

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 29 January 2020 in
the Council Offices, Main Street,
Barrhead**

PRESENT

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| Anne-Marie Monaghan | NHS Greater Glasgow and Clyde Board (Chair) |
| Lesley Bairden | Head of Finance and Resources (Chief Financial Officer) |
| Councillor Caroline Bamforth | East Renfrewshire Council (Vice-Chair) |
| Susan Brimelow | NHS Greater Glasgow and Clyde Board |
| Dr Angela Campbell | Consultant Physician in Medicine for the Elderly |
| Anne Marie Kennedy | Third Sector representative |
| Dr Deirdre McCormick | Chief Nurse |
| Andrew McCready | Staff Side representative (NHS) |
| Geoff Mohamed | Carers' representative |
| Julie Murray | Chief Officer – HSCP |
| Kate Rocks | Head of Public Protection and Children's Services (Chief Social Work Officer) |
| Councillor Jim Swift | East Renfrewshire Council |

IN ATTENDANCE

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| Kim Campbell | Localities Improvement Manager |
| Eamonn Daly | Democratic Services Manager, East Renfrewshire Council |
| Ruth Gallagher | Chief Officer, Voluntary Action |
| Candy Millard | Head of Adult Health and Social Care Localities |

APOLOGIES FOR ABSENCE

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|--------------------------|-------------------------------------|
| Councillor Tony Buchanan | East Renfrewshire Council |
| John Matthews | NHS Greater Glasgow and Clyde Board |
| Councillor Paul O'Kane | East Renfrewshire Council |
| Flavia Tudoreanu | NHS Greater Glasgow and Clyde Board |

DECLARATIONS OF INTEREST

1. Mrs Kennedy declared an interest in agenda item 9 – Talking Points – Update, by virtue of her role as Chair of Voluntary Action.

MINUTE OF PREVIOUS MEETING

2. The Board considered the Minute of the meeting held on 27 November 2019.

Commenting on the Minute and the discussions that had taken place in relation to levels of use of the CAMHS service, Councillor Swift enquired if it would be possible to obtain figures comparing levels of use of the service in East Renfrewshire against usage levels in other IJB areas.

The Chief Officer having confirmed that the information could be provided to a future meeting, the Board approved the Minute.

MATTERS ARISING

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

ROLLING ACTION LOG

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

Responding to comments the Chief Officer confirmed that the form in relation to the reimbursement of carers' expenses would be finalised as soon as possible. She further confirmed that the status of the action in relation to the Care at Home Improvement and Redesign Programme would be changed from "Closed" to "Open". In relation to the progress report on Individual Budgets she also confirmed that this would take account of the technological solutions that were being introduced as this would have an impact on individual budgets.

The Board noted the report and the additional actions to be taken.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 27 November 2019.

ADDITIONAL INTEGRATION JOINT BOARD MEMBER

6. The Board considered a report by the Chief Officer seeking the appointment to the Board of a representative from Scottish Care.

The report explained that Scottish Care was a membership organisation and the largest representative body for independent care providers in Scotland, representing over 400 organisations.

Although locally there was a history of successful collaboration with the independent sector, the recent Joint Strategic Inspection suggested that in terms of strategic commissioning and planning, there was a need for greater involvement of the independent sector.

It was noted that Scottish Care were already represented on the Performance and Audit Committee and it was considered that having a Scottish Care representative on the Board would help to strengthen partnership working and be a valuable way of reflecting their contribution in East Renfrewshire. It was further noted that Scottish Care were represented on 8 IJBs, including on the Boards of some neighbouring IJBs.

Mrs Brimelow sought clarification of the representative nature of Scottish Care and whether or not in light of their role there was the potential for any conflict of interest were they to be offered membership of the Board.

In reply, the Chief Officer explained that the independent sector already participated in the Clinical and Care Governance Forum and the Scottish Care were already represented on the Performance and Audit Committee.

The Chair then invited Heather Molloy from Scottish Care, who was in the public gallery, to join the meeting to respond to Mrs Brimelow's questions. Thereafter Ms Molloy explained the role of Scottish Care, highlighting that it was a representative body with over 400 members providing both care home and care at home services. She explained that Scottish Care did not directly provide services and so the question of conflict of interest was one that should not arise. However she clarified that the organisation did have a framework in place to mitigate against any potential conflicts of interest.

