

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 20 March 2019 in
the Council Offices, Main Street,
Barrhead**

PRESENT

Morag Brown	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
Dr Craig Masson	Clinical Director
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
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
Councillor Jim Swift	East Renfrewshire Council

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Arlene Cassidy	Children's Services Strategic Manager
Candy Millard	Head of Health and Social Care Localities

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Andrew McCready	Staff Side representative (NHS)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Ian Smith	Staff Side representative (East Renfrewshire Council)

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 30 January 2019, subject to an amendment to reflect that Anne Marie Kennedy had been awarded an MBE and not OBE in the New Year Honours List.

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 confirm that all patients in Mearnskirk Hospital had been moved out to alternative locations and that the hospital had now been decommissioned, the Board noted the report.

ROLLING ACTION LOG

4. The Board considered and noted a report by the Chief Officer providing details of all open actions, and those which had been completed since the last meeting.

BUDGET 2019/20

5. Under reference to the Minute of the previous meeting (Item 7 refers), the Board took up consideration of a report by the Chief Financial Officer, advising of the latest position in respect of the 2019/20 revenue budget, and proposing a budget for the financial year subject to agreement with and directions to East Renfrewshire Council and NHSGGC.

Having confirmed that following the publication of the Scottish Government draft budget in December 2018 the Scottish Government budget had been agreed on 21 February 2019, the report highlighted the key messages from the budget announcement relating to health and social care, these being £40M to support the expansion of free personal and nursing care for under 65s and implementation of the Carers Act, as well as £120M transferred from the health portfolio to local authorities to support in-year investment in integration.

The report referred to the conditions placed upon the additional funding and to East Renfrewshire Council's interpretation in respect of flexibility to offset adult social care allocations, as a result of which the Council had applied the 2.2% offset to the total 2018/19 budget. It was noted that a compliance test of the Council contribution had been carried out which showed that the Council's contribution of £49.278M was the minimum permitted. Furthermore it was noted that the expected NHS contribution of £67.577M as set out in Appendix 4 to the report included an uplift of 2.54% reflecting the Board uplift from the Scottish Government. Whilst the formal budget offer would not be made until April the indicative offer had been verbally agreed with NHSGGC.

Based on the information available the total revenue budget, excluding set aside and housing aids and adaptations was expected to be £117.416M.

It was explained that within each partner contribution there were a number of cost pressures totalling £5.665M these being summarised. Also outlined was the funding of £2.560M available to meet the pressures and the savings challenges to close the £3.105M funding gap. The proposals would deliver savings of £3.108M.

Further detailed information on the savings proposals were outlined and it was explained that whilst they were achievable it removed the opportunity for further investment and eliminated flexibility within the budget where resources had previously been allocated on a non-recurring and project basis. It was noted that in percentage terms, the real savings challenge relative to social care was 5.4% whilst for health services it was 1.2%.

Thereafter, the report confirmed that in the view of the Chief Financial Officer, the budget for 2019/20 was deliverable, although there was still uncertainty in relation to 2 issues, these being the potential cost implications for a complex care package, and the implications of Brexit particularly on staffing, prescribing, equipment and consumables.

Furthermore, it was explained that it would be even more challenging in the future to maintain service levels assuming a similar level of cost pressures and current funding levels, with the only viable options being to limit care packages to only support those at greatest risk and reduce grant funding for support organisations.

Having explained that the set aside budget for 2019/20 was still to be confirmed with significant work with partners required to make the set aside budget work in accordance with the legislative requirements, the report set out the various implications of the proposals. The key risk identified was the ability to deliver a sustainable budget in future years, with the need for and importance of early engagement with partners for future planning also being highlighted.

The Chief Financial Officer was then heard further on the terms of the report referring in particular to the issues around local authorities' ability to offset adult social care allocations by 2.2%, but again confirming that in her opinion a balanced budget could be delivered. The Chief Financial Officer also recognised the financial constraints that both partners were under.

