

**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
held at 10.30 am on 26 September 2018 in  
the Eastwood Health and Care Centre, Drumby Crescent,  
Clarkston**

**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
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
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
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**

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Ian Arnott	Finance Business Partner - HSCP
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Health and Social Care Localities

**APOLOGIES FOR ABSENCE**

Councillor Paul O'Kane	East Renfrewshire Council
Rosaleen Reilly	Service users' representative

**DECLARATIONS OF INTEREST**

1. Mrs Kennedy declared an interest in Item 7 – Talking Points (Community Led Support), on the grounds that she was the Chair of Voluntary Action.

**MINUTE OF PREVIOUS MEETING**

2. The Board considered and approved the Minute of the meeting held on 15 August 2018.

**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.

In response to comments from Ms Monaghan on reductions in the numbers of senior managers as part of the Fit for the Future Programme, and the potential increased risks and challenges to be faced as a result of these reductions, the Chief Officer explained that the reductions in manager posts were considered to be reasonable referring by way of example to the combination of a number of small teams into a larger team with the consequent reduction in managers. Notwithstanding, the position would be kept under review.

Referring to the transfer of a patient from Forensic Services to the hosted Specialist Learning Disability Service and to the potential financial implications for the HSCP (Minute item 14 refers), Councillor Swift enquired if any financial support had been received from the health board. In reply, the Chief Financial Officer confirmed that at this stage no financial support had been received but that discussions were ongoing.

Full discussion then took place on the question of hosted services and the potential financial risks for HSCPs, particularly smaller HSCPs such as East Renfrewshire where the hosted service had a relatively low throughput but with significant costs per user.

Ms Brown having highlighted that this issue had also been discussed at the meeting of the Performance and Audit Committee prior to the meeting of the Board, the Chief Financial Officer provided further background to the establishment of the hosted service arrangement, as part of which it had been agreed at the outset that dealing with any overspends within a hosted service would be the responsibility of the hosting HSCP. She explained that discussions were ongoing regarding the possibility of introducing an arrangement similar to trading accounts, whereby usage levels for each HSCP were agreed in advance and thereafter HSCPs were either recharged or refunded based on actual usage levels. However she cautioned that the monitoring required for such an approach would be high and there was no spare capacity, in addition to which any changes to the current approach would need to be agreed by all 6 HSCPs in the health board area.

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 Brimelow referred to the useful seminar for IJB members and officers on the Code of Conduct held by the Standards Commission on Monday 24 September, which she and a number of other Board members and officers had attended.

She had found this to be particularly useful in her role as a member of the Board in explaining the Code of Conduct and suggested that some of the information provided at the seminar would be useful for the presentation on the Code to be made at a future seminar.

Referring to the ongoing action in relation to smoking cessation programmes Councillor Swift highlighted evidence that suggested that smoking cessation programmes for young people were not effective, and that it would be better to target funding to other diversionary measures where results were more positive.

Mr Matthews was heard on the increasing numbers of young people using e-cigarettes, particularly those who had not been smokers, and how this was an area of concern. It was noted that he would raise this with the Dr Linda de Caestecker, the health board's Director of Public Health.

Ms Brown having thanked the Chief Officer for her recent presentation to the health board on the hosted Specialist Learning Disability Service, which had emphasised to the health board the challenges to be faced in managing a hosted service, the Board noted the report.

## **ANNUAL REPORT AND ACCOUNTS 2017/18**

5. 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 2017 to 31 March 2018, 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 27 June 2018.

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, particularly in relation to financial sustainability, levels of reserves, and low levels of free reserves.

The Chief Financial Officer having been heard further on the accounts and having thanked colleagues from Audit Scotland and her Finance Team for their work in the preparation of the accounts, Councillor Swift referred to the results of the recent Health and Care Experience Survey which suggested some dissatisfaction with the services provided, and that it was important that East Renfrewshire Council appropriately resourced social care provision to ensure that patients and clients were given the best experience.

Councillor Buchanan welcomed the improvements outlined in the report and highlighted that the funding provided to the Council by the Scottish Government depended on a number of factors including the demographics of the area and that the challenge that faced the Council was to try and do the best it could for the whole area with the funding available.

The Chief Officer was also heard on the results of the Health and Care Experience survey, and whilst acknowledging issues around sustainability highlighted that locally satisfaction levels were relatively high.

