

**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
held at 10.00 am on 26 June 2019 in  
the Council Offices, Main Street,  
Barrhead**

**PRESENT**

Anne-Marie Monaghan	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)
Councillor Tony Buchanan	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
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
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)

**IN ATTENDANCE**

Jennifer Clinton	Client Finance Manager
Claire Coburn	Partnership Development Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Health and Social Care Localities
Steven Reid	Senior Policy, Planning and Performance Officer

**ALSO IN ATTENDANCE**

Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board
David Williams	Director of Delivery, Health and Social Care Integration (Scottish Government)

**APOLOGIES FOR ABSENCE**

Susan Brimelow	NHS Greater Glasgow and Clyde Board
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Dr Craig Masson	Clinical Director
Ian Smith	Staff Side representative (East Renfrewshire Council)
Councillor Jim Swift	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 1 May 2019.

The Democratic Services Manager reported that Dr Campbell's designation had been incorrectly recorded as "Clinical Director for Medicine for the Elderly" and should be "Consultant Physician in Medicine for the Elderly".

Thereafter, having heard the Head of Public Protection and Children's Services (CSWO) clarify that any future report on engagement would develop practice across the HSCP learning from practice in Children's Services, 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 further, 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.

Having heard the Chief Officer confirm that those actions that had now been completed would be removed from the log, and confirm when update reports to the Board in respect of a number of items would be submitted, the Board noted the report.

## **LOCAL CHILD POVERTY ACTION REPORT**

5. The Board took up consideration of a report by the Chief Officer seeking approval and publication of the Local Child Poverty Action Report (LCPAR).

The report referred to the targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030 as set out in the Child Poverty (Scotland) Act 2017. It explained that the Act also placed a duty on health boards and local authorities to work together to develop, produce and deliver LCPARs. The reports were expected to represent a step change in action to address child poverty at a local level, describing both work already under way as well as outlining future plans to tackle child poverty.

The deadline for the publication of the LCPAR, a copy of which was appended to the report by the Chief Officer, was 30 June 2019.

Having referred to the work of community planning partners to address child poverty locally which was seen as being integral to the visions for young people set out in the Community

Plan, and to the various plans and strategies of which tackling child poverty was a key element, the report highlighted some of the notable key successes in the LCPAR. These included the issue of food bank vouchers to families directly by health visitors, and the promotion of financial wellbeing services within immunisation clinics in an attempt to engage with families that would otherwise be unknown to the service.

Some of the areas for development and proposed next steps were also highlighted in the report, including ensuring customer facing staff were aware of child poverty and were well informed on the range of support services available, and considering how universal services could be tailored to meet the needs of families and how they could be best promoted.

Commenting on the report Councillor Bamforth referred to the European funding that was received, and whether in light of Brexit this would be affected. She also questioned some of the projects that the report stated had been supported through the Pupil Equity Fund.

In reply, the Partnership Development Officer, having confirmed that European funding had been confirmed, explained that she would seek further clarification in respect of Pupil Equity Fund funded projects, and amend the report if required.

Mr Matthews was heard on the discussions in relation to child poverty and the future challenges facing young people that had taken place at the NHSGGC Board, and that a development session was to be held in September/October once the Board had received copies of the local action reports from all 6 local authorities in the area.

The Chief Nurse having highlighted the role that all individuals and agencies had in tackling child poverty, Councillor Buchanan was heard on the Council's commitment to tackle child poverty, some of the work that had already taken place; and how it would in many cases take time for the benefits of this work to be realised.

Ms Tudoreanu welcomed the report and highlighted the potential disproportionate effect of poverty in an area like East Renfrewshire that was, in general, affluent, and asked what was being done to tackle this issue.

The Chief Officer having explained that the Pupil Equity Fund was used to address this, the Chief Social Work Officer explained that one of the key issues in East Renfrewshire was that there was relative poverty in affluent areas. However the issue needed to be addressed in terms of the impact on the child, the links between poverty and domestic and substance abuse being noted.

Councillor Bamforth having been heard further on the establishment of uniform recycling schemes and Women's Aid drop-in sessions in some local primary schools in what were considered to be affluent parts of East Renfrewshire, the Board agreed to approve and publish the Local Child Poverty Action Report.

