

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00am on 1 June 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
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 Alan Mitchell	Clinical Director
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – Integration Joint Board
Rosaleen Reilly	Service users' representative
Cathy Roarty	Professional Nurse Adviser
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)

IN ATTENDANCE

Kim Campbell	Acting Performance and Improvement Manager
Eamonn Daly	Democratic Services Manager
Les Gaff	Service Manager, Criminal Justice
Candy Millard	Head of Strategic Services
Frank White	Head of Health and Community Care

APOLOGIES

Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Andrew McCready	Staff Side representative (NHS)
Rev Dr Norman Shanks	NHS Greater Glasgow and Clyde Board
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 of the Board held on 30 March 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.

Commenting further on the report, the Chief Officer stated that over 200 people had attended the Community Led Support consultative events and that an update on the planning Day, taking place on 8 June, would be provided at the next meeting.

Thereafter, the Clinical Director provided an update on the inaugural meeting of the Clinical and Care Governance Committee held on 17 May.

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 16 March 2016.

CODE OF CONDUCT

5. The Board considered a report by the Chief Officer seeking approval of a new draft Code of Conduct, a copy of which accompanied the report.

The report explained that correspondence had been received from the Scottish Government highlighting that working with the Commissioner for Ethical Standards, and the Standards Commission, they had produced a template Code of Conduct for IJBs. The expectation was that IJBs would implement the Code in full and that a copy of the Code adopted by the IJB had to be sent to the Scottish Government for approval.

The report explained that the new Code was very similar to the one previously approved by the IJB, setting out those areas where differences occurred. The report also outlined those areas where it was proposed to add to the Code.

The Board:-

- (a) noted the Scottish Government requirements;
- (b) agreed to adopt the Code of Conduct for Members of the East Renfrewshire Integration Joint Board, subject to the modifications as outlined in the report;
- (c) agreed that the Code as adopted be sent to Scottish Ministers for approval; and

- (d) noted the requirements relating to the publication of the Code and Registers of Interest, following approval of the Code by Scottish Ministers.

INTEGRATION JOINT BOARD – AMENDMENT TO STANDING ORDERS

6. The Board considered a report by the Chief Officer seeking approval for amendments to the Standing Orders for the IJB. A copy of the amended Standing Orders accompanied the report.

The report explained that as a consequence of the new Code of Conduct, it would be necessary to amend the Board's Standing Orders, with particular reference to the section relating to declarations of interest.

The Democratic Services Manager explained that as the Code of Conduct required approval by Scottish Ministers, it was proposed that the amended Standing Orders take effect from the date approval of the Code of Conduct was given.

The Board agreed to amend the Standing Orders to take effect from the date the code of Conduct for Members of East Renfrewshire Integration Joint board was approved by Scottish Ministers.

THE FUTURE MODEL FOR COMMUNITY JUSTICE IN SCOTLAND AND LOCAL TRANSITION ARRANGEMENTS

7. The Board considered a report by the Chief Officer summarising progress being made in the transition to the New Model for Community Justice in Scotland as well as providing an update on local transition arrangements to the local Community Justice Partnership.

Having referred to previous reports to the former CHCP Committee on changes to the community justice system, the report explained that the Community Justice (Scotland) Act 2016, which amongst other things allowed for Community Justice Authorities (CJAs) to be disestablished, had received Royal Assent on 21 March 2016. It was clarified that whilst some measures took immediate effect, none of the measures conferring functions on the new national body, Community Justice Scotland, or duties upon community justice partners, would come into effect before 1 April 2017, when CJAs would be disestablished.

The report outlined the rationale behind the new model for community justice, explaining that the new model had 4 key elements, details of which were provided. These elements were supported by an Outcomes, Performance and Improvement Framework (OPI) and the National Strategy for Community Justice, which set out the vision and aims for improved community justice outcomes and provided structure on how the aims would be achieved.

The report was accompanied by the 2016-17 East Renfrewshire Local Transition Plan. This plan had been submitted to the Scottish Government in January 2016, and the report explained those matters that transition plans needed to contain.

Details of a launch event for the East Renfrewshire Community Justice Partnership for the 2016/17 transition year, governance arrangements, and the various other partner agencies that would be involved in the Performance Accountability Review Group, set up to have scrutiny and oversight of the partnership, were outlined.

The report also provide details of the transitional financial arrangements that were in place, it being noted that locally, the additional funding that had been provided had enabled a planning officer and the criminal justice service manager to take responsibility for the development and implementation of the transition plan for the 2016/17 shadow year and to support the development of the 2017-2020 local plan.

Having heard the Chief Social Work Officer further on the terms of the report, the Service Manager provided an update on the launch event that took place, explaining that more events would be arranged.

Welcoming the report, Ms Brown sought clarification of the potential crossover between the oversight and scrutiny to be carried out by the Community Justice Partnership's Performance Accountability Review Group and that undertaken by the Board's Performance and Audit Committee. In reply, the Chief Officer and Chief Social Work Officer acknowledged that there would be a degree of crