

Date: 15 November 2019
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held within the **Eastwood Health and Care Centre, Drumby Crescent, Clarkston** on **Wednesday 27 November at 10.30 am or if later at the conclusion of the Performance & Audit Committee.**

Please note the change in venue and time for the meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY, 27 NOVEMBER AT 10.30am
EASTWOOD HEALTH AND CARE CENTRE,
DRUMBY CRESCENT, CLARKSTON**

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 25 September 2019 (copy attached, pages 5 - 12).**
- 4. Matters Arising (copy attached, pages 13 - 16).**
- 5. Rolling Action Log (copy attached, pages 17 - 20).**
- 6. Performance and Audit Committee – Minute of meeting of 25 September 2019 (copy attached, pages 21 - 26).**
- 7. Transformational Change Programme; Sexual Health Services Implementation Plan (copy attached, pages 27 - 34). Presentation by Rhoda MacLeod, Head of Adult Services (Sexual Health, Prison & Police Custody Health Care).**
- 8. Family Wellbeing Service Annual Report 2018-19 (copy attached, pages 35 - 54).**
- 9. Care at Home Update (copy to follow).**
- 10. Findings of Joint Inspection by Care Inspectorate and Health Improvement Scotland on Effectiveness of Strategic Planning (copy attached, pages 55 - 60).**
- 11. Specialist Learning Disability Services – Environmental Changes to Blythswood House and Claythorn House (copy attached, pages 61 - 66).**
- 12. Revised Integration Scheme (copy attached, pages 67 - 72).**
- 13. Revenue Budget Monitoring Report (copy to follow).**
- 14. Date of Next Meeting: Wednesday 29 January 2020 at 10.00 am, Council Offices, Main Street, Barrhead.**

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**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 25 September 2019 in
the Council Offices, Main Street,
Barrhead**

PRESENT

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
Councillor Tony Buchanan	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Councillor Paul O'Kane	East Renfrewshire Council
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Ian Smith	Staff Side representative (East Renfrewshire Council)
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Adult Health and Social Care Localities

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Julie Murray	Chief Officer – HSCP
Councillor Jim Swift	East Renfrewshire Council

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 14 August 2019.

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 a report by the Chief Officer providing details of all open actions, and those which had been completed since the last meeting.

Having heard Ms Monaghan confirm that the report would now be amended to remove those actions that had been closed off, the Board noted the report.

CARE AT HOME IMPROVEMENT UPDATE

5. Under reference to the Minute of the previous meeting (Item 6 refers), when the Board had noted the progress report into the delivery of the Care at Home Improvement Plan, the Board considered a report by the Chief Officer providing a further update on the Care at Home Improvement Plan and outlining the performance measures that had been put in place to track progress. In addition a more detailed improvement plan which included timescales for action and whether these actions were being delivered in accordance with the initially agreed target date was appended to the report.

Having heard the Head of Adult Health and Social Care Localities report that the results of the Care Inspectorate's visit at the end of August were awaited and would be brought to the next meeting, Mrs Kennedy questioned why they had revisited so soon which in her opinion was unreasonable.

In reply the Head of Adult Health and Social Care Localities explained that although the Care Inspectorate were being provided with progress reports from the HSCP they did need to visit to independently verify the information provided to them. Furthermore the Head of Adult Health and Social Care Localities reminded the Board that as well as performing a regulatory role, the Inspectorate also acted in an advisory and support role, and were able to provide useful advice and guidance when they visited.

Mr Smith then suggested that the Board acknowledge the positive role played by and contribution made by both staff and trades unions in delivering service improvements, referring in particular to the manifesto produced by UNISON. Both Ms Monaghan and the Head of Adult Health and Social Care Localities commented in response, acknowledging the contributions made by staff and unions to the Partnership.

Responding to questions from Mrs Brimelow on the content of the Care Inspectorate's report and when it would be released, the Head of Adult Health and Social Care Localities reported that all of the senior management team had been in attendance when the Care Inspectorate had reported its findings verbally; that as the findings were not yet public she could not offer any further comment at the present; and that a copy of the report would be shared with all members of the Board as soon as it became publicly available as well as the report being put on the agenda for the first available meeting of the Board.

In addition the Head of Public Protection and Children's Services (Chief Social Work Officer) explained that there was still some way to go to deliver the service improvements that were being sought, but that the direction of travel was clear, and that the Care Inspectorate was being very supportive.

Ms Monaghan having highlighted the national context in relation to home care services which was also having an impact locally, Councillor Buchanan welcomed the improvements to date and that the Care Inspectorate were working constructively with the HSCP to achieve the required service improvements.

Responding to questions from Mr Smith as to whether there had been an increase in the number of service complaints in the preceding 2 years, it was explained that this was not the case; that there appeared to be a general reluctance on the part of service users to complain about services; and that efforts were being made to promote the complaints process, with the intention being to use complaints in a positive way as part of the overall service improvement journey. In addition, whilst recognising that any complaints from services users were in general related to processes and not staff, the Head of Adult Health and Social Care Localities explained that processes did have an impact on frontline service delivery.

The Board noted the report.

ANNUAL REPORT AND ACCOUNTS 2018/19

6. Under reference to the Minute of the Meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Financial Officer seeking approval for the final annual report and accounts for the IJB for the period 1 April 2018 to 31 March 2019, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report 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.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and that they were unqualified, met legislative requirements, had no significant issues and confirmed sound financial governance. The report also confirmed that no changes had been made to the figures as reported to the Board in the unaudited accounts on 26 June 2019.

Councillor Bamforth, Chair of the Performance and Audit Committee, reported that the accounts, along with the external auditor's report, had been discussed at length at the committee, and that it had been agreed to remit the report and accounts to the Board with a recommendation that they be approved.

The Chief Financial Officer having been heard further, and in particular thank her own colleagues and Audit Scotland for their support and assistance, Councillor Buchanan highlighted the fact that despite challenging financial circumstances the accounts were again unqualified.

Thereafter the Board:-

- (a) approved the audited annual report and accounts; and
- (b) authorised the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB;

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2018/19

7. The Board considered a report by the Chief Social Work Officer providing details of her Annual Report for 2018/19. A copy of the Annual Report was appended to the report.

The Annual Report provided an overview of the professional activity for social work within East Renfrewshire for 2018-19 through the delivery of statutory functions and responsibilities held by the Chief Social Work Officer. Details of challenges and risks facing social work and the Council were outlined which included the continuing challenging financial climate and the uncertainty for all public services, the increasing expectations and demands from the public and stakeholders, the increasing cost of supporting vulnerable people, and the impact of policy and legislation, service redesign to achieve savings and potential unintended consequences for service users, and management of increased service demand at a time of diminishing resources.

The Chief Social Work Officer was heard further on the report, referring in particular to the strong progress that had been made across services and to the very positive working relationships between the HSCP and partners, particularly the Council's Education and Environment Departments.

A number of areas of good performance were highlighted including the positive work with Care Experienced Young People and the funding provided by the Robertson Trust to enable the expansion of the Family Wellbeing Service.

She referred to the challenges facing adult social work services and that better use needed to be made of available management information to improve service delivery. In this regard, she referred to the positive work around the use of management information in children's services and that there was an opportunity to use that model for adult services.

In concluding, she stated that overall the service had performed well and acknowledged the contribution made by front line practitioners and partners.

Welcoming the report, Councillor Bamforth acknowledged the strong working relationships between services and partners that had contributed to the strong performance outlined. She highlighted that the success of the Family Wellbeing Service had been complimented at COSLA and that both COSLA and many other authorities were keen to know more about it.

Ms Tudoreanu also welcomed the report and in support of the comments made by the Chief Social Work Officer in relation to better use of data, questioned whether the methods used to gather data were the most efficient and was the data available used to best effect. She also raised issues in relation to support from the Council in relation to domestic abuse.

In reply, the Chief Social Work Officer commented on the way in which data was used but cautioned on the dangers of overuse of data leading to a breakdown in established personal relationships. She also indicated she would be happy to discuss other matters further with Ms Tudoreanu.

Councillor Buchanan then welcomed the report, paying tribute to the work of the Chief Social Work Officer and her staff. Reference was made in particular to the focus on the preventative agenda introduced some time ago and the benefits this was now starting to deliver. Support for a preventative approach was echoed by Mr Matthews who also welcomed the positive tone and messages from the Chief Social Work Officer.

Councillor O'Kane also welcomed the report and the strong emphasis on partnership working, the levels of which were not enjoyed in many other areas.

Commenting on the report, Ms Monaghan noted that it recorded fewer initiatives in respect of adult services and enquired when positive results from those initiatives that had been introduced were expected to materialise. She also suggested it would be helpful for a report to be submitted to a future meeting explaining how data use had led to service improvements in children's services.

In reply, the Chief Social Work Officer outlined that the initial focus on service improvement had been on children's services, and improvements in those service areas had been down to cultural changes and staff willingness to work in different ways. Now that this method had been established and a "blueprint" developed there was a strong possibility that this could be applied to adult services. This approach was supported by the Head of Adult Health and Social Care Localities.

Commenting further, Ms Monaghan did acknowledge the competing pressures of responding to the Care Inspectorate whilst at the same time seeking transformational change, the Chief Social Work officer agreeing that this challenge did lead to tensions in the service.

Thereafter the Board noted the Chief Social Work Officer's Annual Report.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT

8. The Board took up consideration of a report by the former Clinical Director submitting the HSCP's Annual Clinical and Care Governance Report for 2018-19. A copy of the Annual Report was appended to the report.

The Chief Nurse was heard further on the report in the course of which she highlighted that it was a high level summary and did not provide details on the full range of service provision.

Councillor Buchanan welcomed the report and in particular the continuing high immunisation rates, referring to the health related problems that had been caused in many areas due to a drop in immunisation levels.

Ms Monaghan having referred to a number of positive initiatives outlined in the report and in particular the Family Wellbeing Service pilot, now extended across all GP practices, the Board noted the report.

CHARGING FOR SERVICES 2020/21

9. The Board considered a report by the Chief Officer, to be considered by the East Renfrewshire Council Cabinet, seeking the Board's endorsement for proposed charges for services provided by the HSCP for 2020/21.

Having explained that authority for setting charges for social care had not been delegated to the Board and still lay with the Council, the report provided details of current charges, and outlined the proposed charges for 2020/21.

