

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00 am on 1 May 2019 in
the Eastwood Health and Care Centre, Drumby Crescent,
Clarkston**

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
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
Dr Craig Masson	Clinical Director
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – HSCP
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)

IN ATTENDANCE

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

APOLOGIES FOR ABSENCE

John Matthews	NHS Greater Glasgow and Clyde Board
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 20 March 2019.

MATTERS ARISING

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

Having heard the Chief Officer further, the Board noted the report.

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.

The Chief Officer was heard further in relation to a number of the actions that were now closed off. In addition, the Chief Social Work Officer was heard in relation to the Family Wellbeing Service, advising that it was hoped to bring a report on the evaluation framework being developed to a future meeting of the Board.

The Board noted the report.

MINUTES OF COMMITTEES

5. The Board considered the undernoted Minute of meetings:-

- (i) Clinical and Care Governance Committee – 6 March 2019; and
- (ii) Performance and Audit Committee – 20 March 2019.

Having heard the Chief Social Work Officer in response to Mrs Brimelow intimate that the Care Inspectorate report on Greenlaw Grove Care Home had not yet been published but was expected soon, the Board noted the Minutes.

PERFORMANCE & AUDIT COMMITTEE – APPOINTMENT OF REPLACEMENT NHSGGC NON-EXECUTIVE MEMBER

6. The Board took up consideration of a report by the Chief Officer seeking the appointment of a replacement NHSGGC non-executive member for Morag Brown on the Performance & Audit Committee.

The Board agreed that Anne-Marie Monaghan be appointed to the Performance & Audit Committee.

EAST RENFREWSHIRE'S CORPORATE PARENTING PLAN 2016-18 – YEAR 2 PROGRESS

7. Under reference to the Minute of the meeting of the Board held on 23 November 2016, when the 2016-18 Corporate Parenting Plan was approved and remitted to East

Renfrewshire Council for final approval in December 2016, the Board considered a report by the Chief Officer providing an update on progress in the delivery of Year 2 of the Plan.

Having referred to the corporate parenting duties placed on a wide range of publicly funded organisations by the Children and Young People (Scotland) Act 2014, the report, whilst recognising the commitment of community planning partners in East Renfrewshire to improve opportunities for all children and young people, highlighted the special responsibility for children and young people who were looked after and in the care of the HSCP. To this end the members of the Community Planning Partnership had worked to deliver the Plan.

The report then provided a statistical breakdown of looked after children as at 31 July 2018, with there being 110 children, which at 0.5% of the total children's population for the area was one of the smallest proportions in Scotland.

Details of the themes contained in the Plan along with the Corporate Parent Champion for each theme being outlined, the report explained that the Plan had been evaluated both in accordance with the performance of each theme and also through periodic audit activity which involved sampling multi-agency plans.

The report also provided examples of key improvements and areas of challenge across each of the 6 themes, highlighting that due to the relatively small numbers of children involved caution was required as data sets were small and sensitive to minor changes and adjustments. It was also explained that whilst there were no agreed indicators for Corporate Parenting benchmarking purposes, work was ongoing at the National Local Government Benchmarking Group to agree a suite of children's outcome indicators, a number of which could possibly be adopted.

The Chief Social Work Officer was heard further on the terms of the report in the course of which she highlighted that there were now more young people eligible for aftercare than the number of children and young people actually in the care system. She also highlighted that overall, 489 children and young people were being supported at present both formally and informally.

In the course of ensuing discussion, the importance of engaging with children and young people was emphasised, Mr Mohamed suggesting that consideration should be given to using the engagement methods in place as an exemplar for other services.

Councillor Bamforth having commended the report and referred to the positive comments about the support provided she had received from young people at various events she had attended, comment was also made on the significant improvements in attainment levels, with the Chief Social Work Officer also explaining the process in relation to exclusions from school.

Councillor Buchanan also commended the report referring in particular to the significant levels of corporate working that took place to deliver outcomes.

In summary, Ms Monaghan having paid tribute to staff for their efforts producing such a positive report, welcomed the levels of engagement with children and young people and the value of such engagement, and reflecting on earlier comments made by Mrs Kennedy on the need for the use of jargon in reports to be minimised, the Board:-

- (a) noted the report; and
- (b) agreed that it be remitted to the Council for approval.

