

**NOT YET ENDORSED AS A CORRECT RECORD****Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
Performance and Audit Committee****held on Wednesday 26 June 2024 at 1.00pm****PRESENT**

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB Member
Anne Marie Monaghan	NHS Greater Glasgow and Clyde Board

**IN ATTENDANCE**

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Lesley Bairden	Chief Financial Officer, IJB
Michelle Blair	Chief Auditor (ERC)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Julie Murray	Chief Officer, IJB
Steven Reid	Policy, Planning and Performance Manager
Rob Jones	Ernst & Young

**APOLOGIES FOR ABSENCE (agenda item 1)**

Councillor David Macdonald	East Renfrewshire Council co-opted member
Barry Tudhope	Democratic Services Manager

**DECLARATIONS OF INTERESTS (agenda item 2)**

1. There were no declarations of interest.

**MINUTE OF PREVIOUS MEETING: 27 MARCH 2024 (agenda item 3)**

2. The Committee considered and approved the minute of the meeting of the Performance and Audit Committee held on 27 March 2024 as an accurate record.

**MATTERS ARISING (Agenda Item 4)**

3. The Committee considered a short report by the Chief Financial Officer on matters arising from discussions that had taken place at the March meeting. She noted that the new care home data is included in the Annual Performance report and there would be further detail within the next quarterly performance report. As requested at the March meeting, an update on the Scottish Child Abuse Inquiry was also included.
4. In relation to the Child Abuse Inquiry, Anne Marie Monaghan recognised how challenging it may be for the Chief Officer and Head of Service should they be called to give evidence.
5. The Committee agreed to note the report.

### **ROLLING ACTION LOG (Agenda Item 5)**

6. The Committee considered a report providing details of all open actions and those that had been completed since the last meeting. The Chief Financial Officer confirmed that 4 actions had been closed since the last meeting, and 3 remain open.
7. Anne Marie Monaghan queried whether there was a timeline or progress in respect of action 31. The Chief Internal Auditor confirmed that whilst there is no timescale, she was last in contact with Police Scotland a few weeks ago and they are actively progressing this matter.
8. The Committee agreed to note the report.

### **ERNST & YOUNG: UNDERSTANDING OF MANAGEMENT PROCESS AND ARRANGEMENTS (Agenda Item 6)**

9. The Committee considered the draft response to the Ernst & Young letter submitted to the Chair of the Performance and Audit Committee as part of their audit arrangements. The letter poses a series of questions and the Committee were asked to review and comment on the responses prior to submission to Ernst & Young.
10. The Chief Financial Officer drew particular attention to question 12 in relation to the preparation of the accounts for the IJB on the basis of a going concern. She reminded the Committee that Ernst & Young had previously clarified that as a public body we will continue to provide services despite being in a difficult financial situation, recognising we are in breach of our own reserves policy. Whilst the financial recovery process for 2023/24 and the challenges ahead for 2024/25 may seem counter intuitive to the principle of a going concern, it remains appropriate that we adopt this principle.
11. Anne Marie Monaghan noted that we are in the same position as other IJBs who are also not meeting their 2% reserves policy.
12. The Committee agreed one wording change to the proposed response in relation to question 12 to be clearer that the HSCP delivers the services and the response which will be submitted to Ernst & Young by 28<sup>th</sup> June 2024.

### **UNAUDITED ANNUAL REPORT AND ACCOUNTS (Agenda Item 7)**

13. The Chair thanked Ernst & Young for their ongoing support and welcomed Rob Jones to the meeting.
14. The Chief Financial Officer confirmed that the report being presented is the unaudited position for 2023/24 and that immediately following this meeting, it will also be discussed by the IJB. Subject to any revisions, the report will be submitted to our auditors by 30<sup>th</sup> June as it will form the basis of the audit by Ernst & Young.
15. The Chief Financial Officer also confirmed that the audited report and accounts will be brought to the September Committee and an easy read version would also be produced at that point. She went on to provide an overview of the report recognising it will come as no surprise that financial recovery is the lead message for the year, both in the management commentary and in the governance statement. The challenges ahead

recognise the scale of savings needed in 2024/25 and that the unachieved savings and operational pressures taken forward from 2023/24 must be resolved in 2024/25.