It was explained that the stand rate of inflation at 2.6% was the basis of increase to existing charges. Furthermore, the proposed contribution level for Individual Budgets was proposed to be 5% of the chargeable element of the budget, and that where an individual budget was in place the contribution would supersede any charge for individual aspects of a care package. A copy of the non-residential care charging policy that was in place to support the proposed charges as outlined accompanied the report.

Commenting further, the Chief Financial Officer clarified that the proposed increases, if approved, would generate an additional £26k of income. In addition, in response to Mrs Kennedy, she explained the process for the new charges being approved and the timescales for notifying service users of a price change.

Welcoming the report and in particular the proposed non-residential care charging policy, Ms Monaghan highlighted that the policy was silent on whether or not non-residential palliative care was chargeable. In reply, the Chief Financial Officer confirmed that palliative care in a residential setting was non-chargeable and with the Board's agreement an alteration would be made to the policy to confirm that non-residential palliative care would also be non-chargeable. This was agreed by the Board.

In addition Ms Monaghan also highlighted the absence of any reference to Independent Living Fund in the list of income sources disregarded in the financial assessment. In reply, the Chief Financial Officer reported that this had been addressed in the individual budget model but had not been reflected in the policy, and that she would make the necessary amendment.

The Board:-

- (a) noted the update;
- (b) endorsed the proposed increases as outlined in the report subject to the amendments as agreed; and
- (c) agreed to remit the proposals to the East Renfrewshire Council Cabinet for consideration.

REAPPOINTMENT OF IJB MEMBERS

10. The Board considered a report by the Chief Officer seeking the reappointment for a further three year term of a number of members of the Board, details of whom were listed

The report explained that the terms of office of members of the Board were prescribed both in legislation and the Board's own Standing Orders. It was noted that if approved, the reappointments would last for a further 3 years until September 2022.

The report also referred to the 3 current vacancies on the Board, explaining that as and when those vacancies were filled those appointments would be for three years.

The Board approved the reappointment of those members listed in the report.

REVENUE BUDGET MONITORING REPORT

11. 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 as at 31 July 2019.

It was reported that against a full year budget of £118.499M there was a projected overspend of £0.368M (0.31%), with details of the projected overspend being provided. It was noted that this was an improvement of £0.099M from the position to 30 June reported at the August meeting of the Board. 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.

The Board noted the report.

DATE OF NEXT MEETING

12. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 27 November 2019 at 10.30 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 November 2019
Agenda Item	4
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 25 September 2019.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 25 September 2019.

RECOMMENDATION

2. Integration Joint Board members are asked to note the contents of the report.

REPORT

Clinical and Care Governance Annual Report -

3. The data is relation to the reduction in GP appointments as a result of the Children First Tier 2 will not be available until the next reporting period which will be late Spring/Summer 2020.

Participation and Engagement Strategy – Update on Progress

4. The paper to update on progress has been deferred to the new year. Your Voice are holding a planning meeting on 21 November to consider participation and engagement in the context of the feedback from the strategic inspection and the new locality planning arrangements. They are working towards a wider community event in the early new year.

HSCP Strategic Improvement Plan

5. The single strategic improvement plan will be presented to the Integration Joint Board in January 2020. The plan brings together recommendations and themes from the Audit Scotland report, the MSG self-evaluation and the Joint Strategic Inspection

Charging for Services

6. The HSCPs charging report is being presented to Cabinet on 28 November 2019.

Budget Update 2020/21

7. Due to the general election the Scottish budget due to be announced on 12 December has been postponed. The IJB will be updated in due course.

RECOMMENDATIONS

8. Integration Joint Board members are asked to note the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray

November 2019

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 November 2019
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last meeting on 25 September 2019.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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ACTION LOG: Integration Joint Board (IJB)

27 November 2019

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due	Progress Update /Outcome
266	25/09/2019	6	Care at Home Improvement Update	Continue to submit progress reports to each meeting until further notice.	CO	CLOSED	27/11/2019	Included on IJB agenda 27.11.2019
265	25/09/2019	6	Care at Home Improvement Update	Arrange to issue a copy of the Care Inspectorate report to members of the IJB as soon as it is published and submit a copy to the next meeting of the Board.	CO	CLOSED	27/11/2019	Circulated to members 12/11
264	25/09/2019	7	Annual Report and Accounts 2018/19	The Chair, Chief Officer and Chief Financial Officer should now accept and sign the annual report and accounts on behalf of the Integration Joint Board.	CO	CLOSED	25/09/2019	
263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a copy of the report to the Council	CSWO	CLOSED	30/10/2019	Presented to Council 30.10.2019
262	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	18/03/2020	Paper added to forward planner for March IJB
261	25/09/2019	9	Clinical & Care Governance Annual Report	Collate and circulate information in relation to the reduction in the number of GP appointments required as a result of the introduction of new working practices and initiatives such as the Tier 2 pilot.	HAHSCL/CSWO	OPEN	24/06/2020	Information not yet available
260	25/09/2019	10	Charging for Services	The Board endorsed the proposed charges subject to minor amendments around free palliative care provision and disregarding ILF payments and agreed that the report subject to those amendments be remitted to the East Renfrewshire Council Cabinet. Appropriate arrangements should now be made.	HAHSCL	CLOSED	21/11/2019	Charging policy amended
259	25/09/2019	11	Reappointment of IJB Members	Update all relevant records etc and advise the members of the committee of their reappointment.	DSM	CLOSED	27/11/2019	
251	26/06/2019	5	Rolling Action Log.	Submit update reports on Action Nos 59 (Participation & Engagement)	HAHSCL	OPEN	27/11/2019	Deferred to January 2020
251	26/06/2019	5	Rolling Action Log.	Submit update reports on Action Nos 208 (Improvement Plan) to the September meeting	HAHSCL	OPEN	27/11/2019	The improvement plan will be presented to IJB in January 2020. An paper on the Joint Strategic Inspection is included on Nov IJB agenda
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	20/03/2020	Added to forward planer - Timing of progress report will be dependt on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde
242	26/06/2019	11	Individual Budget Update	Submit a progress report to a future meeting.	CFO	OPEN	30/01/2020	Added to forward planner - schduled for Jan 2020
239	26/06/2019	13	Primary Care Improvement Plan – Year 2 Report	Bring forward a progress report in November 2019.	Localities Improvement Manager	OPEN	30/01/2020	Update deferred to January to allow inclusion of update on community treatment rooms which are due to go live in January
238	26/06/2019	14	Planned housing developments in East Renfrewshire: Measuring Impact on GP Practice populations	Make arrangements for a seminar to be held to consider the wider implications for health and social care of increasing housing development, prior to submitting an options paper to the Board in Autumn 2019.	Localities Improvement Manager	OPEN	31/12/2019	Agreed to postpone until December
237	26/06/2019	15	Sexual Health Services Transformational Change	Submit the report to a future meeting.	CO	OPEN	27/11/2019	Included on IJB agenda 27.11.2019
232	01/05/2019	8	East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report	The Board also recognised the value of engaging with young people and recommended that this method be used as an exemplar for engagement by other services. Submit a report on engagement strategies to a future meeting.	CSWO	OPEN	27/11/2019	This will be included in Participation and Engagement paper which will be presented to IJB in January 2020

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225	01/05/2019	11	Talking Points	Submit a report to a future meeting monitoring the use of the funding provided to the Carers Centre and also on the training and support being provided by Voluntary Action East Renfrewshire	HAHSL	OPEN	30/01/2019	Added to forward planner - scheduled for January 2020
221	20/03/2019	6	East Renfrewshire's Family Wellbeing Service	Bring update reports to future meetings, including a report on the proposed evaluation framework for the project	CSWO	OPEN	27/11/2019	Included on IJB agenda 27.11.2019
212	20/03/2019	12	Review of Progress with integration of Health & Social Care	The Board also agreed to formalise the commitments in relation to support for carers and carers reps as set out in para 6(iii) of the table and the necessary arrangements	CFO	OPEN	27/11/2019	The Terms of Reference for Your Voice has been updated to include details of expenses and support available. HSCP Replacement Care form developed (Aug 19) awaiting approval and will be shared at Your Voice in Sep
207	30/01/2019	10	IJB Records Management Plan	Make arrangements for a copy of the Records Management Plan and Memorandum of Understanding to be sent to the Keeper of the Records of Scotland for agreement and implementation thereafter.	BSM	CLOSED	27/11/2019	The Keeper of Records Scotland has accepted the RMP (Oct'19) and will publish their assessment report on the National Records of Scotland website
170	27.06.2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSL	OPEN	30/01/2020	Awaiting updated regional report from the regional planning partnership and will share when available.
131	29.11.2017	14	Appointment of Standards Officer	Make a presentation on Code of Conduct to a future seminar	DSM	OPEN	31/10/2019	Seminar date being rescheduled

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 25 September 2019 in
the Council Offices, Main Street,
Barrhead**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Councillor Barbara Grant	East Renfrewshire Council co-opted Member
Anne Marie Kennedy	Non-voting IJB member
John Matthews	NHS Greater Glasgow and Clyde Board
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Councillor Paul O’Kane	East Renfrewshire Council

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Candy Millard	Head of Adult Health and Social Care Localities
Michelle Blair	Chief Auditor, East Renfrewshire Council

ALSO IN ATTENDANCE

Elaine Barrowman	Audit Scotland
Aimee MacDonald	Audit Scotland

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 26 June 2019.

MATTERS ARISING

3. The committee noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussions which took place at the meeting of 26 June 2019.

It was noted that since the previous meeting, a further 1 whole time equivalent Advanced Practice Physiotherapist had been recruited. As this was a recent appointment it was too early to see the impact but a further update would be brought to the committee in March 2020 when measurable data was available.

It was further noted that the audit actions report would be brought to the next meeting of the committee, reflecting the new action plan resulting from the audit of the 2018/19 annual report and accounts.

The committee noted the report and the additional information.

INTERNAL AUDIT ANNUAL REPORT 2018/19 AND PROPOSED AUDIT PLAN 2019/20

4. The committee considered a report by the Chief Auditor, East Renfrewshire Council, relative to the Chief Auditor's Annual Report for 2018/19 which contained an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the IJB. A copy of the Chief Auditor's Annual Report accompanied the report as an appendix.

The report explained in summary that the Annual Report concluded that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2019.

In addition, details of the proposed 2019/20 audit plan, for which approval was sought, were contained in the report.