## **UNAUDITED ANNUAL REPORT AND ACCOUNTS 2018/19**

**6.** The Board considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2018 to 31 March 2019, as well as outlining legislative requirements and key stages associated with the approval of the annual report and accounts.

Having 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, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages, these being that there was a year-end underspend of £0.26 million which was 0.22% of the annual revenue budget; that there had been £0.521 million planned use of reserves; and that £0.381 million of existing reserves had been realigned.

The report also proposed a series of 5 new reserves totalling £1.09 million being created, with the amounts and reasons for each of the reserves being outlined.

It was noted that the Performance & Audit Committee that had taken place prior to the meeting had considered the annual report and accounts and agreed that they be recommended for approval by the IJB, subject to the addition of a note to the accounts to explain the reasons for the increase in the salary of the Head of Finance and Resources (Chief Financial Officer), it being noted that this had been due to the additional responsibilities taken on by the postholder following the senior staff restructuring exercise that had taken place.

The Board:-

- (a) approved the annual report and accounts subject to the addition of a note to the accounts to explain the reasons for the increase in the salary of the Head of Finance and Resources (Chief Financial Officer);
- (b) approved the creation of the new reserves and the proposed reserves allocations;
- (c) noted that the annual report and accounts was subject to review; and
- (d) agreed to receive the annual report and accounts in September, subject to any recommendations made by the external auditor and/or the Performance and Audit Committee.

## **ANNUAL PERFORMANCE REPORT 2018/19**

7. The Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2018/19.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, the report explained that this was the first year of the 2018/21 Strategic Plan and the third Annual Performance Report that had been prepared, it being noted that the report was a high level report with more details of activities and targets being contained in the HSCP Implementation Plan –End Year Report 2018/19.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2018/19, the report being structured around the priorities set out in the Strategic Plan and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families. Each section in the Annual Report contained an overview of national performance indicators, community planning, Council and Health Board indicators, as well as giving an overview of work undertaken to deliver the strategic planning priorities with some additional data where relevant.

The main elements of the report set out the HSCP's current strategic approach; work to deliver the strategic priorities over the preceding 12 months; financial performance; detailed performance information; and future key work areas.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted significant progress across a number of areas including helping older people and people with long-term conditions maintain independence at home and supporting the needs of unpaid carers, amongst others. However the report, also highlighted a number of areas where it was considered that performance could be improved and where there would be focus on improvement in 2019/20. These included improved access to support for children and young people using the Child and Adolescent Mental Health Services (CAMHS), minimising delayed discharges, and reducing the number of A&E attendances.

It was noted that the Performance & Audit Committee that had taken place prior to the meeting had considered and the noted the report.

The Senior Policy, Planning and Performance Officer was heard in further explanation of the report, highlighting that the format of the report had been revised from previous versions, the revisions being based on good practice in other HSCPs.

Members of the Board having commented positively on the layout and content of the report, the Board:-

- (a) approved the report;
- (b) agreed that the report be submitted to the Scottish Government by 31 July 2019;
- (c) agreed that officers work with the Council's Communications Team, to consider a range of media to engage with the public, illustrate performance, and publish the Annual Performance Report on the website and through social media.

## **CARE AT HOME IMPROVEMENT UPDATE**

8. Under reference to the Minute of the previous meeting (Item 8 refers), when the Board had noted the Care Inspectorate's report and findings in respect of the Care at Home Service, the remedial action that had been taken and the improvement plan that had been put in place, the Board considered a report by the Chief Officer providing an update on the Care at Home Improvement Plan as well as outlining the performance measures that had been put in place to track progress. In addition, the report provided information about the decision taken by Allied Health Care to withdraw from the Care at Home contract, the action taken in response to this, and the associated issues for service delivery and improvement activity.

The Head of Health and Social Care Localities was heard further on the report, particularly in respect of the implications of decision by Allied Health Care and to the ongoing work to transfer staff to the Council in terms of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE).

