

ERCHCP(M) 14/2  
Minutes 18 – 35

**GREATER GLASGOW AND CLYDE NHS BOARD  
EAST RENFREWSHIRE COUNCIL**

**Minute of Meeting of the  
East Renfrewshire Community Health and Care Partnership Committee  
held at 10.00am on 16 April in  
the Council Offices,  
Main Street, Barrhead**

**PRESENT**

Councillor Alan Lafferty (in the Chair)

Morag Brown	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Councillor Jim Fletcher	East Renfrewshire Council
Ian Lee	NHS Greater Glasgow and Clyde Board
Councillor Ian McAlpine	East Renfrewshire Council
Dr Alan Mitchell	Clinical Director
Geoff Mohamed	Public Partnership Forum
Julie Murray	CHCP Director
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Elizabeth Roddick	Community Pharmacist - Professional Advisory Group
Rosaleen Reilly	Public Partnership Forum
Councillor Jim Swift	East Renfrewshire Council

**IN ATTENDANCE**

Eamonn Daly	Democratic Services Manager
Candy Millard	Head of Strategy
Lynne Samuel	Finance Business Partner (CHCP)
Erik Sutherland	Planning and Performance Manager

**APOLOGIES**

Dr John Dudgeon	GP - Professional Advisory Group
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18. **DECLARATIONS OF INTEREST**

There were no declarations of interest intimated.

19. **EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP – MINUTE OF PREVIOUS MEETING**

The committee considered the Minute of the meeting of 12 February 2014.

**DECIDED:**

That the Minute be approved.

20. **MATTERS ARISING**

The committee considered a report by the Director of the Community Health and Care Partnership providing an update on matters arising from discussions that had taken place at the previous meeting.

**NOTED**

21. **CARE GOVERNANCE SUB-COMMITTEE**

The committee considered the Minute of the meeting of the Care Governance Sub-Committee held on 19 March 2014, which forms Appendix 1 accompanying this Minute.

**NOTED**

22. **PUBLIC PARTNERSHIP FORUM EXECUTIVE GROUP**

The committee considered the Minute of the meeting of the Public Partnership Forum (PPF) Executive Group held on 4 February 2014 which forms Appendix 2 accompanying this Minute.

Councillor Lafferty reported that Bernard Fishman, one of the members of the group, had sadly passed away recently. He referred to Mr Fishman's membership of, and active participation in, a variety of community groups over a long period, and to his positive contribution to community life during that time. He suggested that it was appropriate for the committee to record its appreciation for the many years of dedicated public service given by Mr Fishman and to express sympathies to Mr Fishman's family for their sad loss

The Director having highlighted that Mr Fishman was one of the first members of the PPF following its establishment, Mrs Reilly stated that Mr Fishman's contribution at meetings of the group had been both welcomed and appreciated and that he would be sadly missed.

**ACTION BY**

In addition Mr Mohamed reminded the committee of the forthcoming PPF public information event being held in St John's Church, Barrhead, on 29 April. All members of the committee were welcome to attend.

**DECIDED:-**

- (a) that the Minute be noted;
- (b) that the committee's appreciation of the service given by Mr Fishman and condolences to his family be recorded; and Democratic Services Manager
- (c) that details of the forthcoming PPF public information event be noted.

23. **STAFF PARTNERSHIP FORUM**

The committee considered the Minute of the meeting of the Staff Partnership Forum (SPF) held on 25 November 2013, which forms Appendix 3 accompanying this Minute.

Councillor Lafferty referred to the continuing absence of a staff side representative at meetings of the committee in response to which the Director referred to difficulties in identifying a representative. However, she reported that there did now seem to be a greater enthusiasm on the part of the staff side to actively participate in meetings, particularly in view of the forthcoming transition from CHCP to Health and Social Care Partnership (HSCP), and it was hoped a new staff side representative could be appointed in the near future.

**NOTED**

24. **INTEGRATION TRANSITION PLAN**

The committee considered a report by the Director of the Community Health and Care Partnership relative to the steps being taken in the move from a Community Health and Care Partnership to a new integrated Health and Social Care Partnership.

The report explained that as part of the transition, the Scottish Government required each partnership to develop a jointly agreed transitional/organisational development plan. These plans were to set out the actions that were needed to meet the requirements of the Public Bodies (Joint Working)(Scotland) Bill which was expected to receive Royal Assent shortly, and the associated policy memorandum.

A local transition plan had been prepared and accompanied the report.

Commenting further on the report, the Director explained that some transitional funding was being made available by the Scottish Government to support organisational development work associated with the transition to Health and Social Care Partnerships, but that the level of funding allocated

**ACTION BY**

was dependent on the content of the transition plan that was submitted. She explained further some of the work that would take place locally. Reference was made in particular to locality planning, the Director explaining that any proposals brought forward needed to make sense in terms of local community planning arrangements, but also needed to be supportable.