The Chief Auditor was heard further on the report and confirmed that Internal Audit were satisfied that reasonable assurance could be placed on the control environment which operated in the East Renfrewshire Integration Joint Board.

Commenting on the proposed plan, Ms Monaghan welcomed the proposed review of risk management arrangements

The Chief Auditor having confirmed in response to a question from Ms Monaghan that there was adequate contingency available to deal with unforeseen matters during the year should they arise, the committee:-

- (a) noted the contents of internal audit's annual report 2018/19;
- (b) noted the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2018/19; and
- (c) approved the proposed 2019/20 audit plan.

AUDIT SCOTLAND REPORT

5. The committee took up consideration of the external audit annual report for 2017/18, which summarised the findings arising from the 2018/19 audit of the IJB.

The report provided a number of key messages. These included that the auditor's report was unqualified; that the IJB had appropriate and effective budgetary processes in place with

budgetary processes providing timely and reliable information for monitoring financial performance; that a surplus of £0.528 million had been incurred in 2018/19 giving a total reserves balance of £5.337 million as at 31 March 2019; that medium-term financial planning detailed a funding gap of £3.1 million for 2019/20 with savings already identified to address this gap; .and that potential funding gaps could be up to £5.4 million per year or £16.2 million cumulatively over the period to 2023/24 depending on future funding levels.

Included in the appendices accompanying the report was an action plan which set out the proposed management action in respect of areas where recommendations had been made.

Councillor Bamforth introduced Elaine Barrowman and Aimee MacDonald from Audit Scotland.

Ms Barrowman having explained the background to the production of the report, Ms MacDonald then went through the report's key issues. These included that the report was unqualified, that there were no matters to be brought to the committee's attention, and that there were no misstatements or significant findings.

Ms MacDonald having referred to the 2019/20 recommendations for improvement contained in the action plan and having thanked the Chief Financial Officer and her team for their assistance in the preparation of the report, full discussion then took place.

Referring to comments in the report on EU withdrawal, Mrs Kennedy highlighted the significant role played by third sector organisations, in many cases with funding received from the EU, and that the report was silent on the potential impact on service delivery if third sector funding from the EU was reduced.

Discussion also took place on responsibility for service provision. In response to Councillor Grant, it was clarified that scheduled hospital admissions were the responsibility of NHS Greater Glasgow and Clyde (NHSGGC) whilst unscheduled admission responsibility lay with the HSCP. It was recognised that failure to deliver services either on a planned or unplanned basis could have adverse consequences for partner organisations.

Responding to comments from Mr Matthews, the Chief Financial Officer explained the structure of the Audit Scotland report. She confirmed that there had been a lot of discussion between Audit Scotland and officers from the HSCP in the production of the report.

Having commented on the proposed action in relation to a review of the Management Commentary, Ms Monaghan highlighted that the biggest concern continued to be the financial pressures facing the HSCP and questioned whether thought now needed to be given to the introduction of thresholds and/or eligibility criteria for care provision.

In reply the Chief Financial Officer reminded the committee that the 5 year medium-term financial plan had been considered in March and at that time had highlighted that service provision was based on settlement levels. She acknowledged that the cost of care packages was something that could be controlled through a review of eligibility criteria and that this may require further consideration in the future, depending on the prevailing financial circumstances.

Discussion also took place on the significant audit risks identified during planning in the course of which Ms Barrowman explained that the role of Audit Scotland was to examine the arrangements in place for the managing and reporting of risk, and confirmed that in this case Audit Scotland was satisfied that appropriate arrangements were in place.

She further clarified in response to Mr Matthews that any work carried out in relation to national policies and strategies would in most cases be led by Audit Scotland's Performance Audit or Best Value teams.

Thereafter the committee noted the report

ANNUAL REPORT AND ACCOUNTS 2018/19

6. Under reference to the Minute of the meeting of 26 June 2019, the committee considered a report by the Chief Financial Officer seeking approval for the final annual report and accounts for the IJB for the period 1 April 2018 to 31 March 2019, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report 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.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and that they were unqualified, met legislative requirements, had no significant issues and confirmed sound financial governance.

It was further explained that the key messages that had been highlighted when the unaudited accounts had been considered by the committee in June remained unchanged.

Commenting further, the Chief Financial Officer referred to the minor changes made to wording including further detail on care at home in the governance statement. Some presentation change to the reserves statement had also been made for ease of understanding and targets had been added to the performance information for context.

The Chief Financial Officer thanked staff for their efforts in producing the annual report and accounts.

Ms Monaghan referred to poor performance in relation to access to mental health services, and questioned why more was not being done taking into account that the accounts had shown an underspend on mental health service provision.

In reply the Chief Financial Officer acknowledged the poor performance, highlighting that the table referred to by Ms Monaghan contained all those services where it was recognised improvement was required. Furthermore, she explained the reasons behind the underspend, and that the format of the revenue budget monitoring report submitted to each meeting of the IJB had been amended to provide more information in relation to service expenditure.

The position regarding Bonnyton House was also outlined it being noted that service provision had not been maximised as the property was to be the subject of refurbishment. This was scheduled to commence early in 2020, following which service provision would be maximised. It was noted that the refurbishment would require the decant of residents and clients but that a satisfactory temporary accommodation solution had been identified.

Thereafter, the committee agreed that the audited annual report and accounts be remitted to the IJB for approval.

PERFORMANCE UPDATE REPORT – QUARTER 1 2019/20

7. The committee considered a report by the Chief Officer providing an update on progress against the strategic performance measures during the period 1 April to 30 June 2019.

Commenting on the report the Chief Financial Officer explained that due to timing issues from the various sources, only one third of the measures provided contained new data. As a result the normal “traffic light” performance summary had not been included but would be reintroduced for subsequent reports.

Thereafter the Chief Financial Officer was heard on the report. Comment was made on a number of performance highlights and other areas of strong performance as well as examples where further improvement was sought or where performance had declined.

Referring to waiting times for Children and Adolescent Mental Health Services (CAMHS) Mrs Kennedy enquired if the introduction of the Family Wellbeing Service had led to a drop in demand for CAMHS services. It was noted that this information could be provided.

Commenting on the “Notes and History” column of the performance report Ms Monaghan suggested that it would helpful to see more about timescales and targets. In reply, the Chief Financial Officer explained that the report was “backwards looking” and expressed concerns that adding further columns in relation to forward planning activity to the report could impact on the format and dilute its impact. Notwithstanding, discussions would take place to see if this could be achieved.

Full discussion also took place on absence levels. It was clarified that that NHSGGC and the HSCP used different methods for recording absence. Notwithstanding it was acknowledged that performance was not as strong as had been hoped and there was room for further improvement. In addition the age profile of the work force was highlighted along with the fact that in some cases absences were for a longer period in order not to potentially have an adverse impact on the health of clients. Absence costs both in financial and opportunity cost terms were considered by the senior management team and work was ongoing with officer from the Council’s Human Resources service to identify appropriate supports for staff.

It was further suggested that having some benchmarking information in the report in relation to absence levels would be useful.

The committee:-

- (a) noted the report;
- (b) noted that officers would review the report format with a view to forward planning and benchmarking information being included in future.

IJB STRATEGIC RISK REGISTER UPDATE

8. 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 been removed since the last update on 26 June 2019 and although 4 risks had been updated, with a summary of the changes being provided, there had been no changes to any of the scores.

It was highlighted that financial sustainability remained high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economy and unknown Brexit implications. There also remained the future year risk that the HSCP could become unsustainable due to one of a number of causes as set out in the report.

In addition it was noted that the In-House Care at Home Service and Failure of a Provider risks were scored at 9 after mitigation had been taken into account.

Commenting on the risk in relation to the Care at Home Service. Ms Monaghan questioned whether the description of the risk should be reviewed to reflect as a potential risk the implications of a failure to comply with the Care Inspectorate recommendations.

In response the Head of Adult Health and Social Care Localities confirmed that officers would reflect on that to determine whether or not a rewording was required.

The committee noted the report.

CONTRACTS AND EXCEPTIONS UPDATE TO JUNE 2019

9. The committee considered a report by the Chief Officer providing information about direct spend through the HSCP framework contracts; grant activities; and non-framework spend together with spend activity on national framework agreements. In addition, the report also provided information in relation to exceptions to ERC Contract Standing Orders along with business reasons for such exceptions.

In response to Ms Monaghan, the Chief Financial Officer confirmed that the introduction of Self Directed Support could potentially lead to an increase in off-framework spend. She explained that people who did self-manage would always be encouraged to purchase services through the framework agreements in place, but that purchasing services off-framework would always remain open to them.

The committee noted the report.

DATE OF NEXT MEETING

10. It was reported that the next meeting of the committee would take place on Wednesday 27 November 2019 at 9.00 am in the Eastwood health and Care Centre, Clarkston.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 November 2019
Agenda Item	7
Title	Transformational Change Programme Sexual Health Services Implementation Plan
Summary	
<p>As part of the Transformational Change Programme for Sexual Health Services, a new service model is proposed which will provide services in a tiered way with routine, scheduled and unscheduled, urgent and complex, and highly specialist services being provided in the tiers. Online services for the routine testing of sexually transmitted infections will be tested in various areas of Greater Glasgow and Clyde. East Renfrewshire will be one of the locations for the demonstration project.</p>	
Presented by	Rhoda Macleod - Head of Adult Services (Sexual Health, Prison & Police Custody Health Care)
Action Required	
<p>The Integration Joint Board is asked to note the proposed timescale for implementation of the service changes as part of the new service model.</p>	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Policy
<input checked="" type="checkbox"/> Risk	<input checked="" type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Directions
<input checked="" type="checkbox"/> Equalities	<input checked="" type="checkbox"/> Infrastructure

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

**Report by Jackie Kerr Assistant Chief Officer, Adult Services,
Glasgow City Health and Social Care Partnership**

**TRANSFORMATIONAL CHANGE PROGRAMME
SEXUAL HEALTH SERVICES IMPLEMENTATION PLAN**

PURPOSE OF REPORT

1. To report to the Integration Joint Board on the service changes and implications for East Renfrewshire of the above Transformational Change Programme.

RECOMMENDATION

2. The Integration Joint Board is asked to note the proposed timescale for implementation of the service changes as part of the new service model.

