

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00am on 17 February 2016 in
the Council Offices,
Main Street, Barrhead**

PRESENT

Ian Lee, NHS Greater Glasgow and Clyde Board (Chair)

Lesley Bairden	Chief Financial Officer
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Morag Brown	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Dr John Dudgeon	Stakeholder GP
Councillor Jim Fletcher	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
Councillor Alan Lafferty	East Renfrewshire Council (Vice Chair)
Councillor Ian McAlpine	East Renfrewshire Council
Dr Deirdre McCormick	Substitute for Cathy Roarty – Professional Nurse Adviser
Andrew McCready	Staff Side representative (NHS)
Rena McGuire	Substitute for Rosaleen Reilly – Service users' representative
Dr Alan Mitchell	Clinical Director
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – Integration Joint Board
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Rev Dr Norman Shanks	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager
Stuart McMinigal	Business Support Manager
Candy Millard	Head of Strategy
Frank White	Head of Health and Community Care

APOLOGIES

Cathy Roarty	Professional Nurse Adviser
Ian Smith	Staff Side representative (East Renfrewshire Council)

DECLARATIONS OF INTEREST

1. Dr Dudgeon and Mrs Kennedy declared a non-pecuniary interest in Agenda Item 10 (Locality Development) on the grounds that they were Board members of Voluntary Action.

Thereafter, having heard the Democratic Services Manager, the voting members of the IJB agreed to suspend Standing Order 9.2 and further agreed in terms of Article 5 of Schedule 1 of The Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014, that Dr Dudgeon and Mrs Kennedy be permitted to take part in discussion of the item.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting of the Board held on 25 November 2016.

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 on the report, the Head of Health and Community Care explained that a meeting with the families of residents at Bonnyton House had taken place the previous evening. The meeting had been well attended and it was further clarified that after the closing date for expressions of interest had passed, further meetings would be arranged at which staff at Bonnyton House and residents and their families could meet potential purchasers.

In addition, the Chief Social Work Officer was heard on further developments in respect of the Scottish Government's "named person" proposals as part of which it was explained that following the earlier consultation exercise the Scottish Government had decided to proceed on the basis of a hybrid of the 2 options that had been outlined in the consultation paper.

Details were still being worked through and guidance was being finalised.

In response to questions it was confirmed that residents were still being admitted to Bonnyton House although the position regarding the sale was being made clear to potential residents and their families. Furthermore, it was explained that access to diagnostics by non-hospital based doctors across the health board area was currently under discussion.

Thereafter Mr Lee confirmed that he had raised the issue of GPs only being able to offer the flu vaccine to certain groups with appropriate professionals in the health board. It was explained that the policy was set by Scottish Government and the matter had been raised with them. The position was being reviewed by them and it was hoped that the situation would be altered in future, although this had still to be confirmed.

The Board noted the report and the additional information.

PERFORMANCE AND AUDIT COMMITTEE

4. The Board considered and noted the minute of the meeting of the Performance and Audit Committee held on 18 December 2015.

KINSHIP CARE AND RESIDENCE ORDERS – FINANCIAL AND POLICY IMPLICATIONS

5. The Board considered a report by the Chief Officer providing details of the national agreement between COSLA, The Scottish Government, Social Work Scotland, and the Equality and Human Rights Commission concerning parity of allowances for Kinship and Foster Carers' and outlining the financial and policy implications for Looked After children and young people in East Renfrewshire

By way of background, the report referred to the increasing importance of kinship care and the growing recognition that it should be considered the first option in terms of being in the best interests of the child, this recognition was being reflected in national policy.

The report outlined the obligations on the local authority once a child has been placed in kinship care, and explained that with regard to informal kinship carer arrangements, where family or friends have assumed the care of children without the involvement of the local authority and not at the request for the local authority, there was no statutory requirement on the local authority to offer financial support.

The report explained that in August 2014, COSLA and the Scottish Government were approached about the practices in place in a number of authorities, including East Renfrewshire, who paid lower allowances to children in kinship care compared to those in foster care. It was suggested that this approach was a breach of Human Rights articles relating to privacy and discrimination and judicial review by means of class action threatened. The risk to the whole of local government was considered high if councils were found to be in breach of the law, and so COSLA working with the Scottish Government had developed a model known as the Local Parity model, whereby kinship carers were paid the same allowance as foster carers, but had eligible benefits such as child benefit and tax credits subtracted from the allowance paid.