Having heard Ms Molloy, and Mrs Brimelow welcome the assurances given, the Board agreed that the membership of the Board be extended to include a representative from Scottish Care, and that Scottish Care be invited to nominate a representative and substitute to serve on the Board

PARTICIPATION AND ENGAGEMENT STRATEGY - PRESENTATION

7. It was noted that the presentation had been made prior to the start of the meeting.

TALKING POINTS - UPDATE

8. Under reference to the Minute of the meeting of 1 May 2019 (Item 10 refers), when the Board noted a report by the Chief Officer providing an update on activity in the preceding 6 months and details of the new arrangements that would be in place from May 2019, the Board considered a report by the Chief Officer providing details of further progress in the implementation of Talking Points from May to October 2019.

The report explained that during that time, 69 Talking Points had taken place, leading to "good conversations", these being structured, asset-based discussions enabling people to identify what mattered to them and the development of a plan supporting people to achieve their outcomes. It was noted that the majority of conversations resulted from linking talking points to existing group activities, walk-ins, 3rd sector referrals and a social media campaign, with less than 5% of attendances being as a result of a direct referral by HSCP staff.

The report provided details of the type of supports people were referred/signposted to, highlighting that the main changes from the initial 3-month pilot period were a reduction in requests for general community information and an increase in Council/Culture and Leisure Trust referrals.

The report also provided details of plans for the coming year. These would include a number of fixed Talking Points at the most popular/accessible venues including the 2 health and care centres, Barrhead and Newton Mearns Market Places and Giffnock Library, as well as monthly

themed Talking Points each led by a different partner. Details of the issues and the lead partners for each were listed.

The Head of Adult Health and Social Care Localities was heard further on the report in the course of which she introduced Ruth Gallagher, Chief Officer, Voluntary Action, which was heavily involved in the delivery of Talking Points.

In response to questions from Ms Monaghan on diversion routes and the relatively low number of referrals from HSCP staff, the Head of Adult Health and Social Care Localities explained whilst the report provided details of some of the organisations service users had been signposted to, as one of the key elements of the elements of the approach was to keep people out of the formal system, individual referral details were not recorded. Notwithstanding, the Chief Social Work Officer indicated that there was nothing to prevent users of these services being asked if they had been referred there through Talking Points. This could be considered further as the service developed.

Councillor Bamforth referred to the commercial status of some of the organisations listed in the report., and sought clarification of what arrangements were in place to ensure that the service did not simply become another income stream for these organisations. In reply, Ms Gallagher explained that before any organisation could become part of Talking Points they needed to participate in the Development Group. She clarified that it was only third sector organisations that were involved in Talking Points. However, the whole ethos of the project was about providing choice and giving people options, and that if any organisations who wanted to participate were already on the commissioning framework they would not be excluded.

The Board noted the report.

CONTINUING CARE – FINANCE AND POLICY IMPLICATIONS FOR KINSHIP AND FOSTER CARE

9. The Board considered a report by the Chief Officer on the impact of Part 11 of the Children and Young People (Scotland) Act 2014 (the Act) in relation to continuing care and outlining the financial implications of the policy implementation for looked after children and young people in East Renfrewshire in relation to kinship and foster care.

By way of background, the report referred to the new duties placed on local authorities by Part 11 of the Act to provide young people born after 1 April 1999 who ceased to be looked after on or after their 16th birthday, and whose final placement was “away from home”, with the continuation of the support they received prior to their 16th birthday. This support was to continue up to and including the age of 21.

It was highlighted that this was separate from the duties under Part 10 of the Act that extended the provisions relating to aftercare to young people as contained in Section 29 of the Children (Scotland) Act 1995. This enabled local authorities to provide advice, guidance and assistance to young people ceased to be looked after and eligible for aftercare, up to the age of 26.