BACKGROUND

3. The plan for the next 3 years to remodel sexual health services in Greater Glasgow and Clyde (GGC) is set out in the Transformational Change Programme – Sexual Health Services (March 2018) which has been endorsed through engagement with our partners and with the public, and was approved by Glasgow City Integrated Joint Board (IJB) in March 2018.
4. The objectives of the Transformational Change Service Review were to:
 - Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways
 - Encourage those who could be self-managing to be supported differently
 - Ensure that Sandyford services are accessible and targeting the most vulnerable groups.
5. Key service improvements which will be delivered as a result of the Service Review are:
 - Access to service for young people aged up to 18 will be improved with new and more service locations established for them, including early evening and a Saturday afternoon service, resulting in better outcomes for young people.
 - An improved model of service for adults allowing more appointments to be offered across fewer service locations, more people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
 - People will be able to virtually attend services and access sexually transmitted infection (STI) testing.
 - Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations.
 - Improved access to oral hormonal contraception at some community pharmacies throughout Glasgow

- Access to sexual health services will be improved by expanding the provision of Test Express services (fast access testing service provided by Health Care Support Workers for people without symptoms) across all Sandyford locations.
 - Quicker and easier telephone booking and access, and a comprehensive online booking system introduced.
6. A full and detailed paper on the Transformational Change Programme – Sexual Health Services Implementation Plan is being presented to Glasgow City IJB in November 2019 for approval, and can be sent to East Renfrewshire IJB thereafter.

REPORT

Future Service Model

7. The Transformational Change Programme has recommended that the future service model should comprise of 3 tiers of service provision for clients who need to see specialist sexual health services:
- **Tier 3** - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services; located in Glasgow city centre / North West
 - **Tier 2** – four larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care; located in Renfrewshire and Glasgow North West, Glasgow South and Glasgow North East. The South and North East services will also integrate tier 1 services to establish a more comprehensive service provision including evenings.
 - **Tier 1** - smaller, local services which will offer routine scheduled and emergency care; located in East Renfrewshire, Inverclyde, West Dunbartonshire, East Dunbartonshire and Glasgow city
 - **Young people's services** for those aged up to 18 (and older if care experienced) will be improved to allow easier access to services designed for and with them, and better outcomes for those young people. We will provide routine and emergency care in early evening sessions for young people across all HSCP areas, and will work in partnership to develop these. Over time some of these services may be delivered by appropriately trained staff from within the HSCPs.

Service Improvement and Development Proposals

8. In order to take forward the recommendations of the Service Review, we have developed a range of proposals and activities alongside or as part of the new service model which will mean increased provision of information, prevention and early intervention services; improved access to specialist sexual health care and treatment and appropriately skilled staff; and a better, more efficiently organised service. In East Renfrewshire we will establish a transitional 1 day tier 1 service in Barrhead while online services for East Renfrewshire residents are tested. Young People's evening service will be provided from a suitable location, to be agreed with the HSCP.

Online Service Development

9. An online service for residents in East Renfrewshire will be developed from January 2020 which will support people with simpler and more straightforward clinical needs to navigate access to the services they need in a timely manner. The service will primarily be for people aged over 18, however 16 and 17 year olds can still access services through additional online safeguarding protocols. The option for people to utilise online testing services places them at the centre of their own healthcare decision making process, and may encourage people to access services who are usually unable to travel or access physical services. By providing a service in this way to those who have more straightforward needs, time and capacity will be freed up at the local services for those with more complex needs to see specialist sexual health staff.
10. People who live in East Renfrewshire and who ordinarily use Sandyford services for routine sexually transmitted infection (STI) tests will be access this online as a fully integrated service to ensure a seamless and fast-tracked pathway for people who need treatment and/or follow up. Service users will have access to a website where they are triaged online, and can then order a home-delivered test for Chlamydia, Gonorrhoea, Syphilis and HIV, receive their results and then be referred to appropriate clinical services for treatment and ongoing care if needed.
11. This online service will be established initially as a demonstration project for 12 months with physical services being retained locally on 1 day a week to allow evaluation of the online service. The objectives of this pilot are to:
 - Evaluate who uses the service, which services they use, and the outcomes.
 - Reduce the need for physical access for routine appointments
 - Redirect resources in order to increase capacity to work with complex clinical cases
12. The anticipated benefits of providing the online service are:
 - Client-centred approach to routine sexual health care needs
 - Timely turn-around reducing waiting times for access to STI testing
 - Clinicians able to focus their time and resources on complex cases
 - Reduced DNA rates for routine appointments
 - Potential to model future online services
 - Demand for services in the East Renfrewshire location may reduce

Pharmacy Contraception provision

13. We are working with Community Pharmacy colleagues and will establish and test 7 day a week delivery of oral hormonal contraception in sites across East Renfrewshire.

ENGAGEMENT AND PARTNERSHIP WORKING

14. We have engaged with East Renfrewshire HSCP about the service changes in the local area and have met to discuss the specific service model and the introduction of online services for people living in the area. Once the online service has been established we will conduct evaluation and consultation exercises with users of the service, staff and partners (eg Primary Care) to feed in to the evaluation of the demonstration project.
15. Development of the Implementation Plan for the Transformational Change Service Review has had multi-partner and multi-agency involvement. Staff Partnership Forum has been represented on the Implementation Board and Sandyford staff have been involved and informed. We have engaged in discussions with partners in all HSCPs in

GGC in order to agree the number and locations of future tier 1 and tier 2 services. These discussions are ongoing and in some cases will continue throughout the life of this Implementation Plan to determine the exact shape of the future Sexual Health service. We will continue to engage with staff through the Staff Reference Group which was established as part of the Service Review implementation phase. This acts as a forum for the exchange and development of ideas, views and concerns, to enable staff to discuss the emerging Implementation Plan, and to test out the implications of service change proposals for staff.

16. A public engagement process was undertaken between 5th August and 13th September 2019. We worked with Glasgow city HSCP and the Scottish Health Council to develop the public engagement in order to gather views on our proposals from a wide range of stakeholders including service users, members of the public, partner organisations, staff, and other interested parties. The engagement process included the following:
 - A summary document outlining the proposals was available as a pdf online on the HSCP and sexual health websites and via Sandyford Twitter, and printed copies were available in all Sandyford services (1500 printed).
 - A short animation was developed, highlighting the proposals of the summary document in a more accessible format.
 - Feedback was sought via a short online survey and also available in paper copies with prepaid envelopes to support returns.
 - Electronic copies of the summary were emailed to 3000 Sandyford service users, 180 voluntary sector and community groups, NHS and partner organisations, and to Sandyford staff
 - Face to face briefing meetings were held with local groups and forums on request.

17. Conclusions of the Engagement
 - There was a good level of engagement with the online survey from the public, staff and other professionals
 - Most respondents were positive about the proposed service changes with the public viewing the overall proposals more positively than staff
 - Measures to facilitate faster and easier access to the service were well received and many reported frustrations at the current service access barriers
 - There is a high level of support for some of the innovative approaches and service provision elements
 - The online booking facility is more important to public whilst still rating high for staff and others
 - There is some concern about people needing to travel further to access service especially from staff in a range of services. Alongside this sits concern about relocating services from some of the areas in Glasgow City, especially from areas of deprivation.
 - There was a good level of engagement with young people in a separate survey
 - 91% of respondents (YP) said the proposed opening times 3.30-7.30 pm were ok for them
 - Overall, the majority of respondents (YP) considered the proposed location of the young people's clinic, within their locality, to be acceptable.

18. Further engagement and evaluation will take place throughout the life of the Implementation Plan and will focus on issues including:
 - Service user confidence and satisfaction with new services
 - Staff/professional confidence and satisfaction with new ways of working

- Primary Care and other Partners' confidence and satisfaction with new services
- Equity
- A shift of non-complex work away from most senior specialist clinicians
- Impacts on the wider healthcare system
- any emerging issues which could be addressed in the short term and/or any major issues or risks which may impact on long term implementation

19. We will also carry out a marketing engagement exercise to establish the new names of the tiered services that are recognisable and meaningful to service users, partners and professional colleagues, staff and the public.

IMPLICATIONS OF THE PROPOSALS

Finance

20. There are no financial implications for East Renfrewshire HSCP. Transitional funding will be required to establish the online service, however this will be found from the overall financial framework.

Staffing

21. There are no staffing implications for East Renfrewshire HSCP

Infrastructure

22. There are no negative infrastructure implications for East Renfrewshire HSCP. If the online service evaluates successfully and is extended and embedded, accommodation used by the current sexual health service in Barrhead may become available.

Risk

23. There are some risks associated with the introduction of online services and the establishment of a tiered level of service provision.

- Some people will have to travel further to receive more intensive specialist care
- Some people will be required to utilise technology to access care/advice and services
- Feasibility, acceptability and cost-effectiveness of online testing and other services has yet to be demonstrated in Scotland
- HSCPs and other partners need to actively engage in supporting change, providing and maintaining suitable premises, developing Technology Enabled Care (TEC) services in the community, capacity building in their own workforces

Equalities

24. In line with policy, an assessment of the impact of any service changes on protected characteristic groups has been carried out alongside the Implementation Plan. The EQIA is appended to this report.

23. Policy

25. None

24. Legal

26. None

25. Directions

27. None

RECOMMENDATIONS

28. The Integration Joint Board is asked to note the proposed timescale for implementation of the service changes as part of the new service model.