In response to questions from Mrs Brimelow, the Chief Financial Officer confirmed that whilst a significant proportion of the Fit for the Future savings targets would be delivered there would be some slippage. However this had been reported at the start of the year and indicated at the time that reserves would be used to meet any shortfall. Current figures indicated that the required level of reserves would be less than originally anticipated. She also indicated that the Phase 2 target of £250K for 2019/20, whilst challenging, was manageable. She also confirmed in response to Mrs Brimelow that provision had been made for the regrading of health visitors and that as a result a reduction in numbers was not being considered.

Councillor Swift was then heard on the proposals. He expressed disappointment that whilst the NHS funding contribution was increasing, the Council contribution was the minimum level in terms of the Council's financial settlement from the Scottish Government. In his view with the level of funding provided by the Council, it was no surprise that the IJB was facing significant challenges in relation to social care provision.

Councillor Buchanan was heard in response indicating that the Council actually contributed more to the IJB than it received from the Scottish Government in terms of its GAE allocation, estimated at around £45.3 million. He referred to the demographic challenges facing East Renfrewshire, particularly in relation to increasing numbers of elderly and children which placed disproportionate pressures on the service. He further noted that when the Council had set its budget the Conservative Group amendment had not made any provision to increase the funding for the IJB.

In response, recognising the demographic challenges that East Renfrewshire faced Councillor Swift explained that the Conservative Group amendment had proposed a transfer of £1M to reserves and this could have been used to supplement IJB funding from the Council.

Ms Brown, noting the comments that had been made, emphasised the importance of any new initiatives being fully funded and that regardless of political positions the major challenge for East Renfrewshire was increasing service pressures without the necessary additional resources being provided.

Thereafter Councillor Swift moved an amendment to recommendation (a) in the Chief Financial Officer's report to the effect that the IJB approve the budget contribution of £49.278M from East Renfrewshire Council but that the Council contribution be considered as an indicative approval and subject to the councillors being asked to go back to the Council to find additional resources to better support the IJB.

In the absence of a seconder his amendment fell and the Board:-

- (a) approved the budget contribution of £49.278 million for 2019/20 from East Renfrewshire Council;
- (b) approved the £0.561 million for Community Justice expenditure funded by grant via East Renfrewshire Council;
- (c) approved the delegated budget for aids and adaptations of £0.550 million (TBC);
- (d) agreed the expected budget contribution of £67.577 million from NHS Greater Glasgow and Clyde subject to any final adjustments for any additional recurring budgets at month 12; and
- (e) noted that the 2019/20 set aside budget contribution was not yet agreed.

EAST RENFREWSHIRE'S FAMILY WELLBEING SERVICE

6. Under reference to the Minute of the meeting of 15 August 2018 (Item 6 refers), when the Board, having considered a report on the success of the 1 year pilot project agreed to note the impact of the service since September 2017; welcome and support the proposal to expand the scope from 2 to 6 GP practices and to continue the project for a further 12 months to September 2019; and to apply up to £50,000 from the Children's Residential earmarked reserve to fund the extended project, the Board considered a further report by the Chief Officer advising that the HSCP, in partnership with Children 1st, had been successful in securing £1,044,355 from the Robertson Trust. The funding had been approved as a Social Bridging Finance partnership contract between the HSCP, Children 1st, and the Robertson Trust. As a result of the additional funding, the service would continue until 2022, and would also be extended to all East Renfrewshire GP practices from summer 2019.

The report set out the background to the Social Bridging Finance model, which included supporting third sector delivery of services whilst also ensuring the long-term sustainability of those that were able to evidence success through the development of a contract with the public sector. It was noted that the service delivery approach had to incorporate a research and development element.

The report explained that a detailed project plan, high level timeline and risk register had all been prepared and set out the steps that Children 1st would take during the 4 months between the funding decision and the project start date in June 2019. A summary of the work to be carried out in the 6 month development phase of the project, as well as the project investment budget over the 3 years to 2022 was also provided.