CARE AT HOME INSPECTION REPORT AND IMPROVEMENT PLAN

8. The Board considered a report by the Chief Officer on the outcome of the findings of the Care Inspectorate following their inspection of the service in February 2019, and providing details of the improvement plan developed to respond to Care Inspectorate requirements as well as information in relation to improvement activity underway. A copy of the report by the Care Inspectorate accompanied the report.

Having referred to previous reports on the service considered by the Board at meetings in January and March 2019, the report explained that the Care Inspectorate had carried out an unannounced inspection of the service in February, the purpose of which was to assess whether the service had made the required improvements and was meeting health and care standards.

The report explained that the Care Inspectorate had rated quality of care and support and quality of management and leadership as unsatisfactory, whilst quality of staffing had been assessed as weak. The Care Inspectorate had made 9 requirements and 1 recommendation in relation to the service, details of which were listed.

The report further explained that an improvement plan containing 45 actions had been prepared, a copy of which accompanied the report.

Thereafter, the report provided details of some of the significant improvement work underway.

Ms Monaghan having commented on the earlier reports considered by the Board, the Head of Adult Health and Social Care Localities was heard further in the course of which more detail in relation to the improvement activity underway was provided. She confirmed that the issues in relation to the service had been entered in the strategic risk register and had been attributed the highest level of risk, although it was hoped that mitigating actions would enable the risk level to be reduced in the coming months.

She also explained that all service users had been contacted to explain the current position, and that although a dedicated telephone number had been provided for people to express concerns or complaints about the service, only 41 calls had been received with a small number of these being complaints. However, she did highlight that people were encouraged to voice complaints and concerns as this would support staff in taking corrective action and improving the service.

Commenting on the report, Mrs Kennedy expressed disappointment at the findings of the Care Inspectorate. However she welcomed the action plan that had been put in place and the pace at which it was being implemented. Furthermore, she suggested it was important not to lose sight of the fact that front line staff had been commended by service users and this this needed to be recognised. This was supported by Mr Mohamed and Councillor Bamforth both stating that at a time when the service was facing recruitment challenges it was important to be supportive of staff already in post. In this regard the Head of Adult Health and Social Care Localities explained that staff had already been contacted, that drop in sessions had been offered, and that the Care Inspectorate had also offered to talk to staff to reassure them about the positive messages received from service users.

In the course of further discussion on the relatively low number of complaints received, the need to ensure that people were not reluctant to give negative feedback on the service, and how complaints should be viewed positively, the Chief Nurse intimated that service complaints had been reviewed at the Clinical & Care Governance Committee and would continue to be reviewed under the new clinical and care governance arrangements agreed by the Board

Mrs Brimelow commented on the fact that the findings of the Care Inspectorate report had indicated that none of the 6 requirements made in their report of March 2018 had been met. In light of this, she expressed concern that any action plan put in place would deliver the required improvements and sought assurances to this effect.

In reply, the Head of Adult Health and Social Care Localities acknowledged the failure to deliver actions in response to the Care Inspectorate's earlier requirements. She explained that as a result of the challenges that were being experienced at the time simply to continue to deliver a service, there had been a lack of focus in implementing the improvement plan that had been put in place at the time. However she explained that more capacity had been since been put in place, that the action plan that had been prepared had been discussed and agreed with the Care Inspectorate, and that the Care Inspectorate would monitor ongoing work and raise any concerns if the agreed actions were not being carried out. In addition, the Chief Officer explained that the Council's Chief Executive was developing performance metrics which would be brought to a future meeting for information, in addition to which regular update reports would also be submitted.

Councillor Buchanan having welcomed the prompt improvement actions and noted that the Care Inspectorate had not initiated any enforcement action against the HSCP, Ms Monaghan indicated that any information to be brought to future meetings should contain timescales for action. This would enable the Board to confirm that targets were being met on time and to consider corrective action in cases where they were not being met.