Having set out the advantages of this approach, the report outlined the current allowances being paid including those kinship care allowances relating to Residence Orders, and highlighted that the cost of adopting the Local Parity Model for East Renfrewshire would be £238,000 for Kinship and £37,000 for Residence Orders.

It was further explained that the agreement made to avoid judicial review was that parity payments would start from 1 October 2015 and that financial modelling had shown that there was a shortfall of £47,000 to be met from existing budgets whilst a shortfall of £275,000 had been identified for 2016/17 and was being considered as part of the 2016/17 budget preparations.

Details of how the changes were being publicised were outlined, and it was noted that whilst there had been an increase in the number of kinship carers in the previous year from 15 to 30, predicted year on year increases were in the region of 25-50%.

As part of the new arrangements, a Kinship Care Panel would operate from March 2016, the role of the panel being to approve the assessment and planning for children and young people in Kinship, as well as being responsible for quality assurance and future financial planning.

The Chief Social Work Officer was heard further on the report in the course of which she explained that the model was based on 10 year old children and that East Renfrewshire was adversely affected due to the higher number of teenage children in care. In addition, she highlighted that transitional arrangements would be put in place to protect any carers who ended up under the payment thresholds due to the subtraction of eligible benefits.

Thereafter full discussion took place in the course of which whilst supporting the principles outlined, Mrs Brimelow referred to the financial pressures and queried both how these were to be managed and whether they were cost pressures to be faced by the IJB or the local authority.

In reply, the Chief Financial Officer explained that ultimately it would be the Council's contribution to the IJB that would meet the cost of the allowances.

Dr Mitchell having clarified that the original challenge to current arrangements had been made by the Equality & Human Rights Commission and not the European Human Rights Commission as referred to in the report, Councillor Fletcher explained that the issue had been discussed at a recent meeting of council leaders at COSLA. He acknowledged that the agreed model did not best serve East Renfrewshire but that in light of the prevailing circumstances COSLA had been obliged to deliver some sort of model and the one agreed was a compromise which suited the majority of councils.

The IJB noted:-

- (a) the Scottish Government and COSLA recommendations to local authorities about Kinship Care and Residence Orders;
- (b) the impact of legislative and policy changes for the HSCP and the council; and
- (c) the projected financial commitment in respect of Kinship Care and Residence Orders

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2014/15

6. The Board considered a report by the Chief Social Work Officer providing details of the Chief Social Work Officer's activities for 2014/15. A copy of the annual report was appended to the report.

The report provided an overview of the areas of work in which the social work service was engaged together with the particular responsibilities held by the Chief Social Work Officer across the delivery spectrum. There continued to be a number of significant challenges and risks facing social work and the Council in East Renfrewshire including the continuing challenging financial climate for all public services; the increasing expectations and demands from the public and stakeholders; the increasing cost of supporting vulnerable people within the area; the significant changes in the welfare system which would affect the most vulnerable in the Council's communities; the increased child poverty in the area; and the management of increased service demand at a time of diminishing resources.

Notwithstanding these difficulties, key successes had been achieved and social work would continue to adapt to meet the growing demands associated with protecting and caring for the most vulnerable and at risk within the community.

Having heard the Chief Social Work Officer further on the report, in response to Rev Dr Shanks she explained that the council was still the statutory social work authority but had delegated these functions to the IJB. In addition the Chief Officer explained that a consultation paper re-examining the role of Chief Social work Officers in light of the establishment of IJBs was being prepared, and a copy would be brought to the Board once available.

Welcoming the report and commending the partnership working that was taking place, Ms Brown sought an explanation for the increase in the number of vulnerable children and also suggested that for future reports some benchmarking information may be useful, particularly around areas such as adult support and protection, mental health, and vulnerable children.

In reply the CSWO explained that there had been a national increase in the number of vulnerable children due in part to national policy drivers, particularly in relation to the treatment of domestic abuse cases. She also clarified the current arrangements for benchmarking, explaining that information was provided to the Chief Social Work Adviser who in turn produced information which allowed benchmarking to be carried out.

The Board noted the report.

CLINICAL AND CARE GOVERNANCE

7. The Board considered a report by the Chief Officer proposing the establishment of a new committee to lead on clinical and care governance.

Having referred to the joint responsibility of the Health Board, the Council and the IJB to establish a system for assuring high standards in the delivery of safe, personalised and effective health and social care services, the report defined clinical and care governance and referred to 5 key principles to be taken into account at a local level when integrated clinical and care governance arrangements were being set up.

The report outlined the arrangements in place under the former CHCP Committee and explained that in moving forward it had been considered helpful to reflect on these. A part of that reflection, a workshop with former members of the sub-committee had taken place in January.

