

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30am on 27 September 2017 in
the Council Offices,
Main Street, Barrhead**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Lesley Bairden	Chief Financial Officer
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Morag Brown	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Craig Masson	Clinical Director
Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – Integration Joint Board
Rosaleen Reilly	Service users' representative
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council

IN ATTENDANCE

Ian Arnott	Finance Business Partner, HSCP
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Strategic Services
Frank White	Head of Health and Community Care

APOLOGIES FOR ABSENCE

Councillor Tony Buchanan	East Renfrewshire Council
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Councillor Paul O'Kane	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 16 August 2017.

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.

It was noted that the Chief Officers' brief that was to be used as the mechanism for more widely publicising Care Inspectorate Inspection Reports amongst staff was not made available to members of the IJB and the Chief Officer undertook to ensure that IJB members were included in future distribution arrangements.

The Board noted the report and the additional undertaking from the Chief Officer.

ACTION LOG

4. Under reference to the Minute of the previous meeting (Item 3 refers) the Board considered a report by the Chief Officer providing details of the status of actions agreed by the Board since its establishment. It was explained that the action log would continue to be presented to future meetings but would only contain those actions that were open.

In response to a question from Councillor Swift, Dr Masson and the Chief Officer were heard on the progress of negotiations in relation to the new GP contract and the development of quality clusters.

Welcoming the production of the action log and proposals for it to be a standing item on future agendas, Mrs Brimelow queried when updates on 2 of the open items, the provision of information on the Renfrewshire Development Programme, and development work on aids and adaptations, would be provided.

In reply the Chief Officer undertook to clarify when updates would be available.

The Board noted the report.

MEARNSKIRK HOSPITAL UPDATE

5. The Board considered a report by the Chief Officer providing an update in relation to the future of Mearnskirk Hospital, the impact of new Hospital Based Complex Care (HBCC) rules, and the likely resource and service implications for East Renfrewshire.

Having outlined that the hospital was used to provide 72 beds for older people requiring NHS continuing care, the report explained that the current contract ended in March 2019, and would not be renewed.

Alongside this, the report referred to the introduction in 2015 of HBCC which saw a move away from long-stay beds towards more community-based care for individuals. Since June 2015 there had been a fall in the number of people transferred to Mearnskirk with only 60 of the 72 beds currently occupied, with only a small number of these beds being occupied by East Renfrewshire residents.

The report further explained that work on future bed demand was ongoing but that the decision not to renew the contract gave the HSCP and colleagues from Acute Services a clear timescale to plan to meet future needs in community settings. This work would also identify the cost of current service delivery to enable a funding transfer mechanism to be agreed between the Health Board and those HSCPs with residents in the facility.

Dr Campbell having been heard further on the arrangements currently in place at the hospital including admission criteria, the Chief Officer highlighted that the closure of the facility presented a potential opportunity to the HSCP to use any resource transfer to develop a more suitable care model for East Renfrewshire residents who would have otherwise been admitted to the hospital. She also confirmed in response to Councillor Swift that the potential of providing some form of intermediate care facility would be considered as part of the planning process.

Ms Brown referred to historical reductions in long-stay beds and that arguably resource transfers that had taken place were not commensurate with the reductions. This in her view should be a major consideration in future discussions in relation to the closure of the hospital. She also highlighted the need for clarity around the date when admissions would stop as this had an impact on any planning arrangements. Furthermore Ms Brown questioned the benefit of intermediate care beds.

In reply, the Chief Officer acknowledged the importance of robust discussions in relation to resource transfer. She highlighted that with the numbers of East Renfrewshire residents in the facility having reduced in recent times this would make discussions more challenging. In this regard Dr Campbell was heard on the reasons why the patient numbers from the Glasgow area had possibly increased and also on some of the benefits of providing intermediate care.

The Head of Health and Community Care having indicated that a definite approach to future provision had not been determined and that the service was open-minded in relation to the possible mix of provision type, Mr Matthews reinforced the importance of the discussions on resource transfer as proper future planning could not take place until funding availability was known.

The Board noted the report and that a follow-up report would be submitted to a future meeting as more information became available.

WINTER PLANNING REVIEW

6. The Board considered a report by the Chief Officer summarising details of revised system-wide winter planning arrangements for the entire NHSGGC area, and providing an update on lessons learned from the East Renfrewshire experience of winter and unscheduled care pressures during 2016/17, including the Christmas and Easter holiday periods.

The report explained that the 2017/18 winter planning arrangements built on the Unscheduled Care Programme Board governance structure introduced in 2016 to deliver a systematic review of Unscheduled Care across NHSGGC to be taken forward in partnership between the Acute Division and HSCPs. In addition the winter plan would provide assurance of mitigation plans for specific challenges that were anticipated in the run up to and after the festive season.

The report also highlighted that a review of Unscheduled Care governance arrangements had led to strengthened structures for partnership working, and that the new structures, introduced in August 2017, ensured integrated working at a strategic and operational level between the Acute Division and HSCPs.

Having heard the Head of Strategic Services further, the Board noted the revised system-wide unscheduled care/winter planning arrangements.

REVIEW AND DEVELOPMENT OF HSCP STRATEGIC PLAN

7. The Board considered a report by the Chief Officer regarding proposals for the review and development of the HSCP Strategic Plan including refreshing the membership of the Strategic Planning Group.

