

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 27 June 2018 in
the Eastwood Health and Care Centre
Drumby Crescent, Clarkston**

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) |
| Councillor Tony Buchanan | East Renfrewshire Council |
| Dr Angela Campbell | Clinical Director for Medicine for the Elderly |
| Anne Marie Kennedy | Third Sector representative |
| Dr Craig Masson | Clinical Director |
| John Matthews | NHS Greater Glasgow and Clyde Board |
| Dr Deirdre McCormick | Chief Nurse |
| Andrew McCready | Staff Side representative (NHS) |
| 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 |
| Candy Millard | Head of Adult Health and Social Care Localities |

APOLOGIES FOR ABSENCE

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|-----------------|----------------------------------------------------------------------------------|
| Susan Brimelow | NHS Greater Glasgow and Clyde Board |
| Geoff Mohamed | Carers’ representative |
| Rosaleen Reilly | Service users’ representative |
| Kate Rocks | Head of Public Protection and Children’s Services (Chief Social Work Officer) |

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 4 April 2018 subject to the following amendment:-

Item 10 – Implementation of the Carers (Scotland) Act 2016.

9th Paragraph “IJBs” be replaced with “Boards”.

MATTERS ARISING

3. The Board considered and noted a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

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.

MINUTES OF MEETINGS OF COMMITTEES

5. The Board considered the Minutes of the meetings of the undernoted committees:-

(i) Clinical & Care Governance Committee – 21 February 2018.

(ii) Performance and Audit Committee – 4 April 2018.

In relation to the Minute of the Performance and Audit Committee; Item 6 – Strategic Risk Register, and Item 9 – Performance of Hosted Services – MSK Physiotherapy, and in response to Councillor Swift, the Head of Adult Health and Social Care Localities confirmed that a copy of the Strategic Risk Register could be shared with all members of the IJB. She further confirmed that she had made a request to West Dunbartonshire HSCP for DNA (did not attend) and demand information for physiotherapy services in East Renfrewshire and that this would also be shared with Board members on receipt.

The Board noted the Minutes.

APPOINTMENT OF BOARD CHAIR AND COMMITTEE CHAIRS

6. The Board considered a report by the Chief Officer regarding the reversal of the roles of Chair and Vice-Chair of the Board in accordance with the Integration Scheme and Standing Orders, and the subsequent need to review the positions of Chair of the Clinical & Care Governance Committee and the Performance and Audit Committee.

The Board:-

(a) noted that the positions of Chair and Vice-Chair had now reversed with Ms Brown assuming the role of Chair and Councillor Bamforth assuming the role of Vice-Chair;

(b) agreed that Councillor Bamforth replace Ms Brown as Chair of the Performance & Audit Committee with Ms Brown retaining her place on the committee; and

- (c) agreed that one of the NHS non-executive members of the Board take on the role of Chair of the Clinical & Care Governance Committee, the name to be provided to the Chief Officer prior to the next meeting of the committee, with Councillor Bamforth retaining her place on the committee.

ANNUAL PERFORMANCE REPORT 2017/18

7. The Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2017/18.

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 final year of the current Strategic Plan and the second 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 for 2017/18.

The report explained that the Annual Report, a copy of which accompanied the report, was set out under 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.

Additional sections on Locality Planning, the Learning Disability Inpatient Service, and the review of the Strategic Plan were also contained in the report.

Commenting on the report, the Head of Adult Health and Social Care Localities explained that the data in the report had come from a number of sources including the most up recent data from the Information Services Division (ISD), that the data would be subject to further change, and that a full update position should be available in September.

She referred to some of the highlights in the report including the opening of the Sir Harry Burns Centre and the Shopping Buddies project.

In response to questions from Councillor Bamforth on the poor performance figures in respect of waiting times for primary care mental health (PCMH) appointments and work being done to bring more Looked After children back into East Renfrewshire, the Chief Officer acknowledged the poor performance figures for PCMH appointments, set these in context, and explained the steps that were being taken to address matters. It was also explained that Head of Public Protection and Children's Services (Chief Social Work Officer) could send out further information to members of the Board on work with Looked After children.

