

**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
held at 10.30 am on 28 November 2018 in  
the Council Offices, Main Street,  
Barrhead**

**PRESENT**

Morag Brown	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
Dr Craig Masson	Clinical Director
John Matthews	NHS Greater Glasgow and Clyde Board
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
Rosaleen Reilly	Service users' representative
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Ian Smith	Staff Side Representative (East Renfrewshire Council)
Councillor Jim Swift	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**

Councillor Tony Buchanan	East Renfrewshire Council
--------------------------	---------------------------

**DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MINUTE OF PREVIOUS MEETING**

2. The Board considered the Minute of the meeting held on 28 September 2018.

Councillor Swift sought an update on whether any discussions had taken place between the IJBs in the health board area and the health board itself in relation to more equitable financial arrangements in respect of hosted services (Item 3 refers). In reply the Chief Financial Officer explained that as yet no discussions had taken place, but that these would be taken forward as part of the discussions on the review of IJB Integration Schemes. The current financial arrangements for hosted services had been jointly agreed and were reflected in the current Integration Schemes, and as such the schemes would need to be altered to enable any change to the current arrangements to take place.

Noting the information, the Board approved the Minute

**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 confirm that of 37 people who had attended Talking Points, 36 had been diverted, 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.

Ms Brown having suggested that an update report on Talking Points be submitted to the Board in 6 months, the Chief Officer, in response to a question from Councillor Swift on smoking cessation programmes as part of the Early Years Strategy, explained that they were targeted at pregnant women. She further confirmed that a final report on NHSGGC proposals to integrate smoking cessation services was awaited at which point the action would be closed off.

The Board noted the report.

**PERFORMANCE AND AUDIT COMMITTEE – MINUTE OF MEETING**

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 26 September 2018.

**WINTER PLANNING AND UNSCHEDULED CARE**

6. The Board received a presentation from the Head of Health and Social Care Localities on winter planning and unscheduled care.

The presentation focussed on 4 areas; Accident & Emergency Department attendance rates; Unscheduled Admissions; Delayed Discharges; and performance in the previous 6 months.

**NOT YET ENDORSED AS A CORRECT RECORD**

The presentation gave examples of improvement activity in each of the 4 areas. Details of some of the work being carried out to reduce A&E attendance rates and unscheduled admissions, as well as efforts being made to ensure that delayed discharges were minimised were also outlined.

Responding to questions from Councillor Swift on the rise in A&E attendance, the Head of Health and Social Care Localities explained that this was a national trend with a range of reasons, one of the most significant being that the public were unaware of what other services were available and so used A&E services as they were considered to be readily available. In this regard the Chief Officer explained that HSCP officers were working with colleagues in acute services to develop a more robust approach to redirection of patients who attended A&E. This was supported by the Clinical Director who found the current practices frustrating and confirmed that GPs would support any efforts to redirect patients away from A&E.

Further comments having been made on the links between this issue and the need for adequate social care resourcing to prevent hospital admissions, Mrs Reilly expressed concerns about her recent personal experience of a hospital stay, referring in particular to the discharge process which she considered had room for significant improvement.

Dr Campbell reported on the health board investment in the "Consult and Connect" service whereby GPs were able to get direct access to consultants. The aim of this was to reduce unnecessary admissions. Furthermore she reported on new arrangements in place in respect of Elderly Care Assessment Nurses the purpose of which was to both assist in getting rapid discharges and also prevent admissions.

Councillor Swift acknowledged that in some cases clinical intervention was necessary, suggesting that it would be useful to see admissions data for admissions amenable to clinical intervention.

In reply, the Clinical Director explained that the raw data that was received suggested that approximately 3% of those attending A&E had been referred by their GP a further 3% had been referred by the out of hours service, with the remaining 94% just turning up, many for non-clinical reasons.

Concluding, Ms Brown highlighted that the challenge of winter planning and unscheduled care was an annual event, and that the issues and challenges to be faced had been around for some time. She questioned whether the number of people presenting at A&E could be attributable in part to the unavailability of GP appointments and highlighted the need for robust signposting and redirection to refer those who did not require clinical intervention away from A&E to a more appropriate treatment route.

The Board noted the presentation.

**CHARGING FOR SERVICES 2019/20**

7. 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 2019/20 and delegated authority for the Chief Officer and Chief Financial Officer to set the contribution level for the new approach to calculating individual budgets.

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 2019/20 along with an explanation for the proposed changes.

The report also explained that with regard to Self-Directed Support, the HSCP was currently testing and was about to consult on a new approach to calculating individual budgets. The aim was that every person who had an assessment that identified a need for formal support would be allocated an individual budget to allow them to better plan and be involved in how their needs were met.

