

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00am on 16 August 2017 in
the Eastwood Health and Care Centre,
Drumby Crescent, Clarkston**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Lesley Bairden	Chief Financial Officer
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Morag Brown	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – Integration Joint Board
Councillor Paul O’Kane	East Renfrewshire Council
Rosaleen Reilly	Service users' representative
Kate Rocks	Head of Children’s Services and Criminal Justice (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council

IN ATTENDANCE

Kevin Beveridge	Commissioning and Contracts Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Ruth Gallagher	Voluntary Action East Renfrewshire
Heather Gray	Cosgrove Care
Candy Millard	Head of Strategic Services
Frank White	Head of Health and Community Care

APOLOGIES FOR ABSENCE

Dr John Dudgeon	Clinical Director
Ian Smith	Staff Side representative (HSCP)

DECLARATIONS OF INTEREST

- The following declarations of interest were intimated:

Item 7 – Development of Learning Disability Day Opportunities – Councillor O’Kane declared a non-financial interest in this item on the grounds that he was an employee of Enable.

Item 8 – Preparation for Implementation of Carers (Scotland) Act 2016 – Mrs Kennedy declared a non-financial interest in this item on the grounds that she was the Chair of Voluntary Action East Renfrewshire.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 28 June 2017.

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.

Referring to the report Mrs Brimelow questioned what steps were taken to ensure other actions agreed at earlier meetings were completed and whether or not there was scope for a regular report to the Board with any agreed actions that remained outstanding.

In reply it was explained that all actions agreed by the Board were monitored by the Departmental Management Team by way of an action log that was maintained, but that consideration could be given to a report of the type suggested by Mrs Brimelow being submitted to the Board in future.

The Board noted the report and the additional information.

PARTNERSHIP WORKING

4. The Board received a presentation from Ruth Gallagher (Voluntary Action East Renfrewshire) and Heather Gray (Cosgrove Care) on partnership working within East Renfrewshire.

By way of background, Ms Gallagher explained the role of Voluntary Action East Renfrewshire. She commented on the amount of partnership working taking place in the area and how this had evolved over time, highlighting that one of the outcomes of the partnership working that was taking place was to help residents who needed support to continue to live in the area.

Comment was made on the enthusiasm demonstrated by all the partners to work together in the best interests of local people with one of the key aims being to go further than the statutory minimum in relation to service provision.

Thereafter, Ms Gray was heard on the work of Cosgrove Care in the area, giving details of the broad range of services provided by the organisation. She explained that Cosgrove Care was a keen supporter of working in partnership with other organisations and that working in partnership was one of the main ways in which to mobilise and maximising available resources.

Full discussion then took place, Councillor Buchanan welcoming that partnership working was delivering shared outcomes across East Renfrewshire across the age spectrum and was key to project innovation and development moving forward.

Mr Matthews sought views on the changing funding landscape and whether new organisations diluted the funding levels available to existing organisations. In addition Ms Brown highlighted issue of project sustainability and that the short term nature of much of the funding that was available and the changing outcomes being sought by the funders sometimes meant that good projects needed to be terminated.

Acknowledging the issues raised, Ms Gallagher explained that the role of the Third Sector Interface was not only to help groups and organisations to attract funds but also to work with existing and potential new service providers to try and create links between similar organisations and minimise duplication of provision.

On behalf of the Board Councillor Bamforth thanked Ms Gallagher and Ms Gray for their interesting and informative presentation.

MINUTES OF COMMITTEES

5. The Board considered the Minutes of the meetings of the undernoted committees:-
- (i) Clinical & Care Governance Committee – 21 June 2017; and
 - (ii) Performance & Audit Committee – 28 June 2017.

Referring to Minute of the meeting of the Clinical & Care Governance Committee (Item 6) in relation to proposals to reduce antidepressant prescribing, Councillor Swift referred to the pressures already being experienced by psychological services and sought clarification of how the levels of specialised mental health resource provision in East Renfrewshire compared against other HSCPs across the country.

In reply, the Chief Officer reported she did not have the figures to hand, although she explained that the use of psychological services was only one method available to assist in antidepressant prescribing reduction with a number of other local preventative strategies available.