Councillor Swift referred to the variable performance in relation to older people's services and the need for further work to take place in this area. In reply, Ms Brown explained that similar concerns in relation to these services had been expressed at the Performance and Audit Committee, both in relation to the care home and homecare services. In reply, the Chief Officer acknowledged that there was scope for improvement, and expressed disappointment at the grades awarded by the Care Inspectorate, although she explained that new inspection teams had been put in place and grades were down across the country.

She also expressed disappointment with the results of the health and wellbeing survey highlighting that satisfaction levels appeared to be higher in the Levern Valley area. She explained that it had been suggested that one of the reasons for lower satisfaction levels was that patients in the Eastwood side of the area were no longer able to attend at the Victoria Infirmary, but needed to go to the new Queen Elizabeth Hospital. Further investigative work on this issue would take place.

Ms Monaghan welcomed the report, suggesting it painted a transparent and honest picture of the service over the monitoring period, and provided a reminder of some of the achievements delivered during that time. She sought clarification of the 18 week referral time for Child and Adolescent Mental Health Services (CAMHS), whether or not the report was provided in other formats, and emphasised that it was important to adhere to the 6-month timescales for permanence decisions for Looked After and accommodated children.

In reply it was explained that the 18 week referral time was a national target, that NHSGGC had been promoting a 12 week target and that information in relation to 12 week targets would need to be obtained from that body. In addition, it was explained that officers from the HSCP were working with the Council's Communications Team on providing the report in other formats.

Following further discussion the Board:-

- (a) noted the report;
- (b) agreed that the Chief Financial Officer include relevant financial information from the Annual Accounts in the Annual Performance Report;
- (c) agreed that the Head of Adult Health and Social Care Localities update information in the Annual Report on national indicators when it became available
- (d) agreed that the final report should be shared with East Renfrewshire Council and NHS Greater Glasgow and Clyde; and
- (e) authorised the Chief Officer, in consultation with the Council's Communications Team, to consider a range of media to engage with the public, illustrate performance, and disseminate the Annual Performance Report by the statutory deadline of 31 July 2018.

ANNUAL REPORT AND ACCOUNTS 2017/18

8. 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 2017 to 31 March 2018, 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 also highlighted the main messages from the annual report and accounts. In particular, reference was made to the lower than expected use of reserves to balance the 2017/18 revenue position, the benefit of operational underspends during the year, and support cost recharges from property costs.

The report also suggested the creation of a number of new reserves with the details of each being outlined.

Referring to the report and accounts, and having thanked colleagues for their support in the preparation of the accounts, the Chief Financial Officer highlighted a technical difference between the 16/17 and 17/18 accounts in relation to the treatment of hosted services, explaining the implications of this. In addition, she proposed that the funds received in March 2018 for specific purposes be carried forward into 2018/19 and used as appropriate during the year.

Ms Brown explained that the annual report and accounts had been considered by the Performance and Audit Committee at its meeting prior to the meeting of the Board. The committee had agreed to recommend to the Board approval of the annual report and accounts, the new reserves allocations, and, noting that the annual report and accounts was subject to audit review, also recommended that the Board receive the audit annual report and accounts in September, subject to any recommendations made by the external auditor and/or the Performance and Audit Committee.

Commenting on the report, Councillor Buchanan highlighted that it clearly identified some of the issues facing the area in terms of demographics, and welcomed some of the steps being taken to address the challenges facing the service.

Ms Brown further highlighted that at the meeting of the committee discussions had taken place in relation to the inability of the planning authority to take into account the impact on HSCP service provision of the new elderly village in Newton Mearns when considering the planning application, and that it had been suggested that this be raised with COSLA.

The Board:-

- (a) approved the annual report and accounts;
- (b) approved the new reserves allocations including the establishment of a new £500,000 earmarked reserve to deal with in-year pressures;
- (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.

INDIVIDUAL BUDGETS – SELF-DIRECTED SUPPORT UPDATE

9. The Board took up consideration of a report by the Chief Financial Officer providing an update on progress with the approach to calculating (adult) individual budgets under Self Directed Support legislation, and associated systems and processes.