The Children's Services Strategic Manager was heard in further explanation of the project in the course of which she highlighted the very rigorous testing and evaluation that would form part of the project overall, that over 60 families had benefitted from the programme to date, and that progress reports would be submitted to future meetings of the Board.

Members having paid tribute to the work of officers and Children 1st in developing the project, Ms Monaghan sought clarification of the referral route and what steps would be taken to ensure the long term sustainability of the project.

In reply, the Children's Services Strategic Manager explained that referrals would come directly from GPs who would decide when a child presented at a GP appointment if access to the programme was the most appropriate treatment route for them. It was also confirmed that services remained in contact and so there were opportunities for cross-referral at a later stage if considered appropriate.

With regards to long term sustainability, the Chief Officer explained that officers were already looking at potential future funding streams arising from some transformation work in the NHS, referring in particular to Moving Forward Together although she explained that continuing the project would only be considered if there was a positive evaluation.

Councillor Swift also questioned evaluation methods and enquired if there were any examples of early "wins" in response to which Ms Brown referred to the information provided by Dr Michael Smith, Lead Associate Medical Director for Mental Health, Glasgow City HSCP at the meeting of the Board on 14 February 2018 in relation to some of the research into Adverse Childhood Experiences (ACES) which demonstrated the benefit of early intervention.

The Clinical Director also explained that the service had been well received by GPs who had seen a noticeable reduction in the number of GP appointments required once a child had been referred.

The Board noted:-

- (a) the Robertson Trust investment to continue and expand the Family Wellbeing Service;
- (b) that the new Social Bridging Finance partnership between the 3 parties was underpinned by an emphasis on research and development; and
- (c) the continual financial commitment of the HSCP to invest in the Family Wellbeing Service as part of the Social Bridging Finance partnership agreement.

CARE AT HOME IMPROVEMENT ACTIVITY

7. Under reference to the Minute of the previous meeting (Item 6 refers), when having considered a summary report on the service the Board had requested a more detailed report on the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement, the Board considered a report by the Chief Officer, providing information in respect of these issues.

The Chief Officer introduced the report by stating that she was grateful to the Board for providing this opportunity to give more information on the challenges faced by care at home. She explained that along with the other members of her senior management team, she was

committed to improving the position and also improving the sustainability of the service. The Chief Officer advised the Board that the Care Inspectorate had conducted an unannounced inspection of the service following the last meeting. The results of the inspection would be published in the coming weeks; however the initial feedback on the inspection was not positive and highlighted the pressures on front line staff.

The Head of Adult Health and Social Care Localities was then heard at length, in the course of which she summarised the issues and pressures facing the service. Having provided background contextual information in relation to the redesign of the service the report then provided full details of the impact on the quality of care due to the ongoing pressures. The report provided details about how the service operated and how staff were provided with client information.

Some of the risks associated with current operating methods were explained, with issues around the lack of care plans and how this was being addressed being outlined.

The Head of Adult Health and Social Care Localities went on to highlight the section of the report that explained that as part of the redesign the views of a number of service users and their families and carers had been sought. A similar exercise was also conducted with staff and both exercises had demonstrated that despite best efforts, the current arrangements were having an adverse impact on clients using the in-house service.

Referring to the section of the report that detailed service vacancy information she drew attention to the high absence levels in the service; stating that additional support had been brought in to tackle this and absence was reducing. However the high absence levels had impacted on the ability to hold training and development events for staff.

Details of the levels of hospital discharge for the period 3 December 2018 to 4 March 2019 were provided, it being noted that although the average weekly referrals to the care at home service was 15, there were times when this number increased. Whilst staff had managed to facilitate hospital discharge over the winter period, this had placed more pressure on the service resulting in less time for reablement activities.