REPORT AUTHOR AND PERSON TO CONTACT

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Contact:

Rhoda MacLeod

Head of Adult Services for Sexual Health Services, Police Custody and Prison Healthcare

Tel: 0141 211 8179

Chief Officer, East Renfrewshire IJB: Julie Murray

BACKGROUND PAPERS

NHS GGC Equality Impact Assessment Tool - Transformational Change Programme – Sexual Health Services

<https://glasgowcity.hscp.scot/sites/default/files/publications/GCHSCP%20EQIA-Transformational%20Change%20Programme%20-%20Sexual%20health%20Services.pdf>



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 November 2019
Agenda Item	8
Title	Family Wellbeing Service Annual Report 2018-19
<p>Summary</p> <p>The Family Wellbeing Service Annual Report 2018-19 relates to the delivery and expansion of the service to support children and young people who present with a range of significant mental and emotional wellbeing concerns.</p>	
Presented by	Kate Rocks, Head of Public Protection and Children's Services / Fiona McBride, Children 1st Assistant Director
<p>Action Required</p> <p>IJB are asked to note:</p> <ul style="list-style-type: none"> • The content of the Family Wellbeing Service Annual Report 2018-19 and the increasing numbers of children and families accessing the service during that period. • The further expansion and upscale activity undertaken since 1 June 2019 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input checked="" type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

Report by Kate Rocks Head of Public Protection and Children's Services

FAMILY WELLBEING SERVICE ANNUAL REPORT 2018- 19

PURPOSE OF REPORT

1. This Family Wellbeing Service Annual Report 2018-19 relates to the delivery and expansion of the Family Wellbeing Service to support children and young people who present with a range of significant mental and emotional wellbeing concerns. From September 2017 the service had been delivered by Children 1st as a two year pilot originally taking direct referrals from two predetermined GP practices. During Year 2 the service expanded to six GP Practices, and from June 2019 with increased investment from HSCP and the Robertson Trust the service has begun a phased implementation across the remaining East Renfrewshire GP Practices. This report will provide details of:
 - the activity and impact of the service during 2018-19
 - the progress made since 1 June 2019 to expand and upscale to all GP Practices in East Renfrewshire

RECOMMENDATION

2. IJB are asked to note:
 - the content of the Family Wellbeing Service Annual Report 2018-19 and the increasing numbers of children and families accessing the service during that period.
 - the further expansion and upscale activity undertaken since 1 June 2019

REPORT

3. The Family Wellbeing Service Annual Report for 2018-2019 is attached. The report also contains a description of the activity undertaken from June 2019 to upscale the service to all GP practices in East Renfrewshire. By September 2019 the staff structure has been completed and ten GP practices have been incorporated into the programmes referral process; this will increase to all practices by the end of the year. A local Programme Board has been established to oversee the expansion and new success and impact criteria have been agreed between the three partners.

CONSULTATION AND PARTNERSHIP WORKING

4. Children 1st have built in processes to frequently capture feedback from users of the service. This in turn allows the service to consider what is working and what needs improved. In addition Children 1st have been working with the Scottish Recovery Network (SRN) and East Renfrewshire HSCP to develop an external evaluation model to capture the impact of Family Wellbeing Service with former recipients of the service.
5. This programme is a partnership between East Renfrewshire HSCP, the Robertson Trust, local GP Practices, and Children 1st to provide a targeted service intervention. The implementation of this partnership is governed by a Programme Board, with senior managers from each partner organisation, which has overall control and responsibility

for the project. Operational responsibility is devolved to an Operational Group which will oversee the day-to-day delivery of the service. Other local partners include Education/Schools and Psychological Services. Children 1st now attend the Improving Outcomes for Children and Young People Partnership which is the key multi agency planning forum for children's services in East Renfrewshire. The Robertson Trust have commissioned Iconic Consultants to carry out evaluation of the social bridging finance model.

IMPLICATIONS

Finance

6. East Renfrewshire Family Wellbeing Service - Investment Budget 2019-2022

Expenditure	Year 1	Year 2	Year 3	
Investment from HSCP	£320,000	£320,000	£320,000	£960,000
Investment from The Robertson Trust	£350,677	£339,864	£353,815	£1,044,355
Total	£670,677	£659,864	£673,815	£2,004,355

Staffing

7. The complement of staff delivering the programme is outlined within the Annual Report.

Infrastructure

8. Although the service is based in Eastwood Health and Care Centre it can be accessed from the Barrhead Health and Care Centre by pre-arranged appointment. The service is also delivered when appropriate at family home or other agreed locations. Children 1st are working towards securing a permanent service base in East Renfrewshire.

Policy

9. No immediate policy implications have been identified.

Equalities

10. The service is recording and monitoring referrals and take up in relation to age, gender, ethnicity, disability, and sexual orientation, to ensure it is fully accessible to eligible children and families residing within East Renfrewshire. This can be seen within the body of the report.

CONCLUSIONS

11. HSCP Children and Families and Children 1st, has been successful in securing significant investment from The Robertson Trust to continue, and to expand the delivery of the Family Wellbeing Service. This new funding has been approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1st, and The Robertson Trust. The new funding partnership began on 1 June 2019. The Family Wellbeing Service Annual Report details the service activity over 2018 - 2019 and also provides an update on the expansion and upscaling of the service from June to September.

RECOMMENDATION

12. IJB are asked to note:

- the content of the Family Wellbeing Service Annual Report 2018-19 and the increasing numbers of children and families accessing the service during that period.
- the further expansion and upscale activity undertaken since 1 June 2019.

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0755
24 October 2019

Chief Officer, IJB: Julie Murray

November 2019

BACKGROUND PAPERS

None

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East Renfrewshire Family Wellbeing Service

Annual Report
1st June 2018 – 31st May 2019

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East Renfrewshire Family Wellbeing Service

Annual Report
1st June 2018 – 31st May 2019

BACKGROUND

In September 2017, Children 1st and East Renfrewshire's Health & Social Care partnership (HSCP) developed a one year pilot service called the Family Wellbeing Service to offer early help for children and families who are experiencing emotional distress. The pilot was a success, exceeding service outcomes which resulted in improved emotional wellbeing in children, young people and families. The pilot phase ended in August 2018, however at that time HSCP agreed a further one year funding to partially extend the service to six GP practices.

In 2018 East Renfrewshire HSCP and Children 1st entered into discussions with The Robertson Trust to determine the suitability of their Social Bridging Finance (SBF) model for investing in the East Renfrewshire Family Wellbeing Service programme. The purpose of additional investment would be to develop the expansion of the service to reach even more children and families in East Renfrewshire. For the second year of delivery the service has been extended to work with six GP practices however the new funding will increase this to up to all GP practices in East Renfrewshire over the next three years. This will take place through a phased scale-up with an initial six month development stage to ensure any learning and reflections are fully incorporated into the delivery of the service.

The initial six month development stage commenced on 1st June 2019. This report reflects progress in the service prior to this date, and provides an outline of progress within the development stage of Social Bridging Finance.

REFERRALS

During the reporting period, the Family Wellbeing Service continued to receive referrals from the two GP practices engaged during the first year pilot, and from August 2018 began engaging with a further 4 practices. These practices commenced referral to the service in phases during and after the reporting period. Table 1 highlights referrals to the service from each practice during the period 1st June 2018- 31st May 2019:

Table 1: Referrals to Family Wellbeing Service

1 st year pilot GP practices	Number of Referrals Jun 2018 – May 2019	Total number of referrals Sept 2017- May 2019
GP Practice 1	41	69
GP Practice 2	8	25
2nd year GP practices		
GP Practice 3	2	2
GP Practice 4	1	1
GP Practice 5	3	3
GP Practice 6	0*	0
TOTAL No. REFERRALS	55**	100**
No of referrals (excluding re-referrals)	54	99

*While GP Practice 6 did not refer during the reporting period, they were engaged by the service and commenced referrals to the service in August 2019.

**Number of referrals includes one re-referral, therefore the number of referrals for unique individual families is also provided.

Demographics of young people referred to Service

This section provides data on all **99** children and young people referred to the service from September 2017 until 31 May 2019. This is to reflect the fact that engagement with families is determined by need and agreed work plan; therefore during this reporting period we continued to support some families referred to the service before this reporting period.

Table 2: Age at Referral

Age when Referred to Family Wellbeing Service	Total
8-11	32
12-15	46
16 +	21

Table 3: Gender Identity of Children/Young People Referred

Gender Identity	Total
Female	57
Male	41
Transgender	1

Table 4: Ethnicity of Children/Young People Referred

Ethnicity*	Total
Asian, Asian Scottish, Asian British	6
Black, Black Scottish, Black British	0
Mixed	1
White British, Scottish, Irish	78
White European	2
Other	0
Not known**	12

*The categories for ethnicity have been defined in line with Children 1st's information management system.

**The child/young people who have ethnicities described as 'not known' are those that had not progressed beyond initial engagement at the end of the reporting period and their ethnicity had not yet been discussed with them.

Table 5: Education/Employment Status of Children/Young People Referred

Education/Employment	Total
East Renfrewshire Primary Schools	27
East Renfrewshire Secondary Schools	51
Independent Schools	6
Attends college/university	9
Full time employment	1
Unemployed	1
Unknown	4

SERVICE ACTIVITY - 1st June 2018 – 31st May 2019

Table 6: Referral Outcomes

Number of children/young people who have received service	88
Open to allocated worker at report end date	59
Waiting list at report end date	0
Closed following completed service delivery	29
Closed due to family not engaging with the service	7

Table 7 below highlights the range of difficulties and challenges in relation to the emotional wellbeing and relationships experienced by children, young people and families being supported by the service. This breakdown of presenting issues does not only relate to referral information but also to the emerging and developing stories of the families as the Service has begun to build relationships and gain the trust of children/young people and in most cases, their family.

Table 7: Difficulties and Challenges experienced by children/young people

Experience of Child/Young Person	% of children/young people*
Anxiety	76
Low Mood	61
Social Isolation	46
Self Harm	11
Loss and bereavement	50
Relationship breakdown/difficulties - family	67
Relationship breakdown / difficulties - friends	44
Feelings expressed as anger	34
Difficulty in managing emotions	86
Victim of sexual violence (peer)	9
Parents lack of ability to meet children's emotional needs	56
Negative impact of parent's own difficulties or adversity	59
Removed from birth parent(s) care due to abuse/neglect	7
Domestic Abuse (historical or current)	16
Sexual Abuse (of child - historical or current)	0

Parental Substance Misuse (historical or current)	11
Parental Mental Health Difficulties (historical or current)	34
School Related Issues	
Pressure to achieve	34
Elective attendance eg arrive late to school, leave early, misses class	26
Emotional distress viewed as a behavioural problem	31
Has experienced bullying	31

*Some children/young people will experience a number of challenges, therefore total will not = 100%

As can be concluded from Table 7 above, the nature of the difficulties and challenges faced by children and young people are complex and often originate within relationships with family, peers, and school. The Family Wellbeing Service recognises the vital role of working with whole families in addressing these difficulties and challenges. Table 8 below highlights the range of sessions offered by the service in the reporting period.

Table 8: Sessions Delivered by Type

Session Type	No. of sessions
Sessions with child/young person only	512
Sessions with parent(s) only	205
Sessions with child and then parent(s) joins for part	55
Sessions with child/young person and parent(s) together	119
Whole family sessions (inc. siblings)	69

The percentage of missed sessions has consistently been less than 1% of planned sessions throughout the operational period of the service.