Mr Mohamed having reminded the Board that as well addressing complaints, comments complimenting the service should also be widely shared, and it having been noted that a number of service users and family members had indicated their willingness to participate in service improvement and redesign, the Board noted:-

- (a) the Care Inspectorate report;
- (b) the improvement plan; and
- (c) the improvement activity undertaken to date.

CARE IN THE HOME COMMISSIONING ARRANGEMENTS

9. The Board considered a report by the Chief Officer regarding workforce and sustainability issues arising from current contractual arrangements for care at home, and seeking changes to the current arrangements.

Having set out the background to the contractual arrangements currently in place, the report explained that partner providers found the current model difficult to sustain, and were often unable to provide staff to deliver new care packages or additional hours of care and support. This had led to the HSCP having to ask providers on the Care and Support Framework, or on occasion off framework providers, to provide care.

The report then referred to the Scottish Government report *Fair Work in Scotland's Social Care Sector 2019*, published in February 2019, highlighting the main issues of the report including the impact on the workforce of the current tendering arrangements, which in turn led to problems recruiting and retaining staff.

Specification development events had been held at the end of 2018, the purpose of which was to consider and advise what should be included in a care and support tender specification, using the National Health and Social Care Standards as a basis.

The report explained that care at home was fundamental to supporting people to remain at home and as such delivering on the HSCP's strategic priority to work with people to maintain their independence at home and in the community. To help facilitate this it was explained that local and national stakeholders had been consulted by the HSCP with the aim of developing local commissioning intentions. This had highlighted the commitment of a range of stakeholders to work differently in localities and to reimagining care in the home.

The report then outlined proposals for changing the current operating model. This included moving to develop locally sustainable teams, with a clear focus on local recruitment, retention and training, and a greater focus of developing a strategic partnership approach in line with the 2016 National Guidance on the Procurement of Care and Support Services.

If this approach was agreed by the Board, the HSCP would work with the Council to seek expressions of interest for the strategic partnership. Details of interim arrangements that would be put in place until the new arrangements were in place were outlined.

Having provided further information on the stakeholder engagement that had taken place, the report concluded by emphasising the importance of care at home, that the current model was unsustainable, and that it was important to take time to develop local solutions to address local needs in partnership with local people and providers.

Welcoming the proposed approach, Councillor Buchanan suggested that as well as ensuring a quality service for clients, it was equally important to ensure that those working in the service were treated fairly. Working towards national terms and conditions for care at home staff would help to address this.

Commenting on the proposals, the Chief Officer explained that if agreed, it would give the HSCP the opportunity to explore other models of service provision, indicating that a number of third party providers had already intimated their willingness to participate in any review. Options for consideration would be reported to the Board in due course.

The Board:-

- (a) approved the development of a strategic partnership approach to support the delivery of the Board's strategic priority;
- (b) recognised the need to enter into interim contractual arrangements to sustain local provision;
- (c) agreed to direct East Renfrewshire Council to establish strategic partnership arrangements for care in the home; and
- (d) agreed to direct East Renfrewshire Council to put in place interim contractual arrangements.

TALKING POINTS

10. Under reference to the Minute of the meeting of 26 September 2018 (Item 7 refers), when the Board had noted the activity to develop and test *Talking Points*; and approved the planned approach to implementation, the Board considered a report by the Chief Officer providing an update on activity in the preceding 6 months and details of the new arrangements that would be in place from May 2019.

The report explained that since the previous report, 21 Talking Points had taken place at various locations across East Renfrewshire. 124 people had attended and only 6 had required referral for further assessment.

Details of a further development day that had taken place in January 2019 and the associated outcomes were provided, following which full details about the “Good Conversations” process to be followed were outlined. A copy of the process accompanied the report and included that the information elicited during the conversation between the client and the assessor being written down and given to the client as a prompt.

It was further highlighted that HSCP staff would deliberately undertake a supportive role only if required as the ultimate aim of Talking Points was that it was to be a community support provided by and for the community with third sector partners taking a lead role.