The Chief Officer explained that as a consequence of all the additional work arising from the Allied decision delivery of the improvement plan had been affected. However the Care Inspectorate was being kept fully advised. She also referred to the challenge of attracting staff into the sector and to investigations into the viability of establishing a homecare apprenticeship scheme as had been done in Aberdeen.

Mr Mohamed having commented on the importance of focussing on job satisfaction as a key means of retaining existing staff, Ms Monaghan commented on the performance measures and the need at this stage for performance monitoring to be reported to every meeting of the Board.

Responding to questions on financial implications associated with the Allied decision, the Head of Finance and Resources (Chief Financial Officer) explained that spend was being monitored, that there would be additional staff costs as a result of the transfer of Allied staff into the service, but that there would also be an offset of costs as Allied would no longer be paid.

The Board noted the report.

## **FINANCIAL FRAMEWORK FOR THE FIVE YEAR ADULT MENTAL HEALTH SERVICES STRATEGY IN GREATER GLASGOW AND CLYDE**

9. The Board considered a report by the Head of Finance and Resources (Chief Financial Officer) seeking approval for the financial framework that had been developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

The report referred to the Five Year Mental Health Services Strategy developed by the HSCPs across the Greater Glasgow area and subsequently approved by all the corresponding IJBs, the purpose of which was to deliver a “whole system” approach to adult mental health across the area.

The report highlighted a number of key service areas that were system-wide and explained that the strategy recognised that these would continue to be delivered on a system-wide basis in order to ensure equitable service across the Greater Glasgow area. In addition the strategy aimed to standardise local services in order to ensure that equitable levels and types of interventions were delivered. An implementation programme was being developed, and to support the redistribution of funding a detailed financial framework would be required.

Having set out the financial principles that would underpin the financial framework, the report explained that significant resource shifts that would focus in particular on shifting the balance of care, reducing reliance on high-cost inpatient services, and supporting community infrastructure were envisaged. Once the details of the implementation programme were known areas of disinvestment would be identified which would in turn free up money for reinvestment to support the strategy’s implementation. These funds identified for disinvestment would be reallocated across the 6 IJBs based on their share of NHS Scotland Resource Allocation Committee (NRAC) funding in the year the reallocation took place. It was noted that this approach was consistent with the approach used in other system-wide financial frameworks. Individual IJBs could then use the funding to deliver local and Board-wide investment required to support the implementation of the strategy, with Board-wide investment being funded jointly by IJBs based on their share of NRAC.

The Head of Finance and Resources (Chief Financial Officer) having been heard further on the proposals, Councillor Bamforth welcomed the inclusion of perinatal services as one of the key service areas.

Noting the report, Mr Mohamed expressed concerns about the impact of the proposals on inpatient care and the need for there to be sufficient inpatient beds in times of crisis.

In reply, the Chief Officer explained that at this stage the report was about establishing general principles, and that once further information about bed numbers and configurations were available these would be brought to the Board for consideration.

The Board approved the proposed financial framework.

## **CARERS' COLLABORATIVE**

**10.** Mr Mohamed reported on the recent publication by the Carers' Collaborative of their third annual report which reported on carer involvement in Integration Joint Boards. He highlighted that the report demonstrated that progress was being made in delivering the recommendations in the previous year's report referring in particular to the Board's agreement to his proposal to fund carers to attend meetings.

## **INDIVIDUAL BUDGET UPDATE**

**11.** Under reference to the Minute of the meeting of 28 November 2018 (Item 8 refers), when the Board had noted a report providing an overview and update on the process for calculating adult individual budgets under Self-Directed Support legislation, and associated systems and processes, the Board considered a report by the Chief Financial Officer providing a further update on the process for calculating adult individual budgets.

The report referred to the stakeholder events that had taken place as part of the development process, the issues arising from these being in respect of timing of reviews, implementation of the contribution charge, an appeals process, and the constitution of the approval panel.

With regard to the contribution charge, the report explained that the implementation of this would be a change, and that individuals who saw a budget reduction following their review could potentially be doubly affected. In view of this it was proposed that the contribution charge be deferred until all existing care packages had been reviewed. This was considered to be a more equitable approach.