Comment was also made on progress in delivering the action plan prepared in response to the Care Inspectorate's previous service inspection. It was noted that due to service pressures planned actions were incomplete or behind schedule, and that the Care Inspectorate had made an unannounced inspection of the service in February 2019. Their report from this inspection was awaited.

The report outlined how, recognising the lack of progress, steps had been taken to move things forward, including the establishment of a senior management improvement task force, under the leadership of the Chief Officer. In addition to this regular meetings to review progress on quality improvement activity were taking place with the Council's Chief Executive.

Further information was provided on the additional capacity being put in place as well as details being provided of the steps being taken to recruit additional staff, it being noted that the proposed investment of £0.75M in care at home would allow increased capacity within the service to support sustainability and improve management of new demand this being enhanced by using £0.25M from reserves to meet one-off costs such as recruitment, development, training and temporary resources.

As part of the remedial action being taken the Head of Adult Health and Social Care Localities referred to the increase in management resources that had been put in place and to the work being undertaken with partners to try and address ongoing recruitment challenges.

Full discussion then took place. Ms Monaghan stated that it appeared that the service was in crisis, expressing disappointment that it had taken so long for the Board to be made aware of the problems it faced. She further stated that it appeared to her that front line staff were dealing with the consequences of a lack of operational leadership at a senior level, and whilst welcoming the rescue plan that had been put in place questioned whether sufficient operational leadership capacity had been retained following the senior management restructure that had taken place. She also suggested that there were serious issues to be considered in relation to the future provision of a homecare service and to the current ability of partner providers to opt out of continuing provision for a client if an increase in staffing support was required, which in turn had an adverse impact on in-house provision. In conclusion she suggested that a root and branch review of the service was required and that there needed to be good quality operational management in place.

Echoing Ms Monaghan's comments, Councillor Bamforth highlighted that care at home services nationwide were facing challenging times. She noted that more people were being discharged from hospital with more complex care needs which placed more pressure on homecare services, and referred to the recruitment challenges facing the sector.

Councillor Swift having suggested that the recruitment challenges being faced may mean in simple terms that rates of pay would need to be improved to attract staff, Mrs Kennedy stated that whilst traditionally the flexibility of working hours had attracted many people, particularly women, to the service, the service was now having to compete with other forms of employment where flexibility was possible.

Councillor Buchanan also expressed disappointment with the performance of the service, welcoming the steps that had already been taken to deliver improvement, following which Ms Brown acknowledged that whilst there were some challenges facing homecare services nationally, many of the issues affecting the local service were particular to that service. She referred specifically to the issues in respect of adequate management capacity and the need for a separation of operational and strategic management of the service.

Having heard the comments made, the Chief Officer acknowledged that there had been a lack of focus; that assumptions had been made about the adequacy of management capacity at the time of the restructure that had proven to be incorrect, and that too much focus had been on "firefighting" to the detriment of putting longer term sustainable measures in place. She further stated that the focus now needed to be moving forward to continue to implement the measures that had been put in place, which would include the consideration of different models of care.

In conclusion Ms Brown having summarised the disappointment and concerns expressed, and noted the assurances regarding improvements, welcomed the additional investment and emphasised the need to focus on delivering the Care Inspectorate recommendations. Furthermore, Ms Brown also suggested that in light of the seriousness of the issue that it be added to the Strategic Risk Register and that a progress report including an update on meeting the Care Inspectorate requirements be submitted to the next meeting.

The Board:-

- (a) noted the report and approved the additional investment in care at home services;
- (b) agreed that an item in relation to the status of the Care at Home service be added to the Strategic Risk Register; and
- (c) agreed that a progress report including an update on meeting the Care Inspectorate requirements be submitted to the next meeting.

MEDIUM-TERM FINANCIAL PLAN

8. The Board considered a report by the Chief Financial Officer seeking approval of a medium-term financial plan for the IJB for the period 2019/20 to 2023/24. A copy of the plan accompanied the report

Having explained that the plan used the 2019/20 budget as Year 1 assumptions to set out the potential financial implications over the subsequent 5 years, the report summarised those areas that the plan considered as well as explaining that in the event there were any changes to the NHSGGC revenue budget, including confirmation of the set aside budget, the plan would be revised accordingly. Delegated authority for the Chief Financial Officer to make these changes if required was sought.

It was also reported that as a minimum the plan would be revised and presented to the IJB annually, however more frequent reporting would occur if there were any significant changes to the financial outlook. Furthermore, the plan would be used to inform engagement with partners in future budget discussions.

The Board:-

- (a) approved the draft Medium-Term Financial Plan;
- (b) delegated authority to the Chief Financial Officer to revise the plan, if required, to reflect the 2019/20 final budget if any variance from the expected budget and the 2019/20 set aside budget once confirmed; and
- (c) agreed to receive an annual update and revision to the plan with more frequent updates if there were significant changes in the financial outlook

CLINICAL AND CARE GOVERNANCE PROPOSALS

9. The Board considered a report by the Clinical Director regarding proposals to change the arrangements for the oversight of clinical and care governance related matters.

The report explained that the Clinical and Care Governance Committee had been in existence for over 3 years during which time the terms of reference of the committee had remained unchanged. It further explained that there had been some significant changes in personnel over the preceding 2 years including a new Clinical Director and Chief Nurse. Both these officers had considered it appropriate to review the existing arrangements to ensure they met legislative and partner body requirements.

The review had identified that the committee often did not have adequate opportunity to discuss matters in depth and explained that the current formal structure was a potential barrier to frank and open discussion about confidential individual and personal situations.

The committee's formal structure, public access and agenda content had all been part of the discussions on future operating arrangements that had taken place at a development workshop in February. These discussions had helped to shape new terms of reference operating proposals that were outlined in the appendix that accompanied the report. These included changing the status from a formal committee to a group.

Discussion followed in the course of which Mrs Kennedy suggested an increase in the number of carer and services user representatives on the new group and the Chief Officer indicated that inspection reports would be considered by either the Performance and Audit Committee or the Board depending on the timing of the issue of the report and the subject matter.

Thereafter, having heard the Clinical Director further on the proposals, the Board agreed to the disestablishment of the Clinical and Care Governance Committee and the establishment of a Clinical and Care Governance Group to operate in accordance with the terms of reference and procedures as outlined in the appendix, subject to an increase in the number of carer and service user representatives from 1 of each to 2 of each.

MINISTERIAL STEERING GROUP FOR HEALTH & SOCIAL CARE INTEGRATION – DRAFT TRAJECTORIES 2019/20

10. The Board considered a report by the Chief Officer submitting for consideration the proposed 2019/20 Ministerial Steering Group (MSG) targets for the HSCP, and outlining how the activity linked to achieving the targets also linked with the wider NHS Greater Glasgow and Clyde Unscheduled Care Programme.

Having explained that each HSCP was required to set annual targets in relation to the MSG objectives around unscheduled care, the report explained that HSCP programmes for unscheduled care were focused on 3 key themes, these being early intervention and prevention of hospital admission; improving hospital discharge and better support for people transferring from acute care to community supports; and improving the primary/secondary interface jointly with Acute Services to better manage patients in the most appropriate setting.

The report explained that HSCPs had collaborated to prepare the trajectories for the 2019/20 indicators to ensure a consistent approach was taken. This had resulted in 2015/16 still being used as the baseline year, trajectories for under 18s being excluded, and trajectories reflecting existing work programmes, some of which would come into full effect in 2019/20, rather than including new work programmes. The reasons for these decisions were outlined.

The report also highlighted that since 2015/16, A&E attendances across all 6 NHSGGC located HSCPs had increased. It was hoped that with the range of workstreams outlined in the report a return to 2015/16 levels was anticipated by March 2020.