The Head of Adult Health and Social Care Localities having been heard further, Mr Mohamed welcomed the report and in particular the devolved budget of £5,000 allocated to the Carers Centre to enable small one off payments of £200 to be made as part of any support plans put in place. He sought clarification of whether the funding could be supplemented if it was exhausted. In reply, the Chief Officer explained that the use of and benefits accrued from the funding would be monitored prior to any decision on whether the levels of funding provided would be increased.

In addition, the Head of Adult Health and Social Care Localities referred to the funding provided to Voluntary Action East Renfrewshire (VAER) to facilitate Talking Points training and support for volunteers, and that a report on the work by VAER would be brought to a future meeting.

Ms Monaghan highlighted the informality of Talking Points which was one of the main benefits of the approach. However this created challenges in relation to monitoring outcomes. In reply the Chief Officer explained that developing appropriate performance indicators would be taken forward by the initial contact team and that the indicators once established could be brought to a future meeting.

The Board noted the progress in the implementation of Talking Points.

PRIMARY CARE IMPROVEMENT PLAN

11. The Board took up consideration of a report by the Chief Officer providing an overview of the activities during Year 1 of the East Renfrewshire Primary Care Improvement Plan (PCIP), in line with the Memorandum of Understanding (MOU).

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

The report also provided information on other developments, including the appointment of a PCIP Implementation and Development Officer which had been well received by GPs.

Information in relation to the key successes over the year was highlighted. This included excellent figures for the delivery of childhood vaccines and a marked increase in the Community Link Worker service to cover all 15 GP practices, amongst other things.

Some of the key challenges still to be addressed were outlined as well as which the work to be undertaken to gather baseline data to enable the impact of the plan to be measured was explained.

Furthermore, the report explained that there would be an underspend of £319k reflecting slippage mainly from recruitment and also lower than anticipated spend on the vaccine transformation programme. This underspend would be carried forward.

The Clinical Director was heard further on progress in the delivery of the commitments and the challenges still to be addressed. Referring in particular to the high levels of pharmacotherapy support in GP practices compared to other HSCPs, he commended the work of Susan Galbraith, Pharmacy Lead.

Discussion also took place on the challenges in relation to the recruitment of suitably qualified Advanced Nurse Practitioners (ANPs) and to their role, Dr Campbell having referred to the comparatively limited role of acute ANPs against community based ANPs.

In reply, the Clinical Director explained that there was a template role description for community based ANPs but that one of the main requirements of GPs was that ANPs would do home visits. He also acknowledged that whilst there were a number of similarly graded ANPs in hospitals, the skills they had were not transferrable. In this regard the Chief Nurse explained that as part of the recruitment process there were opportunities for staff to take up posts in a training capacity and to develop the required skills on the job.

The Chief Officer having paid tribute to the work of the Clinical Director and refer in particular to the excellent relationships between GP practices in the area, the Board noted the:-

- (a) content of the report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point;
- (b) challenges experienced during the year; and
- (c) underspend position.

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION IN NHS GREATER GLASGOW AND CLYDE

12. The Board took up consideration of a report endorsed by NHS Greater Glasgow and Clyde at its Board meeting on 14 March 2019 describing work underway to review provision of Augmentative and Alternative Communication (AAC) equipment and support in the NHGGGC area, and outlining proposals that the East Renfrewshire HSCP host the service.

The report explained that AAC was the term used to describe various communication methods that could “add on” to speech and were used to get around problems with ordinary speech. This included simple systems such as pictures and gestures, whilst more complex systems involved computer technology. These systems were beneficial to people who for various reasons found spoken communication difficult.

The report outlined the current position, explaining that the historical arrangements in place had led to some care groups being excluded from some funding streams; the inability to quantify demand and unmet need; examples of wasted resource with the purchase of new equipment when equipment already in the system could be restored and reused, amongst other things.

The report then referred to the establishment in April 2018 of an AAC Co-ordinating Group, the aims of the Group being listed. Progress to date in the work of the group was also set out including the proposal to develop an NHSGGC-wide co-ordination service and to host the Scottish Centre for the Communication Impaired (SCTCI) and associated local service within East Renfrewshire HSCP. The financial implications of the proposals were set out.