Ms Brown who had chaired the committee explained that it had been agreed that a report be submitted to a future meeting on antidepressant prescribing and the availability and use of specialised mental health resources. This would be publicly available in due course.

Referring to Item 13 of the same Minute – Care at Home Service Inspection – Mrs Kennedy questioned why Care Commission inspection reports were not being submitted to the Board for information. In reply, the Democratic Services Manager referred to the Board's decision to remit consideration of such reports to the committee.

In response to further comments from Mrs Kennedy on the opportunity for staff to be made aware of the very positive reports that were being submitted, the Chief Officer undertook to investigate ways in which inspection reports could be more widely publicised amongst staff.

The Board noted the Minutes and the additional information.

DEVELOPMENT OF LEARNING DISABILITY DAY OPPORTUNITIES

6. The Board considered a report by the Chief Officer providing an update on the work undertaken by the HSCP and partners to increase opportunities available to people with learning disability.

By way of background, the report referred to the desire, set out in the HSCP Strategic Plan, to increase opportunities for people with a learning disability through developing social enterprises, training and leisure options. It referred to 2015-2018 budget setting process and to a potential saving to be achieved through the closure of one of the Learning Disability Resource Centres. However the report acknowledged that the potential closure quickly became the focus of attention, rather than the work being undertaken in partnership to develop a wider range of options for people with learning disability.

Subsequently, following reflection and consideration of alternative methods of achieving the original ambitions, including the retention of both buildings as hubs but widening community access, the proposed saving was reduced by the Board on 30 March 2016.

Thereafter, the report provided an update on the work undertaken to date to increase opportunities available to people with learning disability, changes to learning disability day services, and to widen community involvement in the HSCP resource centres.

Several examples of increased opportunities were provided including the establishment of a community interest company which runs the Greenhouse Café in the Eastwood Health and Care Centre and whose employability programme sought to give individuals with learning disabilities a broad range of skills that would make them better equipped to undertake permanent employment.

Details of the work undertaken to release space for partner organisation in both Barrhead and Thornliebank Resource Centres having been provided, the report gave further details of changes to learning disability day services also setting out the next phase of work which would be to prepare for people holding individual budgets.

Information in relation to day services transport was also provided it being noted that it was proposed to move away from the current model of transport provision to a mixed model, replacing the current fleet with fewer buses along with people carriers and electric cars giving greater flexibility, with greater use of community transport and personal mobility allowance also being investigated.

Having heard Councillor Bamforth pay tribute to the work carried out by staff during the recent short-term decant of residents at Bonnyton House due to a gas leak, the Head of Health and Community Care was heard further on the report in the course of which he clarified that the key objective was to give people with learning disabilities the same chances and opportunities as people who did not suffer from learning disability.

Ms Brown welcomed the report and the positive examples of partnership working for positive change. This view was echoed by Ms Monaghan who in particular welcomed the reduction in the number of people attending learning disability day services, accessing appropriate alternative community options instead.

Responding to questions from Ms Monaghan on the use of Self-Directed Support (SDS) the Chief Officer explained some of the work being undertaken both to prepare people for the role of being an individual budget holder, and also staff within the HSCP on how to deal with the choices budget holders may wish to make.

Further discussion on SDS followed in the course of which The Chief Social Work Officer was heard on the contribution made by SDS in helping to reduce the number of people transitioning from Children's Services to Adult Services, following which the Chief Officer, in response to Ms Monaghan indicated that consideration could be given to bringing a report to a future meeting of the Board on how SDS was being used.

In response to Councillor Swift who queried whether the projects being developed were those which people with learning disabilities and their carers really wanted, the Head of Health and Community Care explained that the projects were a local reflection of national strategy and that whilst there would never be unanimous support for everything, there was general support for what was being done.

Following further discussion in the course of which the Commissioning and Contracts Manager was heard on a range view of emerging social enterprises, the Board noted the report.

PREPARATION FOR IMPLEMENTATION OF CARERS (SCOTLAND) ACT 2016

7. The Board considered a report by the Chief Officer providing details of a range of local and national activities underway to prepare for the commencement in April 2018 of the Carers (Scotland) Act 2016.