Having referred to the 4 different options for social care management provided for in the legislation in respect of Self-Directed Support, the report explained that over 2017/18 the current methods of resource allocation for adult care had been the subject of review. The intention of this review was to introduce a new method for agreeing individual budgets that fitted with new ways of planning, and which allowed more innovation and flexibility to meet the desired outcomes of those people who received care packages.

The report provided summary details of the proposed new approach, it being noted that the budget calculator that would be used was being tested against desktop reviews of a number of existing care packages to ensure that it operated correctly. It was further noted that it was hoped that the new process would be ready for implementation in December 2018 and that a timetable and resource implications for the review of existing care plans was presently under

development. As part of the process of reviewing existing plans a governance protocol would be put in place to ensure that if any support plan reduced significantly following review, this would be managed over a period of time on a phased basis.

The report also explained that a series of positive meetings had already taken place with the SDS and Carers Forum, and that a formal consultation would take place with key stakeholders in the coming months once the calculator and example case studies had been further developed for use.

Referring to the comments in the report about a review of the need for equality impact assessments, Ms Brown confirmed that these assessments would be taking place.

Ms Monaghan welcomed the report and in particular that it clearly set out the end to end process. She acknowledged the challenges to be faced in delivering self-directed support but stated that individuals were best placed to know what services best addressed their needs. She also sought an assurance that people would not be forced into residential care if their self-directed care packages cost more than the cost of a care home place.

Giving that assurance, the Chief Officer nonetheless stated that budgets were a key consideration, that whilst a personal focus was important practical guidance was equally important, and that overall the new arrangements should have positive implications for the budget.

Whilst also welcoming the report Mrs Kennedy noted that there were no fixed timescales from initial meeting with the client until the award of funds, suggesting that this should be considered. In reply the Chief Financial Officer explained that the different personal circumstances of each client meant it was not practical for a blanket timescale to be set, but that further thought could be given to ensuring clients were kept fully advised of progress in each case.

Referring to the deduction to be made from proposed plan costs Councillor Swift suggested that some worked examples on how care plan funds were calculated would be helpful and questioned whether the possibility of members of the public being invited to serve on the Resource Enablement Group (REG) had been considered.

In reply, the Chief Financial Officer explained that modelling on the deductions to be applied was still under way and that worked examples could be considered as part of this, and that it was unlikely that members of the public would be involved in the REG, although arrangements would be put in place to independently assess the decisions reached.

Having heard Ms Monaghan further on the need to ensure that people were not disadvantaged, and the Chief Officer in reply explain that overall she considered the new arrangements to be positive and that the greater challenge would be in transferring existing clients on to the new arrangements, the Board:-

- (a) approved the approach to the calculation and implementation of individual budgets under Self Directed Support; and
- (b) agreed that a consultation exercise with stakeholders take place.

REGIONAL PLANNING

10. The Board noted that consideration of this item had been continued to the next meeting.

MOVING FORWARD TOGETHER

11. The Board noted that consideration of this item had been continued to the next meeting.

STRATEGIC PLAN REVIEW AND REVISION UPDATE

12. The Board considered a report by the Chief Officer providing information about the development of “Working Together” the draft Strategic Commissioning Plan, building on the current Strategic Plan and priorities; setting out the HSCP’s strategic commissioning intentions to shift the balance of care; making better use of a community resources and modernising services. Details of the financial challenge facing health and social care and a range of savings that management considered to be achievable were also outlined. A copy of the draft plan accompanied the report.

Having referred to the work of the Strategic Planning Group in the development of the new plan, including the selection of a series of strategic commissioning scenarios, the report set out details of the financial challenges to be addressed by services over the next 2 financial years, as well as a more detailed service analysis illustrating the potential future impact of funding increases and savings.

The report also provided details of the public consultation work that had been taking place, working in conjunction with Voluntary Action. It was explained that the initial focus had been on developing a systematic approach towards engagement ensuring inclusion and developing platforms to support digital and face-to-face engagement. It was highlighted that the consultation to date had not been on the detail of the potential funding gap, commissioning intentions and savings proposals, and that further consultation with a range of partners on these matters was required.