16. The IJB received detailed reporting throughout the year on financial performance and the recovery process itself, including the use of all possible reserves to mitigate costs.
17. We ended the year with an overspend of £4.7 million and this was funded through non-recurring support from both partners £2.6 million from East Renfrewshire Council and £2.1 million from NHS Greater Glasgow Clyde and I would like to formally acknowledge thanks from the Chief Officer and myself on behalf of the IJB.
18. In terms of reserves, the most important point to note is that we are in breach of our own reserves policy which states we should hold a general reserve at 2% of our budget. We know that we have been in breach of this in prior years too- however we do not have the level of earmarked reserves we held before. The ring-fenced and earmarked reserves held are for specific purposes.
19. We know there is a tension between building and holding reserves whilst protecting front line services and delivering savings, however in the medium to longer term reserves need to be built back as part of long term sustainability.
20. The Chief Financial Officer ended by recognising our financial recovery position is the main element of the report and accounts but this also reflects the diverse range of services we provide, along with a balanced overview of the year's activities and the challenges ahead.
21. The Chair noted that the report was as expected and thanked the Chief Financial Officer and her team for their commitment particularly given the reduced capacity within the team. Anne Marie Monaghan reflected The Chair's comments and welcomed the inclusion of the strategic plan on a page, however requested that in the final version this be scaled up to a full page.
22. Jacqueline Forbes also noted her thanks for a very comprehensive report but was keen to understand how realistic the plan to over recover on savings would be and whether it was realistically deliverable given the current difficulties. She also asked if any major barriers were anticipated. In response, the Chief Financial Officer acknowledged that in 2023/24 the HSCP underestimated how long it would take to realise savings from the Supporting People Framework, thus adding further pressure to this year. She confirmed the HSCP believe it is achievable but recognises not everything will go to plan therefore in order to ensure we don't end up with a shortfall in savings, this allows a buffer and ideally will allow some savings in advance of next year. The Chief Financial Officer reminded the Committee that we are also planning ahead for when the pension benefit that we have this year and next will drop off in 2026/27.
23. The Chief Officer also acknowledged that the pace and culture wasn't right in terms of the Supporting People Framework, and we have learned some lessons. She noted that the Council have invested some of its own pension fund gain to help provide more capacity for reviews; with £700k being invested to help achieve the savings, which is very welcome. She further noted that there are still elements of our service that are overspending and at some point we will need investment in order to keep people safe.
24. The Committee:
  - a) Agreed to remit the unaudited annual report and accounts to the Integration Joint Board for approval
  - b) Agreed to endorse the proposed reserves allocations

- c) Noted the annual report and accounts is subject to audit review
- d) Agreed to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
- e) Noted the summary overview of financial performance document will be presented with the audited accounts in September.

**REVIEW OF ACTION PLAN – SELF ASSESSMENT OF THE CIPFA FINANCIAL MANAGEMENT CODE (agenda item )**

- 25. In June 2023 this Committee agreed an action plan based on our self-assessment of the CIPFA Management Code and today's report is intended to provide an update to this meeting to support transparent and robust governance. The Chief Financial Officer has reviewed the full plan rather than only those areas where we had previously agreed an action.
- 26. Updates at June 2024 are noted in bold and given our financial recovery process in 2023/24 and ongoing savings challenge, combined with our lack of reserves the Chief Finance Officer drew particular attention Sections E and F and also Supporting People in section N.
- 27. The Committee noted the action plan and were in agreement that an annual update be brought to June meetings of this Committee.

**ANNUAL PERFORMANCE REPORT (agenda item 9)**

- 28. The Policy, Planning and Performance Manager presented the 8th Annual Performance Report which will be finalised for publication by 31st July 2024.
- 29. He noted the report is retrospective and sets out how we delivered on our vision and commitments set out in the Strategic Plan, whilst recognising the challenges we continue to face both locally and nationally. The report set out the current strategic approach, financial performance and detailed performance information illustrating data trends against key performance indicators.
- 30. The PPPO noted that the report includes case studies and examples of innovative and collaborative approaches that have been taken throughout the year, drawing in experience of the 3<sup>rd</sup> and independent sectors.
- 31. He noted that despite the continued pressures we have been facing there has been positive performance and provided an overview of the areas included in the report, recognising that Discharge without Delay continues to be an area of focus.
- 32. Members commented on how much there was to celebrate and were pleased to see the inclusion of case studies within the report which help bring it to life and show how partners can come together to support our community. Anne Marie Kennedy was pleased that the third sector were able to help and will keep this up. The Chief Officer noted that she was concerned about how positively it read, given the significant changes we have had to make to our services and expects next year's report may be different due to the impact from Supporting People and other savings.

33. In response to The Chair's query around whether the breastfeeding was a local or national target, the Policy, Planning and Performance Manager advised he would check and confirm.
34. The Chair thanked everyone for their contribution and the report was noted by the Committee.