Councillor Swift commented on the position regarding GP engagement in commissioning in England, and queried what benefits GPs in Scotland could expect to obtain from engagement with Health and Social Care Partnerships. In reply, the Director explained that GP engagement locally was very positive, and outlined some of the benefits to GPs of engaging with the CHCP. In this regard, Dr Mitchell explained that East Renfrewshire had been the first area to develop a GP Forum, and that he anticipated a very rich contribution from GPs at a future meeting of the Forum in respect of the development of GP localities.

Ms Brown stated that she had been impressed by the level of commitment and engagement by GPs across the Greater Glasgow and Clyde area, and that in many cases the reasoning behind involvement was not about personal gain, but was about the provision of better services for local communities.

**DECIDED:**

- (a) that the proposed transition plan be approved; and
- (b) that further updates on transition requirements and arrangements are submitted to the committee as appropriate.

Head of  
Strategic  
Services

**25. PERSONALISATION AND SELF-DIRECTED SUPPORT - UPDATE**

The committee considered a report by the Director of the Community Health and Care Partnership providing an update on steps being taken and progress made in preparing for the legislative requirements of the new Social Care (Self-Directed Support)(Scotland) Act.

The report explained that the Act had come into force on 1 April and that it set out 4 statutory principles in relation to the involvement of supported persons in decisions about their care provision. Furthermore, the report explained that the Act placed local authorities under a duty to offer supported persons 4 options of self-directed support. Details of the 4 options were provided.

The report further explained that in preparing for the implementation of the new legislation, the opportunity had been taken to review the whole “customer journey” for assessment and provision of support, and details of the process to be used in future following the review were outlined. .

In particular, the report explained that as part of the assessment process, an indicative individual budget that would be available to support a person’s overall care package would be determined using the service’s Equivalency Model. Under this model, a person’s individual available budget would be calculated as no greater than the amount that would have been spent on

traditional service-led support. An upper limit and range for different types of provision of an agreed quality would be determined annually as part of a wider strategic commissioning process and the person would be informed of their indicative individual budget and the charging policy that would be applied. Once this was established the person could choose which of the 4 care options they felt offered them the level of choice and control they preferred. It was noted that equivalency rates were the maximum amounts the CHCP would pay for support, and that if a person chose a provider with a higher hourly rate they were responsible for paying the additional costs incurred.

The report outlined the way in which outcomes and the need for eligible services would be reviewed regularly, and how the assessment process would be adapted for children. It also outlined the changes being made to CHCP systems to support the move to individual budgets including new guidance and processes for staff.

Having heard the Head of Strategic Services on the importance of the screening process, and issues around staff training and process review, the Chief Social Work Officer provided further background to self-directed support as it related to children, explaining in particular circumstances where self-directed support may not be appropriate.

Commenting on the report, Ms Brown referred to the potential destabilising effect that the introduction of self-directed support may have on some services, which may impact not only on current but potential future users of these services. She also referred to the potential for a diminution of service conditions for employees working for companies involved in service provision through self-directed support.

In reply, the Director acknowledged the potential impact on existing services and that this was a matter which would be carefully considered. With regard to employment conditions she suggested that market forces were a factor not only in terms of self-directed support, but that the CHCP would be able to set minimum quality standards which although may not be able to address the service conditions issue would at least guarantee that service users were provided with quality services.

Having responded to questions from Councillors McAlpine and Swift on local Direct Payment uptake levels. The Head of Strategic Services, in response to questions from Mrs Reilly, explained why it would not be possible for the CHCP to identify "approved contractors". However, it would be possible to provide clients with details of companies that met the minimum standards set by the CHCP.

In response to further questioning on how individuals would manage their budgets, the Head of Strategic Services and Finance Business Partner were heard on the various options, including the possible use of prepayment cards, that were being examined as part of phase 2 of the project

**DECIDED:-**

- (a) that the report be noted; and
- (b) that it be agreed to continue the roll out of the approach to individual budgets based on equivalence rates.

Head of  
Strategic  
Services

26. **REVIEW OF ELIGIBILITY CRITERIA AND APPLICATION IN EAST RENFREWSHIRE**

The committee considered a report by the Director of the Community Health and Care Partnership providing information on the outcome of a review of the East Renfrewshire policy on eligibility criteria in light of outcome focussed practices and the implementation of self-directed support, and seeking agreement to a new approach to testing.

Reference was made to the report considered by the committee in June 2010 relative to progress being made to implement the Scottish Government's guidance on National Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People. At that time, it was agreed that the use of eligibility criteria would be limited to the provision of services to people aged over 65, who were entitled to free personal or free nursing care.