The report explained that the Carers (Scotland) Act 2016, commencing in April 2018, contained a package of provisions designed to support carers' health and wellbeing including a duty on local authorities to provide support to carers and provision of a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes, amongst other things. Full details of the provisions were contained in the appendix accompanying the report.

The report further explained that a number of networking groups to agree aspects of joint working between COSLA, Social Work Scotland and the Scottish Government had formed part of the planning for the commencement of the Act, as well as highlighting that East Renfrewshire had been involved in national carer work and was a pilot area for the Young Carers Statement aspect of the legislation with other partnerships supporting other aspects of the Act's provisions.

Having explained that a programme of work across the wider NHS GGC area was underway to support the provisions of the Act looking at involving carers within the discharge arrangements, the report provided further details of the local work taking place to prepare for the implementation of the legislation and develop a revised Carers Strategy.

Initially this had seen the creation of a Carers Act Implementation Group (CAIG) established by the HSCP in partnership with ERCarers and Voluntary Action East Renfrewshire, the purpose of which was to agree a range of preparatory activities to inform the implementation of the Act and to ensure all stakeholders were represented in the planning process.

Details of some of the engagement activity undertaken, which included a series of conversations with local citizens within a "Care Collective" and some of the key themes which had emerged were outlined with in the report it being noted that a number of design questions, listed in the report, would be the focus of the next phase of Care Collective activity.

The report also provided information in relation to work within the community led support workstream, preparation of local eligibility criteria, the pilot to develop the Young Carers Statement provisions, a review of the provision of carers information and advice services, and the development of an NHS GGC-wide approach to the Act's requirement to involve and consult carers throughout a person's time in hospital.

The Commissioning and Contracts Manager having been heard further on the report, Ms Monaghan referred to the need to make sure that the local eligibility criteria was fit for purpose, highlighting that in difficult financial circumstances it was often intervention services, where no immediate effects were seen, that suffered. In reply the Chief Officer explained that the HSCP was keen to take a long-term approach, but acknowledged that there were difficult choices to make when funds were limited. In this regard, Ms Gallagher was heard to explain that part of the work undertaken by the Care Collective was about trying to ensure a continuum of support and not just crisis intervention.

The Chief Officer having undertaken to review the Implications Checklist on reports in relation to the possible inclusion of implications for carers, Mr Mohamed explained he had been a member of the CAIG. The view of the group was that the requirements of the legislation should be a minimum standard. He also hoped that there would be an improvement in the levels of involvement for people with mental health issues, which in his view fell short of the levels of involvement afforded people with physical issues. In reply the Chief Officer reported on the work in this area being led by Glasgow HSCP which had Health Board wide responsibility for this and that the HSCP would work with them.

Following discussion the Board noted the report.

INDEPENDENT PANEL CHAIR – ADOPTION AND PERMANENCE PANEL

8. The Board considered a report by the Chief Officer seeking approval for the recruitment and appointment of an Independent Panel Chairperson for the Adoption and Permanence Panel, a deputy Chairperson and a deputy Agency Decision Maker Designate.

Having explained the legislative background to the establishment by local authorities of an Adoption and Permanence Panel and its purpose, the report set out details of Panel membership explaining that as East Renfrewshire Council was a relatively small local authority, senior managers may have a dual role in relation to planning for children, the current Panel Chair being a senior manager in HSCP Children's Services.

The report explained that an independent review of the panel was undertaken in 2017 resulting in a number of recommendations. These included the benefit of appointing an independent Panel Chair providing additional objectivity and removing any potential conflict of interest and the appointment of a deputy Panel Chair and a deputy Agency Decision Maker in keeping with the Adoption and Children (Scotland) Act 2007 and which would provide contingency within the local authority procedures. It was noted that a senior manager would be identified within Children's Services to act as deputy Chair, whilst the Head of Health and Community Care would be appointed as the deputy Agency Decision Maker.

The Chief Social Work officer having been heard further on the report and following discussion, the Board:-

- (a) noted the report;
- (b) approved the recruitment and appointment of an Independent Panel Chair; and
- (c) confirmed the appointment of a deputy Panel Chair and a deputy Agency Decision Maker.