The report noted that the average age for leaving care in Scotland was between 16 and 18 whilst the average age for leaving home was 25, and highlighted that moving on from care too early or abruptly and at times without the benefits of support and social networks could contribute to significantly poorer outcomes. To help address this in June 2016 East Renfrewshire Corporate Parents had signed up to the Scottish Care Leavers Covenant, which set out guiding principles for support to care leavers, with a particular keystone of the covenant being for corporate parents to encourage looked after children and care leavers to remain in positive care settings until they were ready to move on.

The report then outlined the existing local arrangements for kinship and foster care including providing details of existing financial arrangements, whereby from 2016 a financial parity model for formal kinship and foster care allowances had been adopted. However, there were still challenges to be addressed in relation to supported care where in certain circumstances financial support was either reduced or stopped altogether. This had in some cases contributed to young people moving on from care earlier than they were perhaps ready to do.

The report then outlined the proposed extended care and support mechanisms to be introduced as a result of the legislative changes. Details of the financial implications of increasing and extending allowances for continuing care were set out. It was noted that in terms of foster care to continuing care the proposed financial support for young people 18-21 would increase from £329.21 to £357.41 per week, whilst for kinship care where 18-21 year olds currently received no financial support, support of £182.70 per week would be introduced. The total estimated cumulative additional costs over the period 2019-2022 would be approximately £140,000 with current indications showing that additional funding would be required. However given the fluidity of numbers of looked after and accommodated young people the full implications for future years were difficult to predict.

Thereafter the report explained that existing planning arrangements for young people in continuing care were being revised, as well as revised guidance for children's social work being developed. This would better assist young people in their transition to adulthood.

The Chief Social Work Officer was heard further on the report referring to rising numbers of children in kinship care. She highlighted the differing ages for the cessation of financial support depending on the type of care provided and how particularly in respect of kinship care the cessation of funding could have an adverse impact on the young person being cared for often resulting in a knock on impact on other services. She commented further on the proposed financial changes outlined in the report and referred to the forthcoming report from the Care Inspectorate into the direct and indirect costs in relation to kinship care.

Referring to the financial implications of the new approach, Councillor Swift questioned whether or not East Renfrewshire Council would fund the additional costs.

Ms Monaghan having suggested that the determination of the overall funding provided to the IJB for those Council services delivered by the HSCP was a matter for the Council and not the Board, the Chief Financial Officer confirmed that the additional cost pressures had been included in the 2020-21 budget process.

Recognising the impact of legislative and policy changes for the HSCP and East Renfrewshire, the Board:-

- (a) noted that local guidance would be strengthened to better support carers and young people to financially plan for young people leaving care; and
- (b) approved the projected financial commitment in respect of Continuing Care.

EAST RENFREWSHIRE HSCP STRATEGIC IMPROVEMENT PLAN

10. The Board considered a report by the Chief Officer providing details of the proposed development actions in the Strategic Improvement Plan. An amended copy of the plan was tabled.

The actions had been drawn from the response to the areas for development identified in the Joint Strategic Inspection of Adult Services carried out by the Care Inspectorate and Health Improvement Scotland between April and June 2019; the improvement actions identified

following the self-evaluation conducted as part of the Ministerial Strategic Group for Health and Community Care Group review; and the findings from the Audit Scotland Report: *Health and Social Care Integration*.

The report explained that the Improvement Plan reflected the cross-cutting themes in the recommendations and proposals from the various bodies and that the plan was structured in relation to the 6 thematic headings used in the Audit Scotland report.

Commenting on the report the Chief Officer drew attention to the fact that the responses to the Care Inspectorate's recommendations contained in their report published in October had been incorporated into the Improvement Plan.

She reported that in relation to collaborative leadership, positive meetings between HSCP Chief Officers and council Chief Executives had already taken place and some public messaging on the appropriate use of services was being developed. A first meeting between Chief Finance Officers and NHSGGC Director of Finance had also taken place.

Further discussion followed in the course of which Mr Mohamed having emphasised the importance of key stakeholders being identified and involved in any engagement undertaken, Ms Monaghan welcomed that weaknesses in information gathering had been identified and that this was being addressed.

Mrs Brimelow welcomed the action plan highlighting the importance of adopting a strategic focus and the need for the pace of change to be maintained. Referring to the new head of service post that had been created she stated that it would be useful to see a copy of the management structure chart which would allow members of the Board to see where the position would sit within the HSCP management structure and the duties to be undertaken and responsibilities held by the postholder.