### **LEARNING DISABILITY INPATIENT SERVICE PERFORMANCE UPDATE**

35. The Head of Adult Services: Learning Disability and Recovery presented the performance report which is largely about performance across the wider system as the service receives people and supports discharge across all GGC areas as well as 3 others outwith GGC boundaries.
36. The report sets out the activity on discharge performance around the inpatient service which is hosted by East Renfrewshire on behalf of GGC. The main message was that performance has deteriorated across 23/24 with high number of people delayed, and for longer periods. This impacts our ability to admit new patients into the service and disrupts patient flow.
37. We are also seeing a higher number of people with no, or underdeveloped, discharge plans. The respective HSCPs have explained that this is largely due to difficulties in identifying appropriate housing and/or recruitment challenges with support providers.
38. Discharge tends to be quicker where mental health is the main reason for admission and where people have a home to return to, however the LD service is more likely to admit individuals where behavioural issues are the primary reason for admission and often where there has been a breakdown in support, meaning new care packages are required to be commissioned.
39. During the year, all HSCPs experienced some degree of delays, but the majority of delays are people from Glasgow and Renfrewshire areas and this continues to be the case.
40. We have escalated the issues to all Chief Officers and there is a planned session with Chief Officers in the coming weeks. This report will also be shared via formal routes after this meeting as the current situation is unacceptable. We continue work collaboratively with colleagues and offer support and guidance and are working hard to help teams avoid admissions in the first place and find individual solutions for people with underdeveloped plans.
41. The Chair noted that the performance is very disappointing and was interested to know what the response has been from other COs particularly Glasgow and Renfrewshire. The Head of Adult Services: Learning Disability and Recovery confirmed that we have taken a very personal approach so that Chief Officers have the full details of where individuals are in terms of their discharge plans. We have also set out how we can help and all the chief officers have responded so there is engagement but detailed plans still need to be developed.
42. The Chief Officer advised that the Cabinet Secretary has established a new group around delayed discharge with two sub groups; acute delays and improvement, and the other with a focus on AWI (adults with incapacity), Learning Disability and Mental Health. This will provide further opportunity to reengage with other Chief Officers.

43. Anne Marie Monaghan confirmed that there had been discussion at Glasgow IJB earlier today where they were advised that of the 23 Glasgow people, all but 9 have plans. It was agreed that Glasgow will provide quarterly progress reports to their IJB detailing activity and progress.
44. The Chair thanked Anne Marie Monaghan and Jacqueline Forbes for pushing Glasgow IJB on this important issue.
45. The Board noted the report.

#### **COMMUNITY PATHWAYS INSPECTION REPORT (agenda item 11)**

46. The Head of Adult Services: Learning Disability and Mental Health provided an overview of the inspection report of the Community Pathways services. He noted that the service has been evolving since covid in terms of the service models people want. This has seen a move from a building based approach to more community based support which the Care Inspectorate found difficult to register. They have therefore registered it as a dispersed service with subgroup of care at home as this is the category that best meets their registration types. We were therefore slightly anxious in terms of the new inspection but it can be seen from the report that it was a good inspection with lots of positive highlights, in terms of service delivery as well as staff and leadership.
47. The Committee acknowledged how stressful unannounced inspections can be and send their regards to all those involved for such a good outcome.
48. The Committee noted the report.

#### **AUDIT UPDATE (agenda item 12)**

49. The Chief Financial Officer advised that follow up work has been undertaken on 3 audits which has 8 recommendations now included in the report. This supersedes 34 previous recommendations.
50. This means we now have 49 current recommendations, compared to 75 when we reported in March. Of these we consider 37 closed pending verification. Of the 12 that are open, 8 are from the new follow up audit.
51. The Chief Internal Auditor advised that the follow up of payroll and debtors is currently ongoing therefore it is expected that some of these will be removed by the next update. She has also received a further update from NHS which was too late for inclusion in this paper but indicated that only minor improvements were identified across 5 new reports.
52. The Chief Officer advised we need to develop a better process in relation to NHS audits as these aren't being shared with Chief Officers and asked the Chief Internal Auditor to assist in progressing this.
53. The Chief Financial Officer will also raise through the CFO network to see if there are any improvements that can be made in terms of process.

**STRATEGIC RISK REGISTER (agenda item 13)**

54. The Chief Financial Officer presented the standing strategic risk register report, noting that one risk has been removed since last reported as this related to a specific IT issue, which has been resolved and remained stable for period of time. We are no longer encountering the issues when sending / receiving information.
55. As referred to in the matters arising the workforce score has been reviewed and corrected.
56. The scoring for Care at Home has also been revised based on the service challenges and pressures, this remains amber.
57. As has been the case for some time and will remain so for the foreseeable future Financial Sustainability remains red.
58. Jacqueline Forbes noted that there were a few risks where the score after proposed mitigation was being reduced based on impact rather than likelihood and was keen to understand the rationale.
59. There was some discussion recognising that the assessment of risk is based on the lead professionals knowledge at the point of review and this will always be subjective
60. It was suggested that for the next report that any key assumptions could be included to support the context and or change.
61. The Committee noted the report.

**VALEDICTORY**

62. The Chair thanked both Anne Marie Monaghan and Jacqueline Forbes for their commitment to the Committee recognising their significant contribution.
63. Anne Marie Monaghan and Jacqueline Forbes noted that collaborative, professional and friendly manner of the Committee was refreshing.
64. Mehvish Ashraf will become the nominated Health Board lead for the IJB and will be taking on role of PAC Chair.

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