EAST RENFREWSHIRE FAMILY WELLBEING SERVICE

9. The Board considered a report by the Chief Officer regarding the introduction and delivery of a new 1-year pilot Family Wellbeing Service to support children and young people who presented with a range of significant mental and emotional wellbeing concerns.

The background to the proposals was outlined. This included that there had been recognition that many East Renfrewshire children and young people were presenting at universal services, particularly GPs, with requests for support around anxiety, depression, distress and associated behaviours which were symptomatic of relational disconnection and trauma. In addition many professionals and parents were expressing worry about the wellbeing of children and young people and were calling upon specialist services such as CAMHS or Educational Psychology to respond it being further noted that these services were being overwhelmed, often inappropriately, which resulted in long delays before help was offered.

The report clarified that the pilot scheme would test the assertion that in many of the cases of referral to Tier 3 services restorative family support may be a much more effective approach, and would offer early help at the point of need in order to ensure that needs assessment was undertaken more quickly and the correct professional help identified without unnecessary delay. This was seen as being key to eliminating distress in children and their families, reducing demand for clinical treatment services, and promoting resilience in the child and the family.

The report explained that Children 1st had created a model of intervention for children and their families based on taking a restorative approach whereby health family relationships were built up and maintained, difficulties resolved and harm repaired where there had been conflict or trauma, the focus being on building relationships that created change.

Details of the referrals to both CAMHS for the period October 2015 to March 2017 and the Educational Psychology over the three academic years from 2013/14 to 2015/16 were provided and it was highlighted that a high proportion of the current referrals to Tier 3 services were rejected as they did not meet the eligibility threshold. The pilot project would test whether the provision of a Tier 2 service such as the Family Wellbeing Service would more appropriately support these children and young people.

Thereafter the report provided full details of where the pilot would be based, what services would be provided, the main methods of engagement and what the anticipated service outcomes would be. It was noted that £220,000 had been identified from reserves and that continued funding of the service would be determined by the outcome of the evaluation that would be carried out at the conclusion of the pilot.

The Chief Social Work Officer having been heard further on the report in the course of which the involvement of the GP Forum in the development of the proposals was highlighted, Councillor Swift welcomed the project. However he suggested that the service outcomes as set out in the report needed to be tightened up. In reply the Chief Social Work Officer acknowledged this and explained what further work was being undertaken in relation to the service outcomes.

In response to questions from Mr Mohamed the Chief Social Work Officer was also heard on the process for fast tracking children if required and some of the programmes already available to support families such as the Psychology of Parenting programme.

The Chief Social Work Officer having clarified the referral process for children outwith the 2 practices involved in the pilot programme, Ms Brown whilst welcoming the project referred to the single method approach, that it was important to remain open-minded about other approaches, and that she hoped the academic research would be mindful of that. In reply, the Chief Social Work Officer confirmed this.

The Board approved the introduction of the Family Wellbeing Service as a pilot for 1 year.

BUDGET UPDATE 2017/18 AND 2018/19

10. The Board considered a report by the Chief Financial Officer providing an update to the NHSGGC partner contributions to the HSCP for 2017/18 and the budget setting process for 2018/19.

The report explained that the NHSGGC budget contribution for 2017/18 had almost been agreed, it being noted that the savings requirement of £0.3 million for the HSCP in relation to funding from NHSGGC was a significant reduction in the expected level of savings since last reported in March as the Prescribing cost pressure, previously estimated at £0.4 million, had been mitigated through the work of the short life Prescribing Working Group. It was further noted that the 2017/18 savings would be met, in the main, from the Fit for the Future change programme.

The full integration of the finance team having been highlighted, the report provided further detailed information in relation to the activities of the Fit for the Future change programme during 2017/18 and that the output from the various service reviews being undertaken would help inform the development of the HSCP workforce and organisational structure.