Having commented further on the process for dealing with complaints and appeals and on the review of practice guidance and the use of direct payments, the report provided summary information in relation to the Implementation Plan, a copy of which accompanied the report, and in respect of which approval was sought. In particular comment was made on the rollout of training and the publication of user guides

The report further explained that a number of desktop case studies had been undertaken and that officers were confident that the results fell within acceptable parameters. In addition, it explained that there would be close monitoring of how individual budgets compared to previously agreed care packages. Should it be necessary to revise the budget calculator, all reviews undertaken prior to the review would be carried out again to ensure equity.

Commenting on the report, Mr Mohamed welcomed the proposals to defer the implementation of the individual contribution, but expressed concern about the lack of a lay member on the appeals panel asking that this be reconsidered.

In reply, both Ms Monaghan and the Chief Social Work Officer explained that issues to date had not been about funding levels but about process and lay members would not have the required process knowledge or experience.

It having been confirmed that a progress report would be submitted to a future meeting, the Board:-

- (a) noted progress to date;
- (b) approved the Implementation Plan; and
- (c) approved the proposal to defer the implementation of the individual contribution.

## **OVERNIGHT SUPPORT**

**12.** The Board took up consideration of a report by the Chief Officer seeking approval for a revised approach and policy position on overnight support, as well as proposals to keep those living with support, their family members and Elected Members fully informed about the policy change and alternative overnight support methods.

By way of background, the report referred to previous reports to the Board on the financial challenges in relation to overnight support, and to a desktop exercise conducted in November 2016 to identify all those people who received overnight support. This exercise was part of an overall review of overnight support provision, the ultimate aim being to remove overnight support from those who no longer required it.

The report referred to the common historical practice of providing overnight support, predominantly to people with learning disabilities, but that there were now various alternatives that could be used due to developments in technology and other linked responses such as trained call handling and response staff that could ensure that people's needs could continue to be met but in a less intrusive and more efficient way. This would mean that much more personalised responses could be developed for people which would both manage their individual risk whilst focussing on their outcomes.

The report then outlined the proposals in relation to the new approach to overnight support planning, the proposed communications strategy, and the redesign actions required in relation to the new proposed approach.

Councillor Bamforth having welcomed the proposals, discussion took place on the importance of engagement work to promote the benefits of the new arrangements. It was recognised that people could be reluctant to use new methods and new technology and that engagement and capacity building would be a key element of the proposals going forward.

It was also recognised that existing service providers might find this approach challenging due to the potentially negative financial effect this would have on them as a result of the reduced need for overnight support staff.

The Board:-

- (a) approved the revised policy position for overnight support to personalised support alternatives that meet people's assessed need and outcomes in less intrusive and more efficient ways;
- (b) agreed the new approach to overnight support planning; and
- (c) endorsed the proposed review programme and communication arrangements.



## **PRIMARY CARE IMPROVEMENT PLAN – YEAR 2**

**13.** Under reference to the Minute of the previous meeting (Item 11 refers) when the Board considered and noted a report by the Chief Officer providing an overview of the activities during Year 1 of the East Renfrewshire Primary Care Improvement Plan (PCIP), in line with the Memorandum of Understanding (MOU), the Board took up consideration of a report by the Chief Officer outlining and seeking approval for the proposed service reconfiguration work to be taken forward during Year 2 of the plan.

Having referred to the ongoing work to develop and update the plan taking into account national Board-wide and local priorities for change, the report summarised the work that would be carried out in Year 2 of the plan, noting that it was proposed to submit a mid-year progress report to a future meeting of the Board.

Commenting on the report, the Chief Nurse highlighted the challenge facing all HSCPs across the country in recruiting Advanced Nurse Practitioners (ANPs) and to the steps being taken to address this including the appointment of staff in a training capacity.

Discussion also took place on treatment room provision it being confirmed that there was adequate space in the health and care centres for treatment rooms.

In response to questions from Councillor Bamforth on the travel implications for patients, particularly elderly patients as a result of the establishment of the treatment rooms, the Head of Health and Social Care Localities explained that a hybrid model was being examined and would be monitored, with any changes being made as considered necessary.