The Chief Officer having explained that the service was currently managed by Acute Services and that as it was a community service it was better if it was delivered by a Health and Social Care Partnership, the Board:-

- (a) noted the paper;
- (b) agreed that East Renfrewshire HSCP host the SCTCI and associated budgets under the management of the General Manager for Specialist Learning Disability Services; and
- (c) agreed to direct the NHS Board accordingly.

REVENUE BUDGET MONITORING REPORT

12. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2018/19 revenue budget, and seeking approval of a number of budget virements.

It was reported that against a full year budget of £115.98M there was a projected underspend of £0.331M (0.29%), with an explanation for each of the budget over/underspends being provided.

It was also explained that the proposed virement related to the additional funding provided by East Renfrewshire council to fully fund the 2018/19 local authority pay award, with the funds being applied across various services.

Having heard the Chief Financial Officer further on the report, in response to Mrs Brimelow it was explained that the projected savings in respect of District Nursing and other vacancies was an opportunity saving arising from staff turnover. In addition, the Chief Nurse confirmed that she was comfortable with staffing levels from a nursing perspective, the Chief Financial Officer also confirming that vacancies were not deliberately being left unfilled with the intention of generating savings.

The Board noted the report and approved the virements as outlined.

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE –SELF-EVALUATION FOR THE REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

10. The Board considered a report by the Chief Officer submitting for consideration the draft self-evaluation of integration arrangements to be submitted to the Ministerial Strategic Group for Health and Community Care Integration Review Leadership Group.

The report explained that the Scottish Government had commissioned a review of integration arrangements. Final proposals had been published in February 2019 and health boards, local authorities and integration authorities were required to evaluate their current position in relation to the findings of the Scottish Government review.

The report explained that given the parallel process of preparing for the imminent Strategic Inspection, the self-evaluation had been “light touch” and developed by the Chief Officer following discussions with the Chair and Vice-Chair of the Board, third sector and carer representatives, and the Chief Financial Officer. Following approval of the self-evaluation by the Board, it would be discussed with the Chief Executives of NHSGGC and East Renfrewshire Council in an attempt to reach a consensus on the evaluation ratings and any improvement actions. A copy of the draft self-evaluation document accompanied the report.

The Chief Officer then took the Board through each of the 6 key features and associated proposals in the self-evaluation report, explaining the reasons why the rating descriptor levels had been selected, and also commenting on the evidence provided in support of the assessment as well as any proposed improvement actions.

Members of the Board were heard on the report. Mrs Kennedy having suggested that in her view the HSCP's relationships and collaborative working with partners was "exemplary" rather than just "established" Councillor Buchanan commented on the reasoning behind selecting "established" indicators in most cases. He also explained that the HSCP was well placed compared to many others, as it had been able to build on the strong collaborative arrangements developed under the former Community Health and Care Partnership.

Mrs Brimelow also commented on the need for financial pressures to be emphasised, Councillor Buchanan also commenting on the slow progress in the transfer of funding from acute to community services, and the need for a stronger message about the community benefits to be accrued from, for example, ward closures in hospitals.

Further comment having been made, Mr Mohamed commented on the document in general terms. Having suggested the need for some evidence to be included that showed how consultation had led to a change in action taken, he indicated that whilst he agreed with the ratings that had been identified, in his view the ratings categories were crude, and that the improvement actions that had been identified were key. This was supported by Mrs Brimelow.

The Board:-

- (a) noted and endorsed the draft self-evaluation document subject to the additional comments made;
- (b) agreed that it be remitted to the Chief Officer to reach a consensus view on the evaluation ratings and any improvement actions with the Chief Executives of NHSGGC and East Renfrewshire Council; and
- (c) agreed that the Chief Officer submit the final self-evaluation to the Integration Review Leadership Group by 15 May 2019.

VALEDICTORY – DR CRAIG MASSON

14. The Chair reported that this would be the last meeting attended by Dr Masson who was stepping down from the role of Clinical Director.

The Chief Officer paid tribute to the contribution made by Dr Masson to the work of the HSCP during his term of office.

Dr Masson replied in suitable terms.

DATE OF NEXT MEETING

15. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 26 June 2019 at 10.30 am in the Council Offices, Main Street, Barrhead.

CHAIR