The report explained that once the cost of a care plan was confirmed, a percentage would be deducted at source with the net amount being the HSCP contribution to the cost of care, it being noted that the ability of individuals to pay their contribution to the total cost of the care plan would be taken into account and supported by appropriate financial assessments and benefits maximisation.

In the first instance delegated authority was sought for the Chief Officer and Chief Financial Officer to set the percentage to be deducted whilst the new approach was being embedded, it being noted that this would thereafter be agreed annually as part of the annual setting of charges.

Councillor Swift having requested information on the overall budget impact and those budget lines being changed when the annual report was next presented, the Chief Social Work Officer, in response to Ms Monaghan, explained the history of the Inclusive Holiday Support Programme as well as the rationale behind the proposed increase in the charge for the service.

Having heard Ms Monaghan commend the approach taken to developing charges for services the Board endorsed the proposed level of charges for 2019/20 and the proposal that it be delegated to the Chief Officer and Chief Financial Officer to set the percentage to be deducted whilst the new approach was being embedded, subject to this being to a maximum of 10%.

## **INDIVIDUAL BUDGET PROCESS**

**8.** The Board considered a report by the Chief Officer providing an overview and update on the process for calculating adult individual budgets under Self-Directed Support legislation, and associated systems and processes.

The report referred to the update provided at the meeting in June 2018, reminding members of the budget process as it was summarised at that time. This included the use of the Individual Budget Calculator where the need for social care support had been identified.

The report then provided further details on the Individual Budget Calculator process. The questionnaire that was used, which was based on a points system, asked about seven areas of a person's life

It was explained that an analysis of current non-residential care packages had identified that 90% of people who were supported by the HSCP had care packages of up to £50k once various factors had been stripped out. Bandings would therefore be scaled on that basis with additional support requirements identified on a case by case basis. Further refinement work on the system would continue.

The report explained that the model was based on both the HSCP and the individual in receipt of a care package making a contribution towards the cost, with work ongoing to determine the appropriate percentage split. The contribution from the individual would be subject to a financial assessment to ensure their contribution was linked to the ability to pay.

The report having provided further information in respect of the process it then outlined the timetable for the rollout of the Individual Budget Calculator.

The Board noted the report.

## **CHANGES TO FRAIL/ELDERLY NHS CONTINUING CARE AND THE DEVELOPMENT OF BONNYTON HOUSE**

9. The Board considered a report by the Chief Officer providing an update on the changes to frail/elderly continuing care and the development of Bonnyton House.

The report referred to the meeting of the Board in November 2017 when the initial proposals to develop Bonnyton House had been agreed, and to the report to the Health Board's Finance and Planning Committee on 2 October 2018 that proposed a financial framework which released funds to IJBs on the basis of information from the NHS Scotland Resource Allocation Committee (NRAC).

Thereafter, the report referred to the Scottish Government guidance *Hospital Based Complex Clinical Care*. This guidance, which was based on a set of core principles and which aimed to achieve specific objectives details of which were outlined, was set in the context of integrating health and social care.

The report then provided historic information in relation to Mearnskirk House from its establishment in 1930 up to the present day, and in particular to the decision taken by the health board in November 2017 not to renew the current contract and to close the facility in March 2019.

Details of the work that had been ongoing in relation to patient discharge, admission and transfer were outlined, it being noted that as at 8 November 2018, 30 patients remained in Mearnskirk House, 8 of whom were East Renfrewshire residents.

It was noted that the planned and phased retraction from all beds would be concluded by March 2019, in line with the phased opening of the proposed community based support service.

The report then explained the work that had been ongoing in relation to residential care beds at Bonnyton House, the development of a 6-bed rehabilitation and recuperation unit, and the introduction of end of life care.

Full financial information in respect of the cost of the new service was set out, it being noted that the East Renfrewshire allocation of the funding released from the complex care beds redesign was £533k, although this would be released on a phased basis as premises were closed. Details of how the funding would be used were outlined.

The report concluded by explaining that the closure of Mearnskirk House and associated release of funds to the IJB had provided the opportunity to invest in Bonnyton House and to extend the range of community based supports in East Renfrewshire.

The Chief Officer was heard further on the proposals in the course of which she referred to the ongoing developments in relation to end of life care, explaining that Glasgow City Council had introduced a fast track service in conjunction with Marie Curie and this option was being considered locally. Furthermore, she highlighted that the financial position as outlined in paragraph 29 of the report was a "worst case" scenario. In response to a question

**10**  
**NOT YET ENDORSED AS A CORRECT RECORD**

from Mrs Kennedy who welcomed the proposals in general, the Chief Officer provided clarification on the number of beds that would be available.

