

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 29 November 2017 in
the Eastwood Health and Care Centre,
Drumby Crescent, Clarkston**

PRESENT

Morag Brown, NHS Greater Glasgow and Clyde Board (Chair)

Janice Cameron	Integration Lead, Independent Sector
Councillor Annette Ireland	Substitute East Renfrewshire Council co-optee
Anne Marie Kennedy	Non-voting IJB member
John Matthews	NHS Greater Glasgow and Clyde Board
Councillor Paul O’Kane	East Renfrewshire Council

IN ATTENDANCE

Ian Arnott	Finance Business Partner, HSCP
Lesley Bairden	Chief Finance Officer
Michelle Blair	Chief Auditor, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Liz Lyon	Senior Auditor, East Renfrewshire Council
Candy Millard	Head of Strategic Services
Julie Murray	Chief Officer
Frank White	Head of Health and Community Care

ALSO IN ATTENDANCE

Susan Frew	National Dental Inspection Programme Childsmile Operational Manager
Lisa Johnston	Clinical Service Manager for Primary Dental Care Services
Frances McLinden	General Manager and Lead Officer for Dental Services

APOLOGIES

Councillor Barbara Grant	East Renfrewshire Council co-optee
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DECLARATIONS OF INTEREST

1. There were no declarations of interest in terms of Standing Order 9.2 – Codes of Conduct and Conflicts of Interest.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 27 September 2017.

MATTERS ARISING

3. The committee considered a report by the Chief Officer providing an update on progress regarding matters arising from the discussions which took place at the meeting of 27 September 2017.

Having heard the Chief Officer further on discussions with Health Board officers regarding the consideration of HSCP performance reports by Board, the committee noted the report.

ORAL HEALTH

4. The Chair welcomed to the meeting Lisa Johnston and Frances McLinden who were attending in relation to the Oral Health Report for East Renfrewshire.

The report outlined the activities carried out by the Oral Health Directorate within East Renfrewshire, highlighted where progress was being made and where challenges remained to improve oral health and reduce inequalities for the population of East Renfrewshire.

It was highlighted that child oral health in East Renfrewshire remained good but that for further improvement to be made there was a need to think differently and effectively to engage with hard to reach groups, it being noted that registration of very young children with an NHS dentist remained low and needed to be addressed.

It was explained that the Scottish Government had set challenging targets for child dental health and meeting these and other oral health targets would require continued partnership working and community development with colleagues from NHS GGC, the HSCP and elsewhere.

Ms McLinden then made a full presentation to the committee on the report in the course of which she explained that there were 27 independent contractor practices providing NHS dentistry in East Renfrewshire, and that as independent contractors the Health board had no control over where practices could set up.

Referring to registration rates, she highlighted that at 90.6%, registration rates for children in East Renfrewshire were lower than both the Health Board wide and Scottish national figures, outlining the steps that were being taken to address this.

With regard to dental health in schools, it was noted that East Renfrewshire had better levels of oral health than the averages for both Scotland and NHS GGC. However it was also noted that the most recent figures for P& pupils had just been released and there had been no movement of the position for East Renfrewshire whilst other areas within NHS GGC had seen improvements in their figures of at least 1%.

Further information was then provided on the Childsmile programme the national dental programme to improve the oral health of Scottish children. It was explained that all East Renfrewshire schools, nurseries and special educational establishments participated in the programme with some nurseries in areas of deprivation being targeted, and that the consent process was now that children were automatically included in the programme and parents had to opt out if they did not want their children to participate.

Comment was also made on the absence of a fluoride varnishing programme (FVP) in East Renfrewshire, Ms McLinden explaining that the numbers who would be eligible for fluoride varnishing through FVP would be low, costs would be high for the low return, children were able to get fluoride varnishing through their normal practice visits, and that in her opinion the focus should be on maximising registration and working to encourage early tooth brushing.

In response to comments about FVP and whether or not any Equality Impact Assessments were carried out to ensure equitable access to treatment, Ms McLinden explained that in those areas where targeted action may be considered appropriate such as for immigrant communities or travellers, these could be looked at. She explained that programmes could be tailored to meet the needs of individual HSCPs but cautioned that FVP should not be seen as the answer to all issues around oral health highlighting that the clear opinion of the consultant in dental public health was that registration and early brushing was how to best proceed.

Commenting on the performance figures, the Head of Strategic Services explained that East Dunbartonshire HSCP hosted the oral health service, that they were the HSCP's benchmarking partner, and that officers could look at the steps taken by East Dunbartonshire HSCP to improve performance.

Further discussion took place in the course of which it was explained that there were a variety of reasons for non-registration and non-attendance at dentists by children, and how oral health had an impact on general health and social interaction. It was also highlighted that more senior were now dentate than in the past and details were provided of the work being carried out to improve oral health in care homes for the elderly in East Dunbartonshire.

Discussion also took place on public confusion about whether or not dentists were private or provided treatment on the NHS. It was explained that all NHS registered dentists had a list number and that practices could often offer a mix of private and NHS treatment. NHS operated a helpline to let the public know of practices in there are offering NHS treatment, and further information was contained in staff newsletters.