The Board:-

- (a) approved the refreshed Year 2 Primary Care Improvement Plan; and
- (b) noted that a mid-year progress report would be submitted to the board in November 2019.

## **PLANNED HOUSING DEVELOPMENTS IN EAST RENFREWSHIRE – MEASURING IMPACT ON GP PRACTICE POPULATIONS**

**14.** The Board took up consideration of a report by the Chief Officer providing an overview of planned housing developments over the period 2018 to 2025 as outlined in the Council's Local Development Plan (LDP) and commenting on the impact these developments may have on GP practice populations across both the localities in the East Renfrewshire area, and the delivery of General Medical Services. A copy of the study carried out accompanied the report.

Having outlined the work already undertaken to address increasing practice populations including support provided to those GP practices operating outwith the 2 health and care centres to remodel floor space to maximise potential increased service provision and patient numbers, the report explained how this limited potential future growth to deal with increasing future demand,.

The report referred to the modelling work that had been carried out and emphasised the importance of taking account of not only new developments, but also the pressure being placed on current GP space as a result of the GP contract/Primary Care Improvement Plan and the requirements to extend the Primary Care Team. It was noted that at the end of Year 1 of the plan many GP practices were still unable to accommodate the staff aligned to support them. This was leading to requests for space within the 2 health and care centres.

Thereafter the report provided detailed information in relation to housing development across East Renfrewshire to 2025, it being noted that at approximately 2,500 dwellings this was 40% higher than the number of dwellings completed in the previous 7 years. Population figures associated with the increased number of dwellings were also provided, with both calculation methods used showing a population figure higher than NRS population projections. In addition, it was highlighted that the NRS population projections predicted an annual growth of between 0.72% and 0.77% with the local population exceeding 100,000 by 2025.

In particular the report explained that the recommended number of patients per GP was 1,500 and that based on this recommended number the Barrhead GP cluster would require an additional 2 whole-time equivalent GPs, while the Eastwood 2 cluster would require more than an additional 1 whole-time equivalent GP.

Furthermore, the report made reference to the planning permission that had been granted for a new retirement village in Newton Mearns. As the development has not yet started it had not been included in the Housing Land Audit. However, should it go ahead the population profile was likely to have an impact on local GP practices, particularly the Mearns and Greenlaw practices.

Commenting on the report, the Chief Officer explained that positive discussions had taken place with officers from the Council's Planning Service, and that investigations into the possibility of obtaining developer contributions for health and social care services were ongoing. She suggested that it would be helpful to look at the matter in further detail at a seminar. This was supported by the other members of the Board.

Councillor O'Kane referred to the report on the Council's Local Development Plan 2 (LDP2) being considered at the meeting of East Renfrewshire Council that evening which if approved would give the opportunity to consider in more broad terms the consequences of further development.

Councillor Buchanan also commented, explaining that the key was to better manage development to ensure that appropriate infrastructure was also provided. He also referred to the important role of the health board in looking at demographic shifts across the entire health board area and shifting service provision accordingly to deal with increasing and decreasing demands as appropriate.

The Board:-

- (a) noted the impact of new housing developments on local GP practice list sizes and the limitations of space within these premises across both localities to manage an increase in demand, compounded further by the new GP Contract and the requirement to host the extended primary care team;
- (b) noted the risk this raised of new residents potentially being unable to access general medical services if practices became overwhelmed;
- (c) noted that currently developer contributions were not available to support the development of health and care services, however the Director of Environment had committed to work jointly to consider the capacity required to support future demand for healthcare infrastructure; and
- (d) noted that an options paper would be presented to the Integration Joint Board in Autumn 2019.

## **SEXUAL HEALTH SERVICES TRANSFORMATIONAL CHANGE PROGRAMME IMPLEMENTATION PLAN**

15. It was noted that consideration of this item had been deferred to a future meeting.

### **CALENDAR OF MEETINGS 2020**

16. The Board considered and approved a report by the Chief Officer with proposed meeting dates for 2020.

### **DATE OF NEXT MEETING**

17. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 14 August 2019 at 10.00 am in the Eastwood Health and Care Centre, Clarkston.

CHAIR