

NOT YET ENDORSED AS A CORRECT RECORD

The Chief Financial Officer having explained that some of the unallocated audit days in the audit plan would be used to consider the implications from the Audit Scotland Report *Health and Social Care Integration: Update on Progress*, with an overview report being submitted to a future meeting, the Chief Officer highlighted that one of the key areas for examination related to pooled budgets. She referred to the fact that budgets for the IJB were supposed to be pooled and that reporting mechanisms needed to be reviewed to reflect this.

The committee noted the report.

AUDIT ACTIONS UPDATE

4. Under reference to the Minute of the meeting of 26 June 2018, when the committee had requested a six-monthly update on the CareFirst Finance audit action plan and the action plan in relation to the audit report on IJB governance, the committee considered a report by the Chief Officer providing an update in respect of both matters.

The report summarised the recommendations made, the comments made in response to each; the officer responsible for implementing the agreed action; the timescale for implementation; and an update on progress in delivering the agreed actions.

Commenting on the report, the Chief Financial Officer clarified that the updates provided were both still subject to audit review.

The committee noted the report.

IJB RECORDS MANAGEMENT PLAN

5. The committee considered a report by the Chief Officer seeking the committee's endorsement of the proposed Records Management Plan (RMP) for the IJB and associated Memorandum of Understanding (MoU) between the IJB, East Renfrewshire Council and NHS Greater Glasgow and Clyde.

The report explained that as a public authority to which the Public Records Act 2011 applied, the IJB was, amongst other things, required to prepare a RMP which would set out proper arrangements for the management of its public records. A copy of the RMP was to be submitted to the Keeper of the Records of Scotland by January 2019. A copy of the proposed RMP and MoU accompanied the report.

The report explained that as the IJB did not hold any personal information about either patients/clients or staff, the RMP related to the IJB and associated committees and to plans and policies such as the Annual Performance Report and the Strategic Plan. In addition the report explained that the accompanying MoU set out the relationship between the IJB, the Council and the health board in relation to the IJB's RMP.

Having commented further on the plan, in response to questions the Business Support Manager explained the current status of the Plan and that it would remain in draft until considered and approved by the Integration Joint Board.

Commenting on the Plan, Ms Brown suggested that further emphasis be placed on the fact that the Plan referred only to IJB documents such as meeting papers and strategy documents and that all other records associated with the work of the HSCP, including those containing patient and client information were accounted for in the plans of both the Council and the Health Board.

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The committee:-

- (a) noted the report;
- (b) endorsed the draft Records Management Plan and Memorandum of Understanding subject to an amendment to the Plan to highlight those documents covered by it; and
- (c) agreed that subject to the foregoing amendment the Records Management Plan and Memorandum of Understanding be remitted to the IJB for approval.

IJB STRATEGIC RISK REGISTER UPDATE

6. The committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register.

Having set out the risk matrix used to calculate risk scores, the report then provided further details in respect of those areas considered to be high risks, these being supported by additional information provided by the Head of Finance and Resources (Chief Financial Officer).

The report explained that no risks had changed or been removed since the last update on 26 September 2018.

Having heard the Chief Financial Officer further on the report, the Head of Adult Health and Social Care Localities, in response to questions from Councillor Grant in relation to Strategic Risk 5 – Failure of a Provider, outlined the range of arrangements in place to monitor the performance of third parties providing care.

Officers were then heard in response to suggested amendments by Ms Brown to the risk description and mitigation measures in relation to Strategic Risk 4 – Financial Sustainability, and Strategic Risk 9 – Children and Young People (Scotland) Act. In particular it was explained that the latter risk related in the main to the fact that councils had not been provided with the additional funding needed to implement the requirements of the Act.

The committee noted the report and agreed to recommend the amendments to the register as outlined.

MID-YEAR PERFORMANCE REPORT

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

The report explained that the performance report contained performance information and actions set out under the new strategic priorities. It further explained that the report included 2 annexes, the first of which contained an update on national indicator measures for IJBs, whilst the second contained a list of the performance measures that would be included in the end of year report but for which mid-year data was not available.

The Head of Adult Health and Social Care Localities having explained that some of the actions were over a 3 year period, the Chief Officer reported that she had met with the Chief Executives of both the Council and the Health Board the previous day. She acknowledged

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that performance was less satisfactory in some areas but reassured the committee that robust action plans to improve performance were in place. In addition, in response to Councillor Bamforth, she explained why progress on some actions may appear slow.

Commenting on performance against the national indicators, Ms Brown, whilst recognising that local performance was better in general than national performance, noted that the trend in performance was downwards. She also highlighted the confusing nature of some of the indicators where in some cases a downward trend indicated positive performance whilst in other cases a downward trend indicated negative performance. Furthermore, referring to local targets in relation to permanence, she expressed concerns around rigid adherence to the 6 month target. In reply, the Chief Social Worker, having referred to the seminar on permanence that had been held, explained that the target in relation to permanence decisions was aspirational and used as a focus for decision making.

Responding to questions from Councillor Grant on absence levels, the Chief Officer explained in detail the challenges in dealing with this issue, not least of which was the staff demographic, and that due to the relatively small workforce a small number of absences could have a disproportionate effect.

Having heard the Chief Auditor on suggested amendments to the reporting format to reflect Ms Brown's earlier comments, the committee noted the report.

PRIMARY CARE MENTAL HEALTH IMPROVEMENT PLAN

8. The committee considered a report by the Chief Officer providing an update in respect of Primary Care Mental Health waiting times and actions taken to manage them.

Having referred to the historical issues that had affected the service, the report provided details of the steps that had been taken to improve waiting times. This included the recruitment of additional staff, the details of which were outlined.

Furthermore, the report provided an update on progress in the review of the Primary Care Mental Health Team (PCMHT) being taken forward as part of the Fit for the Future programme, and commented on the increasing referrals by GPs to computerised Cognitive Behavioural Therapy (cCBT). This had helped to reduce the number of referrals to the PCMHT in the preceding 3 month period, although the number of self-referrals had increased.

Welcoming the systemic look at services, Ms Brown referred to the need for an evaluation of cCBT in response to which the Chief Officer explained that a number of other health boards already used cCBT and had started to evaluate its effectiveness. A similar evaluation within Greater Glasgow and Clyde was planned.

The committee noted the report.

AUDIT SCOTLAND REPORT – NHS IN SCOTLAND 2018

9. The committee considered a report by the Chief Officer providing an overview of the recent Audit Scotland report *NHS in Scotland 2018* and the implications for the IJB.

It was explained that the report had made it clear that the NHS was not in a financially sustainable position, and that in order to meet people's health and care needs, it needed to move away from a short-term approach to long-term fundamental change. The key elements identified as critical to the success of this approach were outlined.

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It was further explained that the Audit Scotland report contained a number of recommendations for the Scottish Government in terms of financial management, governance and reporting, with further recommendations for both the Scottish Government and NHS Boards associated with leadership.

Furthermore, it was explained that there were a series of recommendation relating to the Scottish Government, NHS Boards and integration authorities, these being summarised in the Chief Officer's report.

Local actions taken in response to the recommendations were outlined in the appendix to the Chief Officer's report.

The Chief Officer was heard further on the report in the course of which she highlighted that there had already been some action as a consequence of the report, referring in particular to the new requirement for Health Boards to plan to break even over a three year timescale and the write-off of Scottish Government loans to Health Boards..

Ms Brown having emphasised that there needed to be greater recognition by health boards on the pressures facing IJBs and that these pressures needed to be better reflected at health board level, the committee noted the report, the recommendations in relation to integration authorities, and the local response.

AUDIT SCOTLAND REPORT – CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

10. The committee considered a report by the Chief Officer providing information relative to the recent Audit Scotland report *Children and Young People's Mental Health*, considering the key findings and recommendations, and how service provision in East Renfrewshire was placed in this context.

The report explained that the national audit sought to determine the effectiveness of mental health services for children and young people in Scotland by examining the effectiveness of funding and delivery arrangements of services to children and young people as well as identifying factors which supported or limited effective delivery both locally or nationally. The effectiveness of the Scottish Government's strategic direction to improve children and young people's outcomes around their mental health and wellbeing was also considered.

Having outlined the methodology used, the report summarised the key findings of the audit as well as providing information in relation to current provision in partnership across East Renfrewshire, it being explained that key to this was the local CAMHS team. This was a hosted service with services being provided locally whilst financial arrangements and governance remained with NHS Greater Glasgow and Clyde and part of the Board-wide Specialist Children's Services arrangements.

The report then provided statistical information relative to waiting times since January 2015, it being noted that the number of children waiting over the 18 week target had been steadily increasing over the preceding 12 months. Possible reasons for this increase were outlined.

Information was also provided in relation to the successful operation to date of the pilot Family Wellbeing Service project as well as providing information on the presenting issues that had been identified.

The report went on to outline how these 2 services as well as the school nursing service were planning for future demand, concluding by highlighting that the findings of the Audit Scotland report were in part echoed by local findings; that the provisions of earlier intervention and non-clinical approaches were more limited; that the Family Wellbeing

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Service approach attempted to tackle this; and that the review and redefinition of school nursing would be included in a more integrated approach to addressing vulnerability and interventions.

The Chief Social Work Officer having noted that children and young persons' mental health was now considered to be a significant public health issue, she explained that the report outlined the position in East Renfrewshire in relation to the Audit Scotland recommendations. In particular, it demonstrated that mental health issues did not always need a clinical response.

Commenting further she referred to the needs for CAMHS to be more targeted and also to the very positive outcomes being achieved through the Family Wellbeing Service, as well as explaining the ongoing work to try and extend the scale of this service.

Councillor Bamforth having welcomed the report and the very low rate of failure to attend appointments as part of the Family Wellbeing Service approach, Councillor Grant criticised the current government funding arrangements which were based on areas of deprivation rather than on actual need. This was supported by the Chief Social Work Officer who agreed that mental health problems was an issue that faced children and young people in all communities, not just those in areas of deprivation.

Ms Brown was also heard on the report in the course of which, having thanked the Head of Public Protection and Children's Services and her team for the excellent work carried out in this area, commented on the way in which the service had been disaggregated and the associated challenges for East Renfrewshire as a result. She also commented on the need for there to be parity in terms of waiting time targets between services for children and young people, and adults.

The committee noted the report.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 20 March 2019 at 9am in the Council Offices, Main Street, Barrhead.

CHAIR