As a result of the complex nature of challenges faced by the children and young people accessing the service and the support offered to whole families, the duration of the support to families varies according to their needs. Table 9 below highlights the length of support given to families during the reporting period. The data is based on families who were:

- Open before 1 June 2018 and continued to receive support into this reporting period
- Open before 1 June 2018 and closed during reporting period
- Opened and closed during reporting period
- Opened during reporting period and remained open beyond reporting period

Table 9: Duration of Service per child/young person/family

Families who Ended Support during reporting period		Families Open at reporting end date	
Duration of Support	Total Number of Families	Duration of Support	Total Number of Families
12+ months	4	12+ months	9
9-12 months	7	9-12 months	4
6-9 months	5	6-9 months	3
<6 months	13	<6 months	43
	Total = 29		Total = 59

Group Support

In addition to the support provided to individual children, young people and their families, the service has offered a range of group supports for families. These have included:

- Drop In Group for Children/Young People
- Mindfulness Course for Teenagers
- Walking Group for Parents
- Art Drop In for Parents
- Exam Stress Busting Group

As the service enters its next phase, we plan to further develop group support opportunities as well as opportunities to connect with community resources. We have recruited a Project Worker with a specific remit to develop both group and community engagement activities, and to recruit, train and support volunteers in order to further enhance the quality of the service, and increase reach.

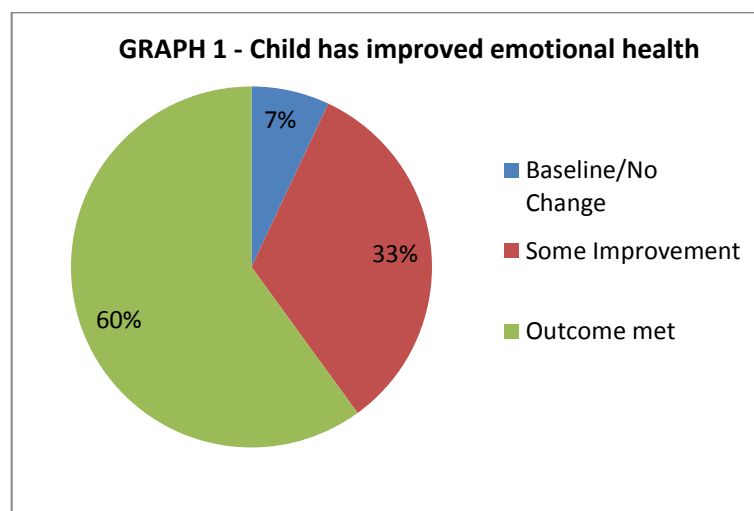
IMPACT

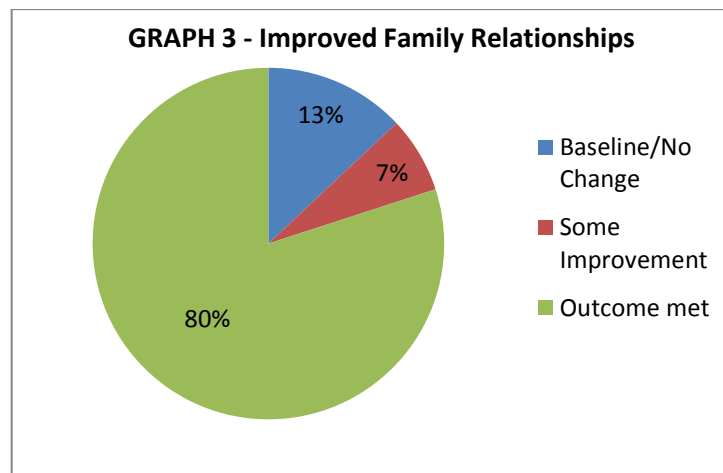
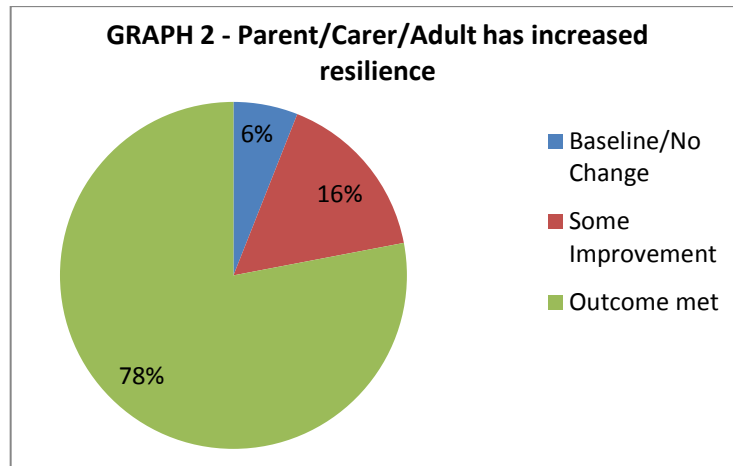
The co-production of the Family Wellbeing Service has enabled us to develop a shared vision of offering families help and support which is underpinned by systemic approaches to make sense of distress, adversity and disconnection in relationships together with families. Through our relationships with families in East Renfrewshire it is hoped that we positively impact families by the:

- Child/young person experiencing improved emotional health
- Parent/Carer/Adult having increased resilience
- Family experiencing improved relationships

Families who have completed support with Family Wellbeing Service

For those families where the support from the service has ended, the following impact has been evidenced through our review process and ending of service sessions with families.





Feedback from Families

The statistics and data which we have provided throughout this report only tells part of the story of the relationships which we build with the families who come to our service for support and help to experience improved emotional wellbeing and better connected family relationships. The qualitative feedback which we receive from family members provides insight to the significant, real life impact of the Family Wellbeing Service. Family members have agreed for us to share the following quotes in this report:

“She is doing amazing. I’m so happy she has had your support. She has got back into a sport she enjoys and has started Uni. The help and support from Hannah has been amazing. She has made some great friendships at Uni – she wouldn’t have been able to do this without Hannah and the Family Wellbeing Service. The help came at the perfect time – she was feeling low. I was worried about her. But now she is just doing great.”

Parent

“I probably wouldn’t be here without Children 1st. That’s the truth.

“From the start, (they) told me it was my choice whether I wanted to keep seeing her. That felt good, it made me feel valued. I was able to share more about the small things that made me feel worse... I didn’t feel like they were stupid and she helped me to sort them. She built my trust... (she) texts me regularly - that makes a difference, especially when people are feeling down or worthless.”

Young Person

"If it wasn't for the Family Wellbeing Service I'd have started self-harming... the months before coming here are a blur. I can't remember much of what happened... I wasn't feeling anything.. I wouldn't be where I am now if I hadn't come here"

Young Person

External Evaluation

Children 1st have been working with the Scottish Recovery Network (SRN) and East Renfrewshire HSCP to develop an external evaluation model to capture the impact of Family Wellbeing Service.

In Early 2019 the Scottish Recovery Network carried out semi-structured questionnaires with 6 parents/carers and 4 young people who had been supported by the service.

The participants were being asked to reflect on:

- the process of engaging with the project
- their life before being supported by Children 1st, the challenges and successes
- the experience of being part of the project
- what helped the most
- how the service could be improved

Participants in the Evaluation highlighted the factors which helped the most during their time with the Family Wellbeing Service. These were:

- the speed of response
- a lack of medical focus
- ensuring that the workers worked with the entire family
- the pace being jointly determined between the worker in the family
- Kitbag – a set of tools designed to help people become calm, resilient and understanding of each other, which in turn builds positive relationships.

Participants in the Evaluation shared the following comments with the researchers from the Scottish Recovery Network:

They helped me find myself and hope to help

Young Person

I am no longer suicidal, nowhere near

Young Person

She's got a lot more confident, she's definitely much improved

Parent

I feel as if someone has got my back. Relationships are a lot better, I understand things a lot better

Parent

The research conducted by the Scottish Recovery Network was jointly presented by SRN and Children 1st at the University of Stirling's Conference, 'Children and Young People's Mental Health and Wellbeing' in September 2019, and will also be presented at the European Conference on Mental Health in Belfast in October 2019.

Influencing Policy Landscape

Earlier this year Children 1st had an opportunity to engage young people in contributing to a 'Call for Evidence' at a Scottish Parliament Public Petitions Inquiry into Young Peoples Mental Health. Being supported by Children 1st, one of our young people was able to submit evidence of their own experiences to this inquiry.

SERVICE DEVELOPMENT AND UPSCALE FROM JUNE 2019

As outlined above, The Family Wellbeing Service is moving into a new period of service development and delivery. Children 1st have entered into a three-way partnership with East Renfrewshire Health and Social Care Partnership and The Robertson Trust, with joint funding commencing from 1 June 2019. This new partnership allows us to reach more families across the whole authority over the next 3 years by providing access to the service from all GP practices in East Renfrewshire. The implementation of this partnership will be governed by a Project Board, with senior managers from each partner organisation, which has overall control and responsibility for the project. In addition the Robertson Trust have commissioned Iconic Consultants to undertake an external evaluation of the Social Bridging Finance model. Operational responsibility will be devolved to an Operational Group which will oversee the day-to-day delivery of the service. Whilst the core model and approach of the service offered to families remains unchanged, the service outcomes have been reimaged and refocused to best represent the needs of the population and scope of the service.

Table 10: East Renfrewshire Family Wellbeing Service - Investment Budget 2019-2022

Expenditure	Year 1	Year 2	Year 3	
Investment from HSCP	£320,000	£320,000	£320,000	£960,000
Investment from The Robertson Trust	£350,677	£339,864	£353,815	£1,044,355
Total	£670,677	£659,864	£673,815	£2,004,355

Three Success Criteria have been identified and agreed to help guide the continued development and delivery of the Family Wellbeing Service, building on the earlier Test of Change pilot. The Success Criteria have been agreed as a means of measuring the systemic impact of the service. In addition to the Success Criteria, there have been a further five Impact Criteria created to deepen our understanding of the impact of the Family Wellbeing Service for families.

Both the Success Criteria and Impact Criteria will provide a guide for future reporting.

Success Criteria

Monitoring Framework

50% reduction in the number of repeat presentations to GP's for young people referred to the Family Wellbeing Service with emotional distress.