Ms Brown then commented on the 4 recommendations for improvement contained in the Audit Scotland report that had been considered by the Performance and Audit Committee. She explained that 2 of the 4 recommendations, relating to financial sustainability and medium and long-term financial planning applied equally to IJBs across Scotland. The remaining 2 recommendations, relating to strategic planning and GDPR compliance, would be addressed by no later than 31 March 2019.

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;

### **UNACCOMPANIED ASYLUM SEEKING CHILDREN – NATIONAL TRANSFER SCHEME**

6. The Board considered a report by the Chief Officer providing details of the National Transfer Scheme of unaccompanied asylum seeking children (UASC) as enacted by the 2016 Immigration Act, and seeking support for the proposals as set out in the report for East Renfrewshire to participate in the scheme.

The report referred to the significant increase in recent years in the number of unaccompanied young people reaching the UK and claiming asylum and explained that these young people became the responsibility of the local authority in which they presented. This had resulted in local authorities in the south of England supporting disproportionate numbers of these young people.

To ease the burden on these authorities a national transfer scheme had been introduced through the 2016 Immigration Act. The purpose of the scheme was to disperse UASC around the UK so that no local authority would be responsible for UASC over 0.07% of their child population.

The legislation governing the scheme had been extended to Scotland in February 2018 and it was further explained that whilst participation in the Scheme was voluntary, the legislation contained provision for the Home Office to compel participation.

Having set out the process for dealing with asylum claims by UASC; the support that could be provided by local authorities including when such support was required to be withdrawn, and further clarified that East Renfrewshire already participated in the Syrian Refugee Resettlement Scheme, the report proposed that East Renfrewshire participate in the National Transfer Scheme.

The report explained that based on the formula, the maximum number of children that could be looked after in East Renfrewshire in terms of the scheme was 14. However it was clarified that based on existing capacity, the maximum number would be 3. Full details of the financial implications of the proposal were set out.

The Chief Social Work officer was heard in further explanation of the proposals and in response to a question from Mr Matthews on the justification for seeking approval to participate in the programme, explained that this was about having a sense of responsibility and “doing the right thing”.

Ms Monaghan having supported the proposals, the Chief Officer reminded the Board of existing participation in the Syrian Refugee Resettlement Scheme and acknowledged the knock on effect on other services that participation brings, such as on education, mental health and GP services.

Welcoming the comments by the Chief Officer in relation to the impact on other services, Mrs Brimelow suggested that these had the potential to be significant, and that in submitting the proposals to the Council for consideration, more details on the implications should be provided.

Thereafter the Board:-

- (a) noted the proposals as set out in the report;
- (b) agreed to support the proposals; and
- (c) agreed that the proposals be remitted to the Council for consideration, subject to further information in relation to the potential implications on other services also being provided.

### TALKING POINTS (COMMUNITY LED SUPPORT)

7. The Board considered a report by the Chief Officer providing an update on the development and testing of the Community Led Support approach, including the development of *Talking Points* an approach to support people to access information, early intervention and prevention support in the community. The report also sought approval of proposals to implement *Talking Points* as part of the wider Adult Health and Social Care Localities initial contact redesign.

The report referred to the Board's decision in February 2016 to endorse a new Community Led Conversations (later Community Led Support) approach, and to the subsequent agreement of the HSCP to be one of the 3 partnerships to participate in the first wave of programme testing the approach in an integrated environment, supported by the National Development Team for Inclusion (NDTi).

Thereafter, the report provided details of some of the support provided by NDTi including facilitating community events, delivering training, and facilitating networking sessions with other Community Led Support sites across Scotland and the wider UK.

The report also referred in particular to the partnership working with Voluntary Action East Renfrewshire and East Renfrewshire Carers in developing and testing *Talking Points* in a series of locations across localities, with details of the venues used and the model used in each venue being provided. In particular it was noted that many outcomes were found to be achievable without requiring HSCP services, for example through signposting and referrals to community groups, third sector provision.

The report then set out the next stages in the move to implementation with the first phase of the roll out of *Talking Points* being the provision of 5 per month at various locations across the area, with the frequency at each location being reviewed over time, dependent on demand.

The report also outlined the financial implications of moving forward, both in terms of the requirement for some investment as well as incorporating structural changes through the *Fit for the Future* redesign for internal HSCP budgets and staffing structures, and also some additional one-off funding for the provision of information materials and access point redesign as well as potential further investment in the telephone systems within health and care centres to deal with increased traffic. Investigation work in respect of this latter issue was underway.

The Head of Health and Social Care Localities having been heard further, full discussion took place.