The report explained that in recent months a review of both the national guidance and local policy had been carried out in light of the introduction of self-directed support. In particular it was highlighted that in terms of the guidance, whilst in respect of adults local authorities may apply local eligibility criteria in order to determine if a person's needs were considered to be eligible needs, for persons over 65 who were eligible for either personal or nursing care, joint Scottish Government/COSLA guidance on eligibility criteria must be followed.

The report further explained that the current local policy set the use of eligibility criteria within a wider context, and explained that preparation for self-directed support had built on this policy. Details of the review that had been carried out and a proposed new approach to testing were outlined.

Having heard the Head of Strategic Services further on the report, Ms Brown stated that the report accurately presented the challenges facing the CHCP but that life and support arrangements were about more than just the avoidance of harm. Whilst the proposals appeared to address a singular approach to the provision of services, she queried how they would deal with people with a fluctuating level of need, such as people with mental health problems.

In reply, the Chief Social Work Officer acknowledged that individuals could well have changing needs, referred to the importance of the review process to allow these changing needs to be addressed, and that key to the process was that practitioners were supported to ensure a consistent approach was delivered.

In response to comments from Councillor Swift on the importance of preserving the dignity of service users the Director explained that the outcomes focussed approach was about improvement in the quality of life of service users. However these services had to be provided within limited budgets and criteria needed to be applied to ensure that the efficiency and effectiveness of resources were maximised

**DECIDED:-**

- (a) that the report be noted; and

**ACTION BY**

- (b) that the proposed approach to testing as outlined be approved.

Head of  
Strategic  
Services

**27. CHCP CHARGING UPDATE 2014/15**

The committee considered a report by the Director of the Community Health and Care Partnership outlining information on the developing approach to charging following the introduction of self-directed support.

Reference having been made to previous reports on the context in which the CHCP sought to establish and operate a charging policy, the report referred to ongoing service redesign work, much of which centred around ensuring obligations around self-directed support legislation could be met, whilst at the same time balancing the significant pressure on Council resources.

The report highlighted that the legislation associated with self-directed support took effect from 1 April 2014, and explained that further work and service user consultation would be required before a revised approach to charging could be implemented. In view of this, it was proposed to continue with the existing charging policy, subject to a number of minor amendments to Care at Home Services, Housing Support Services, and Day Services, details of which were outlined.

Having heard the Finance Business Partner provide an update on further developments since the preparation of the report, particularly in respect of new COSLA guidance on non-residential care, Mrs Roddick questioned whether a form of means testing took place as part of establishing whether an individual would require to pay for services. In reply the Finance Business Partner confirmed that an assessment of income was carried out to establish if any contribution was required. However she clarified that before such an assessment was carried out, service users went through an income maximisation exercise to ensure they were receiving all benefits and other forms of financial support to which they were entitled. She also clarified why service users in certain client groups would be most affected by the proposals

**DECIDED:**

That the committee:-

- (a) note the phased approach planned for incorporating charging into self directed support policies and procedures; and
- (b) note the clarification in relation to current charge definitions; and
- (c) agree to recommend to the Cabinet that the Care at Home hourly charge be realigned to the personal care equivalence rate.

Finance  
Business  
Partner (CHCP)

**28. HEALTH IMPROVEMENT FUNDING IMPLICATIONS 2014/15**

The committee considered a report by the Director of the Community Health and Care Partnership providing an update on recent changes in Scottish

**ACTION BY**

Government funding impacting on local Health Improvement Programmes in 2014/15 and beyond, describing the potential local impact, and outlining plans to respond to the changes.

The report explained that the Scottish Government had over the previous 5 years provided NHS Greater Glasgow and Clyde with specific funding for 3 health improvement programmes; Keep Well, ACES (Active Children Eating Smart) and Health Working Lives. Details of the funding provided to the CHCP to deliver the programmes at a local level, together with details of each of the programmes were outlined.

The report also set out the reducing funding levels available for each of the 3 programmes and the impact on each, as well as setting out proposals to mitigate the funding reductions.

Whilst endorsing the proposals, Mr Lee expressed concern that the funding reductions appeared to suggest a move away from investing in services and initiatives that supported health prevention and tackled health inequalities.

**DECIDED:-**

- (a) that the report be noted; and
- (b) that the proposals to be introduced to respond locally to the funding reductions be approved.

Health  
Improvement  
and Inequalities  
Manager

**29. SCOTTISH GOVERNMENT CONSULTATION ON PROPOSED CARERS' LEGISLATION – DRAFT CHCP RESPONSE**

The committee considered a report by the Director of the Community Health and Care Partnership submitting for consideration a proposed response to the Scottish Government's consultation on proposed new carers' legislation.