The report referred to the requirement for Boards to review their strategic plans and that as part of the review they must have regard to the integration delivery principles and national health and wellbeing outcomes, as well as seeking and having regard to the views of their strategic planning groups on the effectiveness of local integration arrangements, and whether a replacement strategic plan should be prepared.

It was noted that the current HSCP Strategic Plan was due to expire at the end of March 2018 in view of which it was important that the strategic plan review be commenced.

The report provided further information in relation to the role of the Strategic Planning Group in the review of the Strategic Plan and details of the various stakeholders that should be members of the group. It was highlighted that there had been a number of changes to Board and partner positions since the group was established in light of which the report proposed a new list of members and stakeholders.

Details of the statutory guidance produced by the Scottish Government and the timescale for the production of the revised Strategic Plan were also provided.

Having heard the Chief Officer on the importance of the Strategic Plan process and challenging financial framework within which strategic planning would be taking place, the Board:-

- (a) noted the guidance and proposed timescale for reviewing the Strategic Plan;
- (b) approved the proposed refreshed membership of the Strategic Planning Group as set out in the report; and
- (c) agreed that the Strategic Planning Group be invited to commence the Strategic plan review.

REGIONAL PLANNING

8. The Board considered a report by the Chief Officer providing information about the requirement for the West of Scotland to produce a first Regional Delivery Plan for March 2018.

The report referred to the publication in December 2016 of the Scottish Government's Health and Social Care Delivery Plan which signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence based and outcome focussed.

The report explained that the Scottish Government had commissioned Regional Delivery Plans for each of the 3 areas across Scotland, which for the West of Scotland area involved planning for a population of 2.7 million covered by 5 NHS Boards, 16 local authorities, 15 HSCPs and the Golden Jubilee Foundation. The Chief Executive of NHS Ayrshire and Arran had been appointed as the West of Scotland Regional Implementation Lead.

The report outlined the linkages that needed to be made to allow the Regional Delivery Plan to be progressed and that whilst existing Boards retained their governance responsibilities it was essential for there to be a collaborative approach; boundaries not being considered as barriers to the delivery of outcomes, transparency in discussions; and collective accountability. To achieve this, 5 key principles which were set out in the report had been identified.

In response to questions from Mr Matthews the Chief Officer clarified that a report in similar terms was being considered by all HSCPs in the West of Scotland area with the key principles being those proposed by the Regional Implementation Lead.

Following discussion, the Board:-

- (a) agreed to the collaborative approach proposed for regional planning; and
- (b) endorsed the guiding key principles.

ANNUAL REPORT AND ACCOUNTS 2016/17

9. Under reference to the Minute of the Meeting of the Performance & Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Financial Officer seeking approval for the final annual report and accounts for the IJB for the period 1 April 2016 to 31 March 2017, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report 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.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and that they were unqualified, met legislative requirements, had no significant issues and confirmed sound financial governance.

The report outlined the changes that had been made since the unaudited annual report and accounts had been considered but emphasised that the changes did not materially impact or change the key messages previously reported, these being that there had been a successful full year operation of the IJB; increased earmarked reserves of £1.925 million in line with the Board's agreed strategy; and an end year surplus of £1.534 million transferred to the budget saving and earmarked reserves to deal with in year pressures.

Ms Brown, Chair of the Performance and Audit Committee, reported that the accounts, along with the external auditor's report had been discussed at length at the committee. Welcoming the unqualified opinion from the external auditor, she highlighted three themes that had emerged, these being continuing financial and service pressures, harmonisation of budget setting by local authorities and health boards and descriptions and use of reserves. In respect of the latter issue she referred to some views being expressed within the Health Board and Acute Services about the levels of reserves being held by HSCPs and of the importance of these being robustly defended and the reasons for the reserves being clearly explained.

Thereafter the Chief Financial Officer was heard further on the accounts. She explained that there had been very little change from the draft accounts presented to the IJB in June,

providing details of those minor amendments that had been made. She also highlighted the unqualified opinion on the accounts by the external auditor.

Having heard the Chief Financial Officer thank staff for their assistance in the preparation of the accounts the Board:-

- (a) approved the audited annual report and accounts; and
- (b) authorised the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB;

REVENUE BUDGET MONITORING REPORT

10. The Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2017/18 revenue budget as at 18 August 2017, and seeking approval for a number of budget virements in respect of the 2017/18 budget.

In relation to the 2017/18 revenue budget it was reported that there was a provisional forecast underspend of £0.2 million (0.18%) against a full year budget of £118.9 million. Comment was made on the main variances, it being noted that at the early stage in the year these would be subject to change as the year progressed.

The report also sought approval for a number of adjustments (virements) to the 2017/18 budget which would allow current care package commitments and operational requirements to be more accurately reflected.

The Chief Financial Officer reported that since the previous report to the Board the NHS budget contribution had been agreed with all 6 IJBs in the NHSGGC area having accepted their budget offer. She also referred to the comments made earlier by Ms Brown in relation to the description of reserves and to the commitment she had given at the Performance and Audit Committee to alter the format of future monitoring reports to provide more information regarding the percentage of reserves held and the uses to which they were being put.

The Board:-

- (a) noted the projected outturn position for the 2017/18 revenue budget; and
- (b) approved the 2017/18 budget virements.

CALENDAR OF MEETINGS

11. The Board considered and approved a report by the Chief Officer submitting for consideration proposed Board meeting dates for 2018.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 29 November 2017 at 10.30am in the Eastwood Health and Care Centre, Clarkston.