that there was contingency time available if required.

Having heard the comments made Ms Forbes explained that through personal experience she had seen levels of variation. She further clarified that a number of functions which although carried out by the Council impacted on the operation of the HSCP, for example payroll, were audited but the results were not reported to the committee. She explained that this would provide the committee with reassurance that no relevant matters were being overlooked.

In reply the Chief Financial Officer explained that discussions about the reporting of such functions to committee had taken place when the committee had been set up. The view had been taken that in many cases these audits were part of a Council-wide or NHS-wide audit and that reporting these matters to the committee would be duplication. She also highlighted that it had been agreed to co-opt a member of the Council's Audit & Scrutiny Committee to the committee to provide the link between scrutiny by the Council and scrutiny by the committee. Reference was also made to the Chief Auditor's Annual Assurance Statement whereby the Chief Auditor had to be satisfied that the arrangements in place in the HSCP were satisfactory.

However the Chief Financial Officer agreed to review the way in which matters were reported to the committee to provide the reassurances sought by Ms Forbes, the Chief Officer suggesting that this could be by way of providing a list of audits conducted by the Council and NHSGGC with actions for the HSCP.

The Chief Financial Officer having also confirmed in response to Ms Monaghan that an audit actions update report would be brought to the next meeting, the committee noted the report.

ROLLING ACTION LOG

5. The Board considered a report by the Chief Officer providing details of all open actions, and those that had been completed or removed since the last meeting.

The Chief Financial Officer provided an update in respect of the open actions explaining that the indicative dates for action in the report would be COVID-dependent.

The Committee noted the report.

MID-YEAR PERFORMANCE UPDATE 2020-21

6. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of strategic priorities set out in the HSCP Strategic Plan.

The report explained that due to the ongoing COVID-19 pandemic the availability of mid-year data was more limited than normal although it was highlighted that there was usually a smaller number of updates compared with end-year information in any case. Furthermore it was reported that the normal reporting of data trends against established targets was less meaningful for many indicators due to the impact of COVID-19 on provision during the reporting

period April to September 2020. Consequently the format of the report differed from previous reports considered by the committee, including data for mid-year and any updated end-year data for indicators from the Strategic Plan that had not previously been reported to the committee and also including a summary analysis of the latest Ministerial Strategic Group (MSG) indicators relating to unscheduled care and a brief summary of headline data from our recent social care return.

Having explained further the layout and content of the report it was explained that the available data showed that despite the pressures of the pandemic there had been strong performance across a range of activities including supporting independent living for older people and people with long-term conditions; and quality of life outcomes for unpaid carers. Minimising delayed discharges, A&E attendance reduction and unplanned hospital admissions had also seen improved performance although these measures had been impacted by the pandemic and figures had started to rise following lockdown.

The report also referred to areas of continuing challenge. These included waiting times for CAMHS and psychological therapies although there had been evidence of improved performance pre-lockdown. First quarter complaints data had seen a deterioration of performance although it was recognised this was during a period of exceptional pressure on staff and other services which had been significantly affected by the pandemic such as Community Payback Orders (CPOs) and alcohol recovery services which were showing signs of recovery.

The Policy, Planning and Performance Manager provided further comment on the report. In particular he referred to the significant increase in demand for CAMHS and psychological services during the pandemic. Quarterly figures showed a significant drop for Q1 and Q2 for people being seen within 18 weeks. Notwithstanding there had been significant recovery over Q2 with figures in the 40s during July rising up to 74% on target for September. Latest weekly figures showed recovery up to 80% on target. Improvements were also being seen in psychological services with figures for mid-November showing 78% on target.

It was also noted that performance on delayed discharges had been significantly affected by the pandemic with in many cases patients not being able to be discharged into care homes.

Full discussion then took place and in response to comments from Councillor Grant on CAMHS waiting times the Chief Officer highlighted the efforts being put in to reduce waiting times. She emphasised that prevention was key and the Chief Social Work Officer in collaboration with colleagues in the Education Department was developing a COVID recovery team to be based in schools. The purpose of the team would be to provide support for pupils with mental health issues to remove the need for referral to CAMHS. The Chief Social Work Officer would be presenting a report on the development of the service to the IJB in February.

Responding to a number of questions from Ms Forbes the Policy, Planning and Performance Manager confirmed that he would provide information on the number of CPOs that would be expected in normal circumstances. He confirmed that in relation to delayed discharges the information provided related only to NHSGGC acute services and acknowledged that further investigation was required to establish if there were any delayed discharges in the Lanarkshire Health Board area that impacted on the HSCP. Finally he clarified that the increase in A&E attendance was most likely due to a relaxation of the restrictions imposed as a result of COVID-19.

Councillor Bamforth supported the comments made by the Chief Officer in relation to the new school based service to assist diversion from CAMHS and to the role of the Family Wellbeing Service on easing the pressure on CAMHS. She also referred to challenges associated with adults with incapacity and to the drop in the total number of homecare hours provided from Q2 to Q4 and to whether there was service capacity to restore these.

In response the Chief Officer outlined the challenge facing the service in relation to adults with incapacity; to ongoing national discussions between the Cabinet Secretary and Chief Officers and to the development of a national campaign. In response to the total number of homecare hours provided the Chief Officer explained that recording methods had been changed and it would be clarified if this was the reason for the drop in the number of hours provided.

Having heard the Head of Recovery and Intensive Services commend staff for their efforts in providing services in such challenging circumstances and the committee having offered its own thanks to staff for their efforts, the committee noted the report.

AUDIT SCOTLAND – COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES

7. Under reference to the Minute of the previous meeting (Item 9 refers), the committee took up consideration of a report by the Chief Financial Officer advising of the response to the guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the COVID-19 pandemic.

The report reminded the committee of the publication in August 2020 of new guidance entitled *Guide for Audit and Risk Committees* on key issues for consideration by audit and risk committees during the COVID-19 pandemic. The guidance posed a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that required additional focus. These included internal control and assurance; financial management and reporting; governance; and risk management.

The committee had agreed that the Chair and Vice Chair of the committee, supported by the Chief Financial Officer and Chief Auditor, consider the questions posed as part of the 2020/21 audit work to support the IJB's governance arrangements and submit a report to a future meeting of the committee.

The report explained that the issues raised had now been considered as agreed by the committee and it had been determined that there were no issues of concern. An appendix setting out the questions posed by Audit Scotland and the corresponding response setting out the IJB's position accompanied the report.

Welcoming the report Ms Forbes reported that she had spoken with the Chair of the NHSGGC Audit Committee in respect of the guidance. It had been confirmed that the NHSGGC auditor would be conducting a review to make sure that NHSGGC had appropriate arrangements in place. She would provide an update in due course.

Noting the information from Ms Forbes, the committee noted that following consideration of the issues raised by Audit Scotland in their guide no issues of concern had been identified.

IJB STRATEGIC RISK REGISTER UPDATE

8. Under reference to the Minute of the previous meeting (Item 11 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 23 September and explained that since then there had been no change in risk scores, no new risks added or and existing risks removed from the register.

Details of those risks still considered to be high or significant post-mitigation were outlined. It was highlighted that financial sustainability continued to be a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and

uncertainty around COVID-19 and Brexit implications. It was also highlighted that although “Failure of a Provider” was considered as a medium level risk post-mitigation it was still considered to be a significant risk given the potential impact on service delivery.

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 17 March 2021 at 9.00am.

CHAIR