The Board:-

- (a) noted the proposed development of Bonnyton House to meet the needs of current Mearnskirk House patients and to provide a wider resource for East Renfrewshire residents;
- (b) agreed to issue directions to NHSGGC to continue with the decommissioning of Mearnskirk House as a provider for NHS continuing care and to redistribute the associated funding to IJB investment by finalising the financial framework as set out in the paper to the NHSGGC Board's Finance and Planning Committee on 2 October 2018; and
- (c) agreed to issue directions to East Renfrewshire Council to develop Bonnyton House as set out in the report.

**CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2017/18**

**10.** The Board considered a report by the Chief Social Work Officer providing details of her Annual Report for 2017/18. A copy of the Annual Report was appended to the report.

The Annual Report, which had been approved by East Renfrewshire Council at its meeting on 31 October, provided an overview of the professional activity for social work within East Renfrewshire for 2017-18 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, amongst others.

The Chief Social Work Officer having been heard further on the terms of her report, in response to Mrs Kennedy she provided further information on the complaints process.

Councillor O'Kane was heard to commend the Chief Social Work Officer and her staff for what he considered to be an excellent report. He referred in particular to the excellent work in relation to Care Experienced Young People, suggesting that it may be helpful for a seminar to be arranged to give members of the Board the opportunity to meet with some of the young people and hear of their experiences.

Mrs Reilly and Ms Monaghan were both heard to commend the Family Wellbeing Service, Ms Monaghan suggesting that the report clearly demonstrated how the social work service made a difference in the lives of many people.

Also acknowledging the contribution made by the service Ms Brown paid tribute to the strong leadership provided by the Chief Social Work Officer and on behalf of the Board thanked her for her efforts

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

## BUDGET UPDATE

11. The Board took up consideration of a report by the Chief Financial Officer providing an update on the 2019/20 revenue budget potential funding gap.

The report having reminded the Board of the indicative contributions from East Renfrewshire Council and NHS Greater Glasgow and Clyde and cumulative funding shortfall over the 2 year period 2019 to 2021, it was explained that the UK Government budget announcement had been made on 29 October 2018. This included additional funding for the NHS and for councils for care for the elderly and those with disabilities. However it was noted that the impact for funding in Scotland was yet to be determined, with the Scottish Government budget settlement expected to be announced on 12 December 2018.

The report also referred to the Scottish Government's *Medium-Term Health and Social Care Financial Framework*, issued in October and the key messages of which were outlined. This included that if health and social care continued to be delivered as at present, there would be a funding gap of £5.9bn by 2023/24.

However the report explained that the framework set out a number of approaches and initiatives to address the challenge, and when all assumptions were taken into account the residual challenge for the period was estimated at £159 million.

It was noted that the latest NHS financial planning scenarios were broadly in line with the assumptions as outlined in the report with prescribing costs remaining a significant pressure. In addition, the Council's budget setting process was under way and officers had been involved in the process, it being noted that the pay offer for Council staff for 2018/19 had not yet been finalised but that the current position was higher than budgeted for with a likely similar impact on 2019/20. This meant the savings target was likely to increase.

Commenting on the report, Ms Monaghan suggested that it appeared that funding was always directed at those areas of greatest need. However it was important not to lose sight of the need for expenditure on early intervention and prevention work which although it would not deliver immediate benefits, would see improvements in the longer term. This was supported by the Chief Officer who also referred to the challenging times ahead.

Ms Brown was also heard on the need for serious consideration to be given to the savings requirements as part of the budget process. She referred in particular to the £6.8 million cumulative savings to be delivered on social care and the implications for the service, highlighting that the challenges in health were not of the same magnitude.

The Board noted the report.

## 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 as at September 2018 and seeking approval of a number of budget virements.

It was reported that against a full year budget of £114.809 million there was a projected overspend of £0.639 million (0.6%). It was noted that of the projected overspend, £0.432 million related to savings from Fit for the Future still to be achieved and £0.207 million was a projected operational overspend that would be met from general reserves at the year end, although every effort would be made to eliminate the operational overspend during the year.

**12**  
**NOT YET ENDORSED AS A CORRECT RECORD**

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

In response to questions from Councillor Swift on the continuing overspend in Older Person's Services and whether anything could be done to address this, the Head of Health and Social Care Localities explained that some suggestions had been made. However the service was under incredible pressure. She highlighted the particular workforce challenges in East Renfrewshire and whilst every effort was made to get people out of hospital as quickly as possible, this put pressure on homecare services and care homes.

Recognising the challenges, Ms Monaghan referred to relatively low levels of social care funding provided by East Renfrewshire Council and suggested and that it was vital that politicians made a strong case for social care services to be adequately funded.

In reply, the Chief Officer confirmed that in developing budget proposals officers would do their best to ensure the budgets reflected priorities. She clarified that some additional funding had been made available , but that this had been ring fenced for specific purposes.

The Board:-

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

**DATE OF NEXT MEETING**

**13.** It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 30 January 2019 at 10.00 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

CHAIR