In reply the Chief Officer was heard on the role of the new post but also confirmed that a copy of the structure chart would be shared with members of the Board. Furthermore, in response to a question from Councillor Swift on benchmarking of IJB annual performance reports, the Chief Officer explained that the benchmarking criteria had still to be developed.

The Board noted the Strategic Improvement Plan.

CARE AT HOME IMPROVEMENT AND REDESIGN PROGRAMME

11. Under reference to the Minute of the previous meeting (Item 9 refers), when the Board had noted a report by the Chief Officer providing an update on the most recent report from the Care Inspectorate and setting out arrangements to develop a comprehensive programme to focus efforts on meeting the Care Inspectorate requirements, alongside a more fundamental service redesign, the Board considered a further update report giving progress against the programme, and outlining the timeline and key milestones to be reached to progress the service redesign.

Having outlined the membership of the Programme Oversight Board that had been established, the report explained that the key element in relation to meeting and sustaining the Care Inspectorate requirements was the review of frontline management roles and the development of new roles that were fit for the future. In this regard, it was explained that continuity of support for service users would require further recruitment and changes to work patterns to ensure staffing resource was aligned to service demand. Part of the recruitment strategy included advertising through television, radio and social media with the campaign timings being aligned to the national social care recruitment campaign being led by the Scottish Government.

The report then set out the key improvement activities within the programme for Quarter 1 (January to March) across all workstreams and whether they were on target to be delivered on time. It was clarified that in terms of the reporting mechanism used Green status did not indicate that an action had been completed but that it was on track to be delivered in accordance with the agreed delivery timescale.

The report also explained that Quarter 2 priorities were in the process of being set and would predominantly focus on service redesign.

Thereafter the report provided details of the current financial position in respect of the Care at Home Service, it being noted that there was a current projected overspend of £501K against a budget of £7.5M. Further information regarding the implications for current staff roles and working patterns was also outlined.

The Chief Officer commented at length on the report, explaining that a more detailed report would be brought to the next meeting of the Board. She was heard on the challenges in relation to staff recruitment and explained that every effort was being made to improve the current financial position.

Responding to questions from Dr Campbell of the impact of staffing shortages on delayed discharges, the Chief Officer explained that despite staffing challenges delayed discharges in East Renfrewshire had been well-managed with the numbers being relatively low. She also confirmed that only 1 person had been able to take up temporary residency in a care home to enable them to be discharged from hospital before to an appropriate homecare package had been put in place.

In support of the Chief Officer's comments, Mrs Brimelow explained that she had been monitoring levels of delayed discharge across the whole GGC area and East Renfrewshire performed well. Notwithstanding she suggested that it would be helpful for a paper regarding delayed discharges to be submitted to a future meeting of the Board. Any such paper should also include details of numbers, reasons for delay, numbers of patients who were kept out of hospital due to appropriate care packages, primary and secondary diagnoses.

The Chief Officer having confirmed that a paper would be brought to a future meeting, Mrs Brimelow sought further clarification of whether, in the Chief Officer's opinion, the Care Inspectorate requirements would be delivered by the end of March. In reply, the Chief Officer having explained the efforts that had been made and the ongoing collaborative work with the Care Inspectorate stated that in her opinion it was likely that the majority of the requirements would be delivered, however operational pressures in the winter period may present challenges to progress.

In support of the Chief Officer, the Chief Social Work Officer explained that as commented on earlier in the meeting, one of the challenges that was being addressed was the quality of management information and that the quality of existing information made it difficult to demonstrate to the Inspectorate the improvements that were being delivered. Improvements in data quality would make it easier to demonstrate to the Inspectorate the improvements that were being delivered.

Ms Monaghan having welcomed the assurances that everything possible was being undertaken to improve the service and Councillor Bamforth highlighted that staff recruitment was a national issue the Board noted the report.

PRIMARY CARE IMPROVEMENT PLAN - PROGRESS

12. Under reference to the minute of the meeting of 1 May 2019 (Item 11 refers) when the Board had noted a report by the Chief Officer providing an overview of the activities during Year 1 of the East Renfrewshire Primary Care Improvement Plan (PCIP), in line with the Memorandum of Understanding (MOU), the Board took up consideration of a report by the Chief Officer providing a Year 2 mid-year update in relation to actions set out in the Plan.