• Baseline created on data for 6 months between January and June 2019 for every child referred to the service in this period

90% of families referred to the Family Wellbeing Service are contacted within 2 weeks of referral being received from the GP

• Data collected by internal Children 1st Monitoring system

The service will work with a minimum of 178 children/young people per year

• Data collected by internal Children 1st Monitoring system

Impact Criteria



The impact criteria will be monitored using Children 1st internal monitoring system. The system will produce data based on review of the above impact criteria in partnership with children, young people and their families.

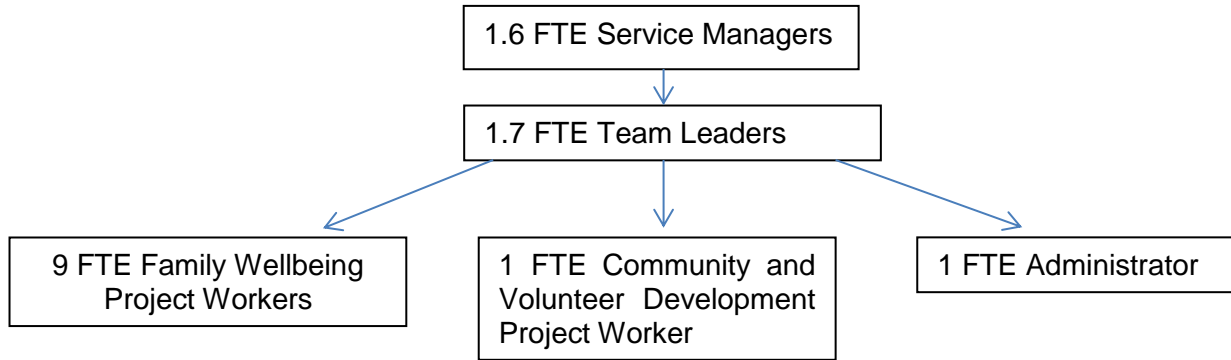
The service has worked in partnership with East Renfrewshire Educational Psychology colleagues in the development of the impact criteria and the use of the Wellbeing Scale developed by Educational Psychology. This Wellbeing Scale will be utilised at the beginning of the support to families and during periodic reviews with children, young people and families, together with feedback from families, professionals, and worker observations to assess progress towards each impact criteria.

Progress of Upscale to August 2019

Staffing

The Staffing model has been reviewed in line with the development of the success criteria and learning from the first two years of service development. The service is now fully staffed in order to deliver against the success criteria during the period of Social Bridging Funding.

Staff Structure:



with an additional 4 GP practices and is in a position to accept referrals. This takes the total of GP practices who are able to refer to the service to 10. The service aims to have engaged with the remaining 5 GP practices in East Renfrewshire by December 2019.

Fiona McBride
Children 1st Assistant Director

19th September 2019

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	20 November 2019
Agenda Item	10
Title	Findings of Joint Inspection by Care Inspectorate and Health Improvement Scotland on Effectiveness of Strategic Planning
<p>Summary</p> <p>The Care Inspectorate and Health Improvement Scotland carried out a joint inspection of Adult Services in East Renfrewshire Health and Social Care Partnership between April and June 2019.</p> <p>The inspection was one of a series on the effectiveness of strategic planning requested by Scottish Ministers. The finding of the inspection was that HSCP showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.</p> <p>The inspectors identified a number of areas for development to be taken forward by the HSCP. They evaluated the service as good for all 3 areas inspected: performance; strategic planning and commissioning; and leadership and direction.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to</p> <ul style="list-style-type: none"> • Note and comment on the Joint Inspection Report • Ask Chief Officer to prepare an action plan in response to the areas for development identified in the report 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

Report by Chief Officer

FINDINGS OF JOINT INSPECTION BY CARE INSPECTORATE AND HEALTH IMPROVEMENT SCOTLAND ON EFFECTIVENESS OF STRATEGIC PLANNING

PURPOSE OF REPORT

1. This report provides the Board with an overview of the findings of Joint Strategic Inspection of Adult Services in East Renfrewshire Health and Social Care Partnership, by the Care Inspectorate and Health Improvement Scotland published in October 2019.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - a) Note and comment on the Joint Inspection Report
 - b) Ask Chief Officer to prepare an action plan in response to the areas for development identified in the report

BACKGROUND

3. The Care Inspectorate and Health Improvement Scotland carried out a Joint Strategic Inspection of Adult Services in East Renfrewshire Health and Social Care Partnership between April and June 2019.
4. The inspection was one of a series on the effectiveness of strategic planning requested by Scottish Ministers. It was one of six inspections that have taken place with this focus. The key elements during the inspection were how well the partnership had:
 - c) Improved performance in both health and social care
 - d) Developed and implemented operational and strategic planning arrangements
 - e) Established the vision, values and aims across the partnership and the leadership of strategy and direction
5. The inspection included analysis of the evaluative statements and evidence submitted by the partnership, followed by fieldwork in East Renfrewshire, which included focus groups, interviews and observation of activities.
6. [The final report](#) of the inspection was published on 9 October 2019. This report gives an overview of the findings of the inspection for consideration by the Board.

REPORT

Performance

7. The report recognises that East Renfrewshire performs relatively well in comparison with other partnerships, such as delayed discharge but noted a number of areas where the HSCP is working to improve performance (intensive care at home, psychological therapies).

8. The inspectors commented on the well-constructed and accessible annual performance report, and the clear link between strategic planning and performance measures. They found a good system of governance and oversight, and that the comprehensive, accessible suite of performance data and performance reports submitted to the Integration Joint Board, supported its governance role.
9. There was evidence that the HSCP produced a wide range of good quality performance data and used it effectively to sustain good performance and bring about performance improvement. However the development and use of performance data at locality and team level was an area for improvement.
10. Overall this element of the inspection was rated good – important strengths with some areas for improvement.

Strategic Planning and Commissioning

11. The Strategic Plan for East Renfrewshire Health and Social Care Partnership was considered to be a well presented public facing document with clear links to needs and financial information.
12. The inspectors commented on the collaborative ‘working together’ approach taken by the partnership, through constructive and enabling conversations. They found that the HSCP strived to secure the participation of people who used services, unpaid carers, staff and third sector but that more was needed to involve the independent sector and housing colleagues.
13. A number of examples of innovative commissioning work were commented on by the inspection team. These included person centred models and supports to shift the balance of care. Proposed changes under Fit for the Future for contract management and market facilitation required to be implemented. The inspectors considered that the move to localities was sound but that the pace of change should be increased.
14. The inspectors commented on the Integration Joint Board’s commendable record of sound financial performance. They reported that the Partnership managed its finances competently and well. It used its reserve funds creatively to develop new services to replace out-of-date services. The medium financial plan was seen as a positive development in the face of the challenges the HSCP was facing.
15. Overall this element of the inspection was rated good – important strengths with some areas for improvement.

Leadership

16. One of the aspects that the inspectors noted was the quality, depth and maturity of integration within the partnership. They commented on the default position at all levels of integrated co-operative working among health, social care and third sector staff. They also noted the strong partnership working with the other HSCP in Greater Glasgow and with NHS Greater Glasgow and Clyde.
17. The inspectors also noted the strong commitment to equality and inclusion. They found that the majority of staff and partners were committed to the vision and working collaboratively to deliver positive outcomes for people.
18. The Integration Joint Board was seen to provide sound governance for the partnership. The report comments that the Board as strongly supportive of the partnership’s work while providing robust challenge when appropriate. Effective clinical and professional leadership for its staff was found to be in place.

19. Change management and related communication with staff were areas for improvement. The inspector's considered that the partnership required additional operational leadership and management capacity to effectively implement key strategies and plans.
20. Overall this element of the inspection was rated good – important strengths with some areas for improvement.

Areas for Development

21. The Inspection Report gives 5 areas for development

Areas for Development	
1	The partnership should improve its planning processes showing how: <ul style="list-style-type: none"> • strategic and locality needs information are updated • service and locality plans contribute to strategic priorities • priorities are to be resourced
2	The partnership should improve its approach to meaningful involvement of a full range of stakeholders for: <ul style="list-style-type: none"> • strategic and locality planning • commissioning • service redesign
3	The partnership should work closely with a full range of stakeholders to develop and implement cross-sector market facilitation approaches
4	The partnership should further develop its quality assurance and self-evaluation approaches to demonstrate how it identifies priority areas for self-evaluation and how these activities are co-ordinated to improve services
5	The partnership should make sure that it has sufficient effective operational leadership and management capacity to fully implement strategies and plans

22. These were similar themes from the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: health and social care integration. It is proposed that the Chief Officer incorporates development actions into a single improvement plan which will be presented to the Integration Joint Board at the next meeting.

CONSULTATION AND PARTNERSHIP WORKING

23. The inspection process included a series of interviews and focus groups with staff and partners. There was a 36% response rate to their independent survey of 582 staff.

CONCLUSIONS

24. The inspection concluded that there was clear evidence that the partnership was improving its health and social services for adults. They found a culture of collaborative leadership, sound governance and a strong commitment to integration. Collaborative working with third sector partners to develop innovative person-centred services and community assets were recognised.

25. The inspectors considered the issues for the in-house care at home service to be a considerable risk for the partnership. They found no evidence of systemic problems with the partnership's governance and performance management systems. The partnership needs to make progress implementing its improvement plan for its care at home service. This will depend on the effectiveness of the operational management of this service.
26. The finding of the inspection was that partnership showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.