The report outlined the key proposals contained in the draft legislation, explaining that it aimed to consolidate legislative provision and accelerate the pace of change in relation to support for carers.

In response to a comment from Mr Mohamed on the absence of PPF consultation as part of the formulation of the response, the Planning and Performance Manager explained that there had been a local event at which the PPF were represented. He clarified that there were differences of opinion but that the proposed response was from a CHCP perspective, and that it was open to other organisations to submit their own responses to the consultation.

**DECIDED:-**

That the draft response be approved.

Planning and  
Performance  
Manager



30. **COMMUNITY HEALTH AND CARE PARTNERSHIP – CARE GOVERNANCE ANNUAL REPORT 2013**

The committee took up consideration of the Annual Care Governance Report for the period 1 January to 31 December 2013.

By way of background, the report set out the service context, explained the care governance arrangements in place in the CHCP, referred to the care governance workplan, and included some examples of care governance projects included in the workplan and reported previously to the sub-committee.

The report also set out the care governance challenges facing the CHCP not least of which were in relation to the transition to a Health and Social Care Partnership, and also improvements to the management information recorded in Datix.

Commenting on the report Dr Mitchell explained that it demonstrated the focus on quality taking place in both social work and clinical services and that the report contained a good balance of examples of good practice in both areas.

Having referred further to the challenges around the use of Datix, in response to Mrs Reilly Dr Mitchell explained the steps that were being taken to address the high use of the “Other Incidents” Category in the Datix system. The Director also explained that further work would be carried out to ensure that figures were provided for separate services based in the Barrhead Health and Care Centre.

**DECIDED:-**

- (a) that the report be endorsed; and
- (b) that a copy of the report be submitted to the Clinical Governance Support Unit Clinical Director

31. **PERFORMANCE MANAGEMENT – QUARTER 3 2013/14**

The committee considered a report by the Director of the Community Health and Care Partnership providing an overview of performance for the period October to December 2013. Examples of positive and less positive measures across the 4 headings of Outcomes, Customer, Efficiency and People were provided.

Having heard Dr Mitchell explain what steps were being taken to address GP engagement in terms of alcohol brief interventions, Ms Brown welcomed the overall positive nature of the report. She highlighted that whilst the report suggested poor performance in some areas, when compared to performance levels in these areas by other CH(C)Ps, the CHCP was performing well overall. She suggested that implementation of staff performance appraisal was an area that the NHS Board would be focussing on in future, it being noted that whilst compliance by local authority staff was high, compliance by NHS staff was not as good. In reply the Director acknowledged that this was an area where further work was required.

Councillor Swift expressed concern that the number of people over 65 receiving intensive care at home had reduced. However it was explained that as the new re-ablement arrangements took effect, this was an anticipated and welcome reduction. It was further clarified that although the number of people receiving the service would reduce, this did not mean that there was a corresponding reduction in home care provision.

**NOTED**

**32. REVENUE BUDGET MONITORING – 2013/14**

The committee considered a report by the Director of the Community Health and Care Partnership advising of the current position in respect of the 2013/14 budget as at 31 January 2014, as well as the projected year end outturn figure for the year.

The report explained that against a phased budget of £78.4 million, there was an overspend of £624,300 (0.8%). Reasons for the variations in the budget headings were outlined.

With regard to the year-end position, the report explained that updated projections for the year indicated a likely final overspend of £430,000. This variance sat within the Council funded element of the budget with NHS projections indicating a largely break even position.

**NOTED**

**Urgent Item of Business**

The Chair by virtue of the need for the committee to be advised of arrangements for the imminent joint inspection of services for children and young people, authorised consideration of the following item.

**33. JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE**

The Chief Social Work Officer provided the committee with an update relative to the imminent joint inspection of services for children and young people, being conducted by the Care Inspectorate. A paper with details of the inspection process was tabled.

In response to a question from Mr Mohamed, it was confirmed that a considerable amount of resource was necessary as part of the inspection process.

**NOTED**

**34. VALEDICTORY – TIM ELTRINGHAM – HEAD OF HEALTH AND COMMUNITY CARE**

Councillor Lafferty reported that Tim Eltringham, Head of Health and Community Care, had resigned from the Council to take up the post of

**ACTION BY**

Chief Officer of the South Ayrshire Health and Social Care Partnership. He referred to the effective and positive contribution Mr Eltringham had made during his time in post, not only to the CHCP but to the lives of many local residents, and on behalf of the committee thanked him for his efforts and wished him continued success in the future.

**35. DATE OF NEXT MEETING**

It was reported that the next meeting would be held on Wednesday 18 June 2014 at 10.00 am in the Council Offices, Main Street, Barrhead.

**NOTED**