Having set out the background to the creation of the Plan and associated purpose, the report provided information on the delivery of the commitments set out in the MOU, such as the Vaccine Transformation Programme, Pharmacotherapy, Community Treatment Room Services, Urgent Care (Advanced Nurse Practitioners), and Additional Professional Roles.

Information in relation to the key successes over the year was highlighted. This included excellent figures for the delivery of childhood vaccines, the broadest and most significant whole time equivalent (WTE) input of pharmacotherapy in the Greater Glasgow and Clyde area, and enhanced competency level for Community Health Care Assistants, amongst other things.

Some of the key challenges still to be addressed were outlined. These included uncertainty around the Vaccination Transformation Programme across the wider Greater Glasgow and Clyde area; staff cover during sickness absence, and limited funding from Scottish Government impacting on the ability to fully implement the Plan, amongst others.

The Localities Improvement Manager having been heard further on some of the issues raised in the report, Councillor Swift questioned whether the Advanced Nurse Practitioners and Advanced Practice Physiotherapists currently providing resource to a limited number of practices could be accessed by other practices. In reply the Localities Improvement Manager explained that access to these resources was restricted at the moment but that the possibility of introducing a cluster approach to widen service access in future had not been discounted. Furthermore, she explained that although the additional pharmacy resource was not introduced with the specific intention of achieving prescribing savings, this was a possibility.

The Chief Nurse was heard on the excellent levels of pre-5 flu vaccinations in East Renfrewshire which at 73.3% were significantly higher than in previous years and paid tribute to the efforts of all staff involved, reference being made in particular to the role of District Nurses in the immunisation regime. She did highlight the need to increase the cohort of suitable trained staff but this took time. In addition, in response to a question from Ms Monaghan on the possibility of restrictive contracts to ensure anyone trained by the partnership had to commit to staying there for a defined period, the Chief Nurse explained the challenges around such an approach and that a lot of work on this was taking place at an NHS Board-wide level.

The Localities Improvement Manager having been heard further on challenges associated with training and retention of staff not least of which was the lack of a national pay scale, the Board noted the delivery of achievements as set out as well as the challenges and considerations for forward planning.

RISK MANAGEMENT POLICY AND STRATEGY

13. The Board considered a report by the Chief Officer seeking approval of a revised Risk Management Policy and Strategy. A copy of the proposed Policy and Strategy accompanied the report.

NOT YET ENDORSED AS A CORRECT RECORD

Having set out the background to the establishment of the current Policy and Strategy, the report explained the steps that had been taken as part of the review. These had included seeking comment from a range of stakeholders and also peer review of the Policy and Strategy by other HSCPs.

Details of the feedback that had been received and the proposed recommendations/actions were outlined.

It was noted that the revised policy and Strategy had been considered by the Performance and Audit Committee at its meeting on 27 November 2019, when it had been agreed to remit the Policy and Strategy to this meeting for consideration.

The Board approved the revised Risk management Policy and Strategy.

REVENUE BUDGET MONITORING REPORT

14. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2019/20 revenue budget, and seeking approval of a budget virement.

It was reported that against a full year budget of £120.066M there was a projected overspend of £0.231M (0.19%), with details of the projected overspend being provided.

It was noted that this was a reduction in spend of £0.032M from the position last reported. It was further noted that any overspend at the end of the year would be funded from reserves if required although every effort would be made to eliminate the operational overspend during the year.

Comment was made on the main projected variances, it being noted that at these would be subject to change as the year progressed.

It was also reported that the proposed budget virements as set out in Appendix 7 to the report reflected realignment of existing budgets

Commenting further, the Chief Financial Officer clarified that the figures presented did not take account of any further winter related costs and these would be included in the next report.

Mrs Kennedy having suggested that it may be useful for the budget monitoring report to be considered earlier on the agenda for future meetings, the Board:-

- (a) noted the report; and
- (b) approved the budget virements as set out in Appendix 7.

DATE OF NEXT MEETING

15. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 18 March 2020 at 10.30 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

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