Mr Mohamed having welcomed the initiative but cautioned on removing services from a venue too early if it did not appear to be attracting numbers, Ms Monaghan also welcomed the proposals. She recognised that people should not need to get involved with formal services unless absolutely necessary, but that there were occasions when this route was appropriate, and emphasised the importance of having suitably skilled staff who were able to differentiate between the needs of people.

She also cautioned against the dangers of over-analysis and over-measurement which had the potential to undo any of the good work being developed.

In reply the Head of Health and Social Care Localities referred to previous projects that had been undertaken and how the learning from those projects had been used in developing the *Talking Points* proposed approach. She also recognised the tensions between how data gathering and analysis could have a potentially negative impact and the statutory obligations on the HSCP in relation to data gathering.

Mr Matthews also expressed concerns about the impact of data gathering on the effectiveness of the project and Mr Mohamed suggested that one way of reducing the impact on clients was to gather data over a series of meetings with a person.

The Chief Officer was heard further on the proposals and how they were part of an overall strategy in an environment of addressing increasing demand with reducing resources.

Following further discussion in the course of which an evaluation of the project was welcomed but the challenging nature this evaluation was recognised, and that imperative to the success of the project was striking a balance between service demand and diversion, the Board:-

- (a) noted the report and the activity to date to develop and test *Talking Points*; and
- (b) approved the planned approach to the implementation of *Talking Points*.

## **OCCUPATIONAL THERAPY EQUIPMENT AND HOUSING ADAPTATIONS**

8. The Board considered a report by the Chief Officer providing an update on the development of Occupational Therapy Rapid Access and detailing improvements to the process for housing adaptations.

By way of background, the report explained that in the autumn of 2016 waiting times in the Lavern Valley for allocation to an Occupational Therapist or Assistant Occupational Therapist were approximately 4.5 months with approximately 80 people awaiting allocation. This had led to frustration amongst patients and high number of complaints. Furthermore, early intervention opportunities were being missed with more major and more expensive adaptations often being the only remaining solution.

To address these issues, in February 2017 the Lavern Valley Rapid Access to OT equipment service was introduced. This was a new approach to the provision of basic equipment as well as a new method for the allocation of occupational therapy referrals.

The report then provided a stage by stage explanation of the new procedures highlighting that the effect of the new service was significant as waiting times for the allocation to an Occupational Therapist reduced to approximately 3 weeks, whilst the number of cases on the waiting list reduced to 14 then further reduced to 0.

It was further clarified that in February 2018 the service was introduced in the Eastwood side of East Renfrewshire. This had seen reductions in people on waiting lists across the whole of East Renfrewshire from around 70 to on average 28, with the average waiting time for allocation to an Occupational Therapist being approximately 3 weeks.

Thereafter, the report set out the changes that had been introduced in the processes and procedures for dealing with housing adaptations. This had included regular meetings between HSCP and housing staff and the dissolution of the Resource Allocation Group. This group, although initially successful, had caused a slight bottleneck in the process, and with the development of staff it was considered no longer necessary.

Mrs Brimelow having welcomed the report and the assurances it provided, Ms Monaghan, whilst also welcoming the report, related an example of where strict adherence to eligibility criteria could in effect create and not solve problems, and that it was important to retain some flexibility in the system, particularly in relation to the use of individual budgets.

Also welcoming the report, Councillor Swift suggested that it reinforced the need for a cost effective use of resources, part of which was about making sure that people were performing roles appropriate to their roles within the organisation.

In reply the Chief Officer confirmed that one of the key elements of the Fit for the Future programme was ensuring that the right person was doing the right thing at the right time all of which would help to maximise efficiencies.

This was supported by the Chief Social Work Officer and the Chief Nurse.

The Board noted the report.

## REVENUE BUDGET MONITORING REPORT

9. 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 20 July 2018 and seeking approval of a number of budget virements.

It was reported that against a full year budget of £113.288 million there was a projected overspend of £0.691 million (0.6%). It was noted that of the projected overspend, £0.454 million related to savings from Fit for the Future still to be achieved and £0.238 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.

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 a question from Ms Monaghan on the additional costs incurred associated with the care home closures that had occurred, the Chief Financial Officer confirmed that cost details had been identified and that a claim would be made with the administrators of the care homes in question.

Ms Brown referred to financial safety schemes in place in other industries, such as ABTA in the travel industry, and suggested that a similar scheme in the care home industry would be beneficial.

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**

**10.** It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 28 November 2018 at 10.30 am in the Council Offices, Main Street, Barrhead.

CHAIR