The Head of Adult Health and Social Care Localities having been heard further, on the report, full discussion took place in the course of which Councillor Buchanan stated the importance of it being recognised that the plan as part of a wider “Moving Forward Together” agenda being driven by NHSGGC and it was important that as part of the consultation the proposed changes and benefits were made clear.

Mr Matthews referred to the presentation on “Moving Forward Together” at the meeting of the NHSGGC Board the previous day, and to the need for the longer-term health benefits that would be delivered to be made clear.

Discussion also took place on the timing for the next stage of consultation it being agreed that to give the Board the opportunity to influence the consultation content and mechanisms, these be the subject of discussion at a seminar for Board members prior to the consultation taking place.

The Board:-

- (a) noted the work of the Strategic Planning Group in developing an option appraisal approach and developing strategic commissioning scenarios; and
- (b) agreed to move to further consultation on the strategic commissioning intentions and savings proposals subject to these matters being the subject of a seminar for Board members beforehand

PRIMARY CARE IMPROVEMENT PLAN

13. The Board considered a report by the Chief Officer providing an update on the development of the HSCP Primary Care Improvement Plan.

Having outlined the aims of the new Scottish GMS contract and highlighted that some of the tasks currently carried out by GPs would be carried out by where safe and appropriate by members of a wider primary care multi-disciplinary team, the report explained that the initial Primary Care Improvement Plan would be available by July 2018. The priority for Year 1 would be a focus on learning from locally tested approaches and evidence where there had been a positive impact on GP workload, whilst Years 2 and 3 would continue to define models and approaches to meet local population needs.

It was further explained that the extent and pace of change over the 3 year period would be determined largely by workforce availability, training, competency and availability of resources.

Details of the line management arrangements for the new multi-disciplinary teams was also set out and it was noted that whilst some team members would be attached to individual practices in some cases resources would be shared across different practices with GP clusters having an important role in facilitating cross-practice working including the development of common working practices and pathways.

Having commented further on how the Primary Care Improvement Plan was being developed and highlighted the challenges of workforce recruitment, the report provided details of the funding available in 2018-19 and the methodology for the disbursement of the funds.

The Clinical Director was heard further on the report explaining that each HSCP had to prepare a Primary Care Improvement Plan and that the draft plan was out for consultation with GPs with a deadline of the end of June for comments.

Plans were to be submitted to the Scottish Government by the end of July. However the plan needed to be approved by the Board and would be submitted to the next meeting in August.

The report also set out the consultation that had taken place to date.

Following discussion the Board noted the:-

- (a) update on the development of the Primary Care Improvement Plan; and
- (b) engagement process to date to develop the plan and the updated timeline for approval by the Board

BUDGET UPDATE 2018/19

14. Under reference to the Minute of the previous meeting (Item 6 refers), the Board took up consideration of a report by the Chief Financial Officer providing a summary update on the 2018/19 budget as well as confirming the formal revenue budget contribution offer of £66.669 million from NHS GGC.

The report explained that the final offer was £0.029 million less than the indicative budget figure agreed in April. Details for the reasons in the adjusted figure were outlined it being noted that the reduced amount did not give any cause for concern.

Having further reported that the set aside budget for large hospital services was yet to be confirmed for 2019/19 and that it would be shown at the 2017/18 value whilst moves to quantify actual activity and costs were progressed, it was further clarified that the adjusted figures did not impact on the savings challenges that had already been reported. Details of the savings challenges and the steps that were being taken to achieve these were outlined.

Noting the position, and having heard the Chief Financial Officer confirm that routine revenue budget monitoring reports would resume at the next meeting, the Board approved the revenue budget contribution of £66.669 million from NHSGGC, excluding set aside.

CALENDAR OF MEETINGS 2019

15. The board considered and approved a report by the Chief Officer setting out proposed meeting dates and venues for 2019.

DATE OF NEXT MEETING

16. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 15 August 2018 at 10.00 am in the Council Offices, Main Street, Barrhead.

CHAIR