The report then set out the proposed 2019/20 targets and performance against the previous years' targets back to 2015/16. Details of the planned activity to support performance accompanied the report, it being noted that progress reporting and monitoring of performance against the trajectories would be included in local performance management arrangements and reported routinely at NHSGGC level via the unscheduled care collaborative process.

The Board:-

- (a) approved the 2019/20 Ministerial Steering Group (MSG) targets; and
- (b) noted the HSCP involvement in the wider Board unscheduled care programme development and delivery

REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH & SOCIAL CARE

11. Under reference to the Minute of the previous meeting (Item 8 refers), when the Board noted a report by the Chief Officer providing an overview of the recent Audit Scotland report examining progress in the integration of the delivery of health and social care services, the Board considered a further report by the Chief Officer giving an overview of the review carried out by the Scottish Government and COSLA and which had produced its final report in February 2019.

Having explained that the purpose of the review was to help increase the pace of delivering the 4 key integration objectives, the report clarified that consideration of their delivery also included reference to the legislative requirements of national health and wellbeing outcomes and integration planning and delivery principles. The Steering Group's proposals, set out in the appendix that accompanied the report, focused on the joint and mutual responsibilities of the Scottish Government and COSLA to improve outcomes for people using the health and social care system in Scotland.

The report then set out the activities to be undertaken by both the Scottish Government and COSLA to support the delivery of the proposals, as well as setting out the expectations that the Scottish Government and COSLA would have of health boards, local authorities, IJBs and HSCPs. It was noted that a self-evaluation tool was being developed by the Scottish Government and COSLA to support IJBs and partners to assess their own position in relation to the review proposals and the earlier Audit Scotland recommendations.

Referring to the project proposals as outlined in the appendix, Mr Mohamed commented in particular on the proposals relating to support for carers and representatives, and questioned whether in light of these proposals the Board would support the payment of replacement care expenses associated with attendance at meetings.

The Board:-

- (a) noted the report; and
- (b) confirmed the commitment to payment of expenses for carer and service user representatives to attend meetings.

REVENUE BUDGET MONITORING REPORT

12. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2018/19 revenue budget as at 24 January 2019.

It was reported that against a full year budget of £115.751M there was a projected overspend of £0.257M (0.2%). It was noted that of the projected overspend, £0.398M related to the planned use of reserves and £0.141M was a projected operational underspend, and work would continue to maintain expenditure within existing resources. It was noted that the projections allowed for the impact of winter and new activity to 31 March 2019.

Commenting on the report, the Chief Financial Officer confirmed that since the report had been produced it had become clearer that the funds held in reserve to deal with winter issues would not need to be used. This would result in an improved financial position of approximately £300K.

Ms Monaghan commented on the underspend in relation to staffing, referred to the impact on service users of any understaffing in services, and stated that she hoped that the non-filling of vacancies was not happening routinely. In reply the Chief Officer explained that part of the reason for the non-filling of was to give any staff displaced during the ongoing restructuring exercises the opportunity to apply for other roles.

The Board noted the report.

VALEDICTORY – MORAG BROWN

13. Councillor Buchanan highlighted to the Board that Ms Brown's term of office as a non-executive director of NHHGGC was coming to an end and consequently this would be her last meeting of the IJB.

He paid tribute to the positive contribution Ms Brown had made to the work of the Board, how her work had been a contributory factor in the IJB being recognised as one of the more highly regarded Boards and on behalf of the Board wished Ms Brown all the best for the future.

Echoing the comments of Councillor Buchanan, the Chief Officer intimated that notification had been received from NHSGGC that Anne-Marie Monaghan would take on the role of NHS lead on the Board and as such would take over in the role of Chair.

Responding to the comments, Ms Brown commended the positive culture of the IJB and paid tribute to officers for their support for her during her term of office as Chair.

DATE OF NEXT MEETING

14. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 1 May 2019 at 10.00 am in the Eastwood Health and Care Centre, Clarkston.

CHAIR