Following that workshop and taking account of the discussions that had taken place and views expressed, a proposed remit and membership of the new Clinical and Care Governance Committee had been developed, details of which were outlined in the report.

Having heard the Chief Social Work Officer and Dr Mitchell further on the report, in response to Mrs Brimelow who questioned how the new arrangements would tie in with the Health Board's statutory responsibility for clinical governance, Dr Mitchell explained that all IJBs would report to the Partnership Clinical Governance Group which would in turn report to the Health Board.

Thereafter the Board agreed:-

- (a) to establish a Clinical and Care Governance Committee the remit and powers of which were set out in the report;
- (b) that the composition of the committee be as set out in the report, subject to the addition to the membership of the Prescribing and Clinical Pharmacy Lead and the Optometry Lead;
- (c) that the names of the members of the committee be provided to the Chief officer in due course;

- (d) that the Chair of the committee in the first instance be the NHS voting member on the committee, it being noted that this would change in due course in accordance with the arrangements for the position of Chair of the IJB to change.

HEALTH AND SOCIAL CARE COMPLAINTS – APRIL – OCTOBER 2015

8. The Board considered a report by the Chief Officer providing details of complaints comments and enquiries received by the HSCP for the period April to October 2015. Details of Optometric Practice complaints for the same period as well as GP complaints for the period January to March 2015 were also included.

The Business Manager having been heard further on the detail of the report, in response to questions from Mr Mohamed on whether costs to investigate complaints could be included in the report, what steps were taken to look at the reasons complaints were submitted in the first case, it was explained that costs to investigate complaints would vary depending on the nature of each complaint and the Board was cautioned that this would be very difficult to achieve and very bureaucratic. With regard to investigating reasons for complaints, this was always part of any complaints investigation that took place.

Mr Lee having suggested that it may be useful to investigate if actions and learning points from complaints could be separated, Ms Brown welcomed the report and queried whether the issue regarding bills for the community alarm service had been resolved. In reply the business manager explained that the billing system was being reviewed, staff had now been longer in post and were more familiar with arrangements, and additional new checks and balances had been introduced.

Dr Dudgeon also welcomed the report suggesting that many staff worked in fear of being complained about and that by sharing the report and the outcomes more widely, highlighting in particular the number of complaints not upheld, and that in many cases complaints were about system and not personal failures, would help to reassure staff.

Referring to the lack of complaints from optometrists, Dr Mitchell reported that whilst the reported figure was zero, in discussions he had with the Lead Optometrist, it had been noted that a number of complaints, mostly about access, had been received. He would have further discussions about how to publicise the complaints process to optometry patients, although Mrs Kennedy suggested that in the event poor service was received it was most likely that patients would simply go elsewhere.

Councillor Lafferty having highlighted that the report was a valuable tool in helping to deliver service improvements, and Councillor Buchanan having highlighted the reduction in complaint numbers from the previous reporting period, Dr Campbell suggested that the number of complaints submitted through the HSCP process may be a relatively small number of actual complaints, referring to the Patient Opinions website which was used by a number of organisations as part of their complaints process. In reply Councillor Lafferty suggested that this was a commercial organisation and there was a cost associated in signing up to use the service. However Mr Lee suggested that it might be worthwhile to investigate this further.

The Board noted the report.

LOCAL DEVELOPMENT

9. The Board considered a report by the Chief Officer providing an update on the ongoing work to establish locality planning and details of the Community Led Conversations programme.

Having outlined the requirements on HSCPs to establish locality planning arrangements, the report explained that in strategic planning conversations to date, local residents, staff, and partners had all demonstrated a keen interest in working together to shape health and social care in East Renfrewshire. Furthermore, the report outlined details of the proposed system that had been developed following consultation and explained the roles that had been played by both GPs, Voluntary Action, and the Public Partnership Forum in the development of the new arrangements.

Thereafter, the report explained that the Scottish Government and the Joint Improvement Team were encouraging the use of the Community Led Conversations programme, with three HSCPs being encouraged to sign up to the first wave of the programme. It was explained that the programme was about cultural and system change and was designed to support HSCPs in putting their work at the heart of communities. Details of the principles on which the programme were based, including the provision of frontline health and social care support and services from local “hubs”, and the values driving the programme were outlined.