The report then provided details in relation to the 2018/19 budget process, setting this in the context of long-term funding decline, rising demand for services and increasing costs, and highlighting that the proportion of Council spend on social work was amongst the lowest nationally, and the lowest in the benchmarking “family” of 8 councils across the country. It was noted that the Chief Financial Officer had modelled the financial impact of a range of funding scenarios based on varying savings requirements.

The report also explained that there remained a high level of uncertainty over likely funding levels in the longer-term and that a range of scenarios would be developed.

The Chief Financial Officer reported that since the publication of the report a letter had been received from NHSGGC proposing a 2017/18 NHS contribution of £81.6 million, comprising a revenue budget of £67 million and a set-aside budget of £14.6 million.

In particular she highlighted that the proposal set the HSCP prescribing budget at a level reflecting prior year spend and confirmed that the NHSGGC Board would continue the risk share agreement and underwrite any in-year prescribing overspend. She also explained that the HSCP Contribution of the HSCP proportion of the £3.6 million savings to be achieved by all HSCPs in the NHSGGC area was £212,000 which was to be a one-off contribution met from either the in-year budget or reserves as required.

Having explained that the set aside budget remained notional and that a working group to agree a funding mechanism to translate activity to transferrable cash value had been established, The Chief Financial Officer explained that the budget offer was a significantly improved position from that estimated in March, also allowing time for a recurring solution to the historic savings. In conclusion she recommended that the Board approve the NHS budget contribution for 2017/18.

Ms Brown suggested it would be helpful if some exploration and analysis of the levels of support provided by both the Council and NHSGGC could be undertaken, and Mrs Brimelow enquired if a copy of the budget offer letter from NHSGGC could be shared with Board members. She also enquired if a further update on progress in the delivery of the Fit for the Future Change programme objectives could be provided.

In reply, the Chief Officer indicated that some exploratory work on funding levels could be carried out, that a copy of the budget offer letter would be shared with Board members, and that progress on delivering savings targets would be the subject of a future seminar with further reports being submitted to future meetings of the Board as and when appropriate.

The Board:-

- (a) approved the 2017/18 NHS budget contribution; and
- (b) noted the approach to 2018/19 budget scenario planning.

REVENUE BUDGET MONITORING AND PROVISIONAL OUTTURN 2016/17

11. The Board considered a report by the Chief Financial Officer providing details of the 2016/17 revenue budget provisional outturn and the projected outturn position of the 2017/18 revenue budget as at 23 June 2017, and seeking approval for a number of budget virements in respect of the 2017/18 budget.

With regard to the 2016/17 revenue budget outturn, it was reported that the provisional position, which was subject to any adjustments resulting from the audit of the IJB accounts and those of partner organisations, was that there had been an underspend of £1.52 million, this being 1.3% of the total annual budget of £112.3 million. Earmarked reserves had increased by £1.925 million in line with the agreed strategy. Details of the consolidated full year outturn per service were provided and comment made on the main areas of variance from the agreed budget.

In relation to the 2017/18 revenue budget it was reported that there was a provisional forecast underspend of £0.028 million (0.03%) against a full year budget of £110.652 million. Comment was made on the main variances, it being noted that at the early stage in the year these would be subject to change as the year progressed.

The report also sought approval for a number of adjustments (virements) to the 2017/18 budget which would allow current care package commitments and operational requirements to be more accurately reflected.

Commenting on the report, the Chief Financial Officer explained that the NHS-related spend was deliberately to budget as at the time of the preparation of the report the budget had not been agreed. She clarified that the Fit for the Future Programme savings were projected to be met in full with sufficient reserves to fully cover the annual saving although her expectation was that some part-year savings would need to be delivered in the current year. In addition she explained that the approval of the virements was a technicality which gave an audit trail from the original social care budget as approved to the current budget, reflecting progress in realigning historic budgets to current activity. This was ongoing and further virements would be submitted for approval as and when required.

Following discussion the Board:-

- (a) noted the provisional outturn for the 2016/17 revenue budget;

NOT YET ENDORSED AS A CORRECT RECORD

- (b) noted the projected outturn position for the 2017/18 revenue budget; and
- (c) approved the 2017/18 budget virements.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 27 September 2017 at 10.30am in the Council Offices, Main Street, Barrhead.

CHAIR