Following further comment the committee noted:-

- (a) the report and associated presentation;
- (b) that discussions would take place with East Dunbartonshire HSCP about the strategies used by them to improve dental registration rates
- (c) that child registration would be taken to the Early Years Planning Group for further discussion and the development of an action plan; and
- (d) that the oral health Tip of the Month would be included in future HSCP newsletters.

MID-YEAR PERFORMANCE REPORT

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

The Head of Strategic Services having been heard further on the information contained in the report, discussion took place on the performance measures that had been reported.

In response to questions the Head of Strategic Services outlined the processes in place to support people who suffered from domestic abuse it being suggested that this should be subject of a presentation to a future IJB seminar.

Ms Brown amongst other things having welcomed that Kinship Care targets had been exceeded, improvements in Child and Adolescent Mental Health Services, and commended the consistently positive performance in relation to delayed discharge, the committee noted the report.

AUDIT SCOTLAND REPORT – SELF-DIRECTED SUPPORT 2017

6. The committee considered a report by the Chief Officer providing an overview of the 2017 progress report on Self-directed Support, produced by Audit Scotland, and the implications for East Renfrewshire IJB.

By way of background, the report explained that in August 2017, Audit Scotland had published its follow-up audit on Self-directed Support (SDS).

As part of the 10 year SDS strategy, new legislation was introduced which gave councils responsibility from April 2014 for offering people 4 options for how their social care was managed.

Audit Scotland had reported in 2014 on councils' early progress in implementing the strategy and their readiness for the new legislation. At that time it was found that councils had a lot of work to do to make the cultural and practical changes needed and recommended by Audit Scotland that councils work more closely with people who needed support, their carers and families, providers and communities to involve them in planning, designing and delivering local SDS strategies.

The report explained that the aim of the follow-up audit was to establish whether councils, integration authorities and the Scottish Government were making sufficient progress in implementing SDS to achieve the aims of the strategy.

Details of the methodology used to conduct the audit having been outlined the report clarified that the Audit Scotland report was in 4 parts; Directing your own support; Assessing needs and planning support; Commissioning for SDS; and Implementing the national SDS strategy. A summary of the findings for each part was provided following which the report explained that Audit Scotland had made a number of recommendations which were listed.

It was highlighted that some of these were for Scottish Government, working in partnership with COSLA and others, to take forward, whilst the majority were for "authorities" including IJBs and HSCPs. Accompanying the report was an appendix setting out these recommendations and giving an update on local actions.

Commenting further on the report the Chief Financial Officer highlighted that Audit Scotland recognised the impact health and social care integration has had on progress, and that the report provided a timely scene setter for work already carried out by the HSCP and further work being taken forward. In this regard it was noted that a progress report on individual budgets would be submitted to the February meeting of the IJB.

In response to Mr Matthews it was explained that whilst there was a national benchmarking measure for the amount spent on SDS it was fairly crude.

The Chief Officer having outlined the HSCP's ambition for everyone who was eligible to have an individual budget allocation, but cautioned that as overall budgets continued to suffer reductions care needed to be taken around eligibility criteria, the committee noted the report.

AUDIT SCOTLAND REPORT – NHS IN SCOTLAND 2017

7. The committee considered a report by the Chief Officer providing an overview of the 2017 report on the NHS in Scotland, produced by Audit Scotland, and the implications for East Renfrewshire IJB.

The report explained that in October 2017 Audit Scotland had published its annual overview of the NHS in Scotland. Continuing its theme from previous reports that recognised healthcare could not continue to be provided in the same way with more progress being needed if transformational change was to occur, the Audit Scotland report focussed on 2 main areas; How different parts of the healthcare system in Scotland currently performed and why healthcare needed to change; and progress being made and the barriers which urgently needed to be overcome to ensure the NHS could continue to provide high quality care in the future.

A summary for the findings for each part was provided following which the report explained that Audit Scotland had made a number of recommendations which were listed. Accompanying the report were 2 appendices; Appendix 1 which set out the recommendations in detail, and Appendix 2 which set out the local position in respect of the recommendations.

Commenting on the report, the Chief Officer highlighted that more health boards were using reserves to continue to provide services, that national performance targets were not being met, and in some cases, similar to that of some councils, there was a lack of long-term financial planning.

The committee noted the report.

AUDIT ACTIONS UPDATE

8. The committee considered a report by the Chief Financial Officer providing an update on progress in the implementation of the action plans prepared in response to the Internal Auditor's report on Payments to Care Providers, and the IJB Annual Report and Accounts 2016/17.

The Chief Auditor having explained that her service was currently working with the Chief Financial Officer to agree which of the actions in the action plan could be closed off, the committee noted the report.

DATE OF NEXT MEETING

9. It was reported that the next meeting of the committee would take place on Wednesday 4 April 2018 at 9am in the Eastwood Health and Care Centre, Clarkston.

CHAIR

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