Quality indicator		Evaluation	Evaluation criteria
1	Performance	Good	<p>Excellent – outstanding, sector leading</p> <p>Very good – major strengths</p> <p>Good – important strengths with some areas for improvement</p>
6	Strategic planning and commissioning	Good	<p>Adequate – strengths just outweigh weaknesses</p>
9	Leadership and direction	Good	<p>Weak – important weaknesses</p> <p>Unsatisfactory – major weaknesses</p>

RECOMMENDATIONS

27. The Integration Joint Board is asked to:
- Note and comment on the Joint Inspection Report
 - Ask Chief Officer to prepare an action plan in response to the areas for development identified in the report

REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Adult Health and Social Care Localities
Candy.millard@eastrenfrewshire.gov.uk
 0141 451 0749

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Joint Inspection (Adults) – The effectiveness of strategic planning in East Renfrewshire Health and Social Care Partnership
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/joint_inspe ctions_strat_com/east_renfrewshire_oct_19.aspx



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 November 2019
Agenda Item	11
Title	Specialist Learning Disability Services – Environmental Changes to Blythwood House & Claythorn House
<p>Summary</p> <p>This report outlines a requirement to make environmental changes to both Blythwood House and Claythorn House in order to safely meet clinical needs.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources
<p>Action Required</p> <p>The Integration Joint Board is asked to note the content of the report in terms of current demand on the service and to authorise the use of reserve funds to make the necessary changes.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input type="checkbox"/> Staffing <input type="checkbox"/> Property <input type="checkbox"/> IT </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

Report by Chief Officer

SPECIALIST LEARNING DISABILITY SERVICES – ENVIRONMENTAL CHANGES TO BLYTHSWOOD HOUSE AND CLAYTHORN HOUSE

PURPOSE OF REPORT

1. The purpose of this report is to seek authorisation from the Integration Joint Board to invest in environmental changes to both Blythswood House and Claythorn House. These changes are required to safely meet the needs of two patients with complex needs and to ensure the overall safe operation of the service.

RECOMMENDATION

2. The Integration Joint Board is asked to note the content of the report in terms of current demand on the service and to authorise the use of reserve funds to make the necessary changes.

BACKGROUND

3. Blythswood House and Claythorn House provide inpatient mental health assessment and treatment to adults with learning disability from 9 Health and Social Care Partnerships. Blythswood is a community based inpatient facility which is not on a bigger hospital campus and stands alone in the community of Renfrew. Claythorn is our Acute Admissions facility located on the Gartnavel Royal Hospital campus.
4. The service supports people with complex mental health issues, learning disability and often people with both learning disability and autism. Therefore our patient group can be very diverse which demands a careful approach to risk management which includes how we best use the estate to minimise risk and provide a therapeutic environment.

REPORT

5. There is currently a need to reconfigure both units to better accommodate the needs of two individuals and more widely ensure that we can maintain a safe and therapeutic environment.
6. Claythorn House is a 12 bedded unit. However for the past four years it has been operating 11 beds. This is because one patient has required the sole use of two bedrooms. This patient is scheduled for discharge in November 2019. This is a discharge which has required extensive planning over the past 18 months; community provider staff have been working with us within the Claythorn unit for a year and there is an ongoing requirement for close working once the patient is discharged to new accommodation. NHS GGC will also continue to be responsible for this patient's health care for a period of three months post discharge. This essentially means that should this placement encounter difficulties in that period the patient will require to return to our services if we cannot support the patient in their new home.

7. We have also been working closely with our Forensic colleagues to arrange the transfer of a patient from medium secure care, this patient requires a dedicated staff team and for the accommodation in Claythorn to be reconfigured to meet their needs. Essentially this individual requires an additional room to their bedroom and, although not for their sole use, the clinical team feel an additional quiet space will be essential to support all 11 patients safely.
8. Claythorn could not safely meet the needs of both individuals and therefore the transfer of the forensic patient is dependent on the successful discharge of the current Claythorn patient.
9. There is also some urgency in progressing this transfer as the patient awaiting transfer from forensic care has been successful in an appeal against excessive security.
10. We have committed to transferring this patient by the 1st February 2020.
11. Therefore, the service needs to be able to transfer the patient from forensic services to Claythorn and also be able to accommodate the community patient should this person require to return, either on a short or longer term basis.
12. In order to safely achieve this the intention is to reconfigure Blythswood House in order to safely accommodate the patient being discharged from Claythorn.
13. As this individual will require two rooms this would involve Blythswood reducing from its current 15 beds to 14 beds however a number of environmental changes, including an element of building work will be needed.

Scope of Environmental Changes

Claythorn

14. Claythorn will require both rooms currently occupied by the patient to be completely refurbished. This will include replacement en suite facilities, flooring and redecoration. One of these rooms will be re-designated from a bedroom to a 'quiet room' and will need to be designed in such a way as to ensure it is a welcoming, low stimulus but multi-functional space.

Blythswood

15. Blythswood will require two rooms to be refitted including the removal of existing fittings and the installation of soft / padded wall coverings and flooring. En-suite will require to be refitted to a specification commensurate with the patient's needs and a degree of electrical work will be needed to ensure this is tamper proof and can be isolated if needed. We also would wish to 'knock through' these two bedrooms to create an adjoining door. Blythswood does not currently have suitable outside space; this mainly consists of hard landscaped court yards. Our plans include the creation of a soft landscaped space.
16. It is the view of the clinical team that the changes proposed to Blythswood although necessary to achieve a contingency plan for the patient being discharged from Claythorn, will overall provide a level of flexibility which is currently unavailable in the service and will provide a dynamic space which will effectively provide a number of options.

17. The senior management team also believe these changes are in line with our current redesign programme and will support our plans to work much more flexibly with community services providing a good resource which can be used in a variety of ways to prevent admission and is therefore consistent with the overall vision and strategic plans.

CONSULTATION AND PARTNERSHIP WORKING

18. We are working closely with NHS estates to complete a programme of works to ensure appropriate compliance with regulations. We will also share these plans with partnership colleagues.

IMPLICATIONS OF THE PROPOSALS

Finance

19. We estimate that the service specific costs relating to wall coverings and soft outdoor surfacing will be around £25k. As set out above we are working closely with estates who will arrange all works on our behalf and we may need to contribute towards some of the work we require to undertake. We expect to have full detail of costs by the time the IJB meets on 27 November.
20. The IJB is asked to agree a draw on the earmarked reserve for this service to meet an appropriate share of costs for this work.

Risk

21. These environmental changes are required to minimise risk to both patients and staff and reflect our overall risk management process. These changes also support our obligation to provide environments which support least restrictive care practices.

Infrastructure

22. Changes to existing NHS property.

Equalities

23. Adaptations to meet the needs of patients as part our equality duty.

There are no policy, legal or staffing implications

Directions

24. None

CONCLUSIONS

25. The SLDS senior management team are of the view these changes are essential to the safe and effective provision of service, are consistent with our strategic plans. There is a requirement to move forward at pace in order to obtain the necessary building permissions in relation to Blythswood and to ensure we can develop a schedule of works which aligns with commitments to discharge, respond to challenges and achieve transfer for the patient from forensic services.

RECOMMENDATIONS

26. The IJB is asked to support these proposals.

REPORT AUTHOR AND PERSON TO CONTACT

Tom Kelly, General Manager, Specialist Learning Disability Services
Tom.Kelly@ggc.scot.nhs.uk

November 2019

BACKGROUND PAPERS

None



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 November 2019
Agenda Item	12
Title	Review of the Integration Scheme
<p>Summary</p> <p>This report provides a brief overview of the work to date and the anticipated timeline for the review of the Integration Scheme between NHS Greater Glasgow & Clyde and East Renfrewshire Council. This review is a requirement of The Public Bodies (Joint Working) (Scotland) Act 2014 as the existing scheme will have been in place for 5 years come June 2020.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources
<p>Action Required</p> <p>The Integration Joint Board is asked to note the content of the report and proposed timescale for revision of the current Integration Scheme by our partner organisations.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input checked="" type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

Report by Lesley Bairden Head of Finance and Resources

REVIEW OF THE INTEGRATION SCHEME BETWEEN NHS GREATER GLASGOW & CLYDE AND EAST RENFREWSHIRE COUNCIL

PURPOSE OF REPORT

1. To provide the Integration Joint Board with a brief overview of the work to date and the anticipated timeline for the review of the Integration Scheme between NHS Greater Glasgow & Clyde and East Renfrewshire Council. This review is a requirement of The Public Bodies (Joint Working) (Scotland) Act 2014 as the existing scheme will have been in place for 5 years come June 2020.

RECOMMENDATION

2. The Integration Joint Board is asked to note the content of the report and proposed timescale for revision of the current Integration Scheme by our partner organisations

BACKGROUND

3. The Integration Scheme between our partners is a requirement of the legislation that supports integration; The Public Bodies (Joint Working) (Scotland) Act 2014. The current scheme was approved and came into force in June 2015 and the legislation requires this is reviewed after 5 years.
4. Whilst the current scheme was updated in January 2018 to reflect the Carers Act legislation, this did not constitute a full review.

REPORT

5. A working group was set up in July 2019 with representatives from all six HSCPs who partner NHS Greater Glasgow & Clyde. A representative from the health board was invited to the group. The Chief Officer from East Dunbartonshire HSCP is also on the group to lead on behalf of all six Chief Officers.
6. To date the existing schemes have been reviewed for content and consistency and a "specimen" scheme drafted to identify areas of commonality. It is recognised there will be local variation but the aim is to maintain consistency across all six schemes where possible.
7. The proposed changes to date are in the main housekeeping, revising terminology and tense, removing or replacing the sections where the intent or requirement to take actions has been superseded by actual arrangements.
8. At a local level the preliminary discussions with council officials do not indicate significant change to the scheme. The Council elected members will be fully consulted as part of this review.

9. Discussion in detail is yet to take place with the health board and the Chief Officer of East Dunbartonshire HSCP is leading on this. The discussions will include any proposed changes and agreed wording for hosted services and the set aside budget.
10. The Integration Schemes need to allow latitude for any operational changes and to be 'future proof' so will not reflect the operational detail of these two areas. A separate review of the mechanism for managing and accounting for hosted services is currently being undertaken by the CFOs on behalf of the Chief Officers. A working group is also in place to look at the mechanics of the set aside.
11. The timeline for the review of the scheme is:

November/December 2019	Complete revision of scheme
January / February 2020	Draft to NHSGGC and ERC for respective approvals
April / May	Consultation period
30 May 2020	Scheme to be with Cabinet Secretary for approval by 30 June 2020
1 July 2020	Revised scheme approved and in force

IMPLICATIONS OF THE PROPOSALS

Finance

12. There are no specific financial implications.

Staffing

13. None.

Infrastructure

14. None.

15. Risk

There is a risk that if the timescale is not met or if the scheme is not approved the legal requirements of The Act will not be met.

Equalities

16. None.

Policy

17. None

Legal

18. None

Directions

19. None

RECOMMENDATIONS

20. The Integration Joint Board is asked to note the content of the report and proposed timescale for revision of the current Integration Scheme by our partner organisations

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

East Renfrewshire HSCP Integration Scheme (2018)
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=14642&p=0>

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