Furthermore, having explained that the cost of the programme was £85,000 over 18 months and highlighted that areas where the proposed approach had been introduced had seen real efficiencies delivered through improved management of demand, the report explained that the next stage of the process would be to work with Voluntary Action and the Public Partnership Forum to plan a locality engagement process. Over the coming months the proposal was to gain local “buy-in” to the new arrangements, working closely with both Voluntary Action and the National Development Team for inclusion (NDTi) in developing the community led conversations element of the proposals

The Head of Health and Community Care having been heard further on the report, full discussion took place in the course of which, in response to questions about the community groups that would be involved, the Chief Officer explained that as part of the development of the proposals, relevant community groups would be identified, with Voluntary Action acting as the “umbrella group”

Councillor Fletcher was heard on discussions at a recent meeting of a school Parent Council relative to fluoride varnishing. In this regard it was explained that whilst the treatment was not provided in schools, it was available free of charge from dentists. However, Councillor Fletcher suggested that the availability of the treatment was not widely publicised and this needed to be reviewed.

Commenting on the report, Dr Dudgeon highlighted how the new approach would require culture change from the current view that all services should be provided by either the council of the NHS, and commented on the future role for Voluntary Action and the Third Sector generally in developing the new arrangements.

The Chief Officer in response to Mrs Brimelow having explained that equalities issues would feature as part of the community conversations that would take place, Ms Brown welcomed the report stating in particular that the new approach would require a new mindset and a willingness to relinquish control in certain areas.

Following further discussion on the role of NDTi and proposed initial contact arrangements under the new proposals, the Board noted the report and endorsed the new approach.

BUDGET SETTING

10. The Board considered a report by the Chief Officer providing an update on the budget setting process for partner contributions to the HSCP for the 2016/17 financial year.

The report having set out the background to the establishment of IJBs details of the current position of both East Renfrewshire Council and NHSGGC were provided. In particular, the report outlined the challenging circumstances that had been faced in developing budgets for 2016/17. Details of the £250 million integration fund provided by the Scottish Government and how this was to be used were outlined, it being noted that the first £125 million was to be used for demographic pressures, a review of charging thresholds for non-residential charging policies and to expand capacity, whilst the second £125 million was to be used to ensure all social care staff employed by providers of care services were paid the Living Wage of £8.25 per hour, with any remaining balance to fund existing pressures. Based on Scottish government figures £49 million would be available to fund existing pressures although the figures had still to be confirmed. The IJB's share of the fund amounted to £3.62 million.

Further details of the financial proposals from the Scottish Government were outlined in the report, and reference made to the longer term financial planning that would take place as part of the development of a financial strategy which would be incorporated into the strategic plan.

Commenting on the report, the Chief Financial Officer explained that work was ongoing to identify the costs to the Council of meeting the living wage stipulation. She also confirmed that there was recognition that work was required to align the budgetary cycles of local authorities and the NHS to reflect the new IJBs. With regards to savings targets, she explained that the overall NHS savings target for HSCPs within the NHSGGC area was around £20 million. It was also confirmed that the local proposition of the overall target would be achieved and that a more detailed update would be provided at the next seminar with a budget report being submitted to the next meeting of the Board.

Councillor Fletcher was then heard on the difficult financial negotiations that had taken place highlighting that the agreements reached had only been for 2016/17.

Ms Brown having welcomed the more detailed information to be provided at the seminar, and the Chief Officer having referred to the challenging financial future ahead and the need for caution around the development of new initiatives in the light of the financial situation, Councillor Buchanan referred to the extremely challenging financial position across Scotland generally and to matters that would have an impact on future financial settlements. This would include the ongoing discussions between the Scottish and UK Governments on the fiscal framework.

The Board:-

- (a) noted the current position on revenue budget setting for 2016/17; and
- (b) agreed to receive a proposed 2016/17 revenue budget at the next meeting, with detailed discussion at a seminar in March.

REVENUE BUDGET MONITORING

11. The Board considered a report by the Chief Officer, providing details of the projected outturn position in respect of the 2015/2016 revenue budget.

The report explained that as at 31 December 2015, against a total combined budget of £110.771 million, there was a forecast underspend of £214,000 (0.19%), it being noted that

the consolidated budget had increased by £359,000, reflecting additional funding in respect of Learning Disability Inpatients Bridging Finance, along with other adjustments.

Commenting further on the report the Chief Financial Officer, in response to questions from Mr Lee on improvements in timescales for the processing of invoices, confirmed that there were still some delays but the position was improving. She also explained the situation regarding the potential transfer of funds to reserves.

The Board noted the report.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 30 March 2016 at 10.00 am in the Council Offices, Main Street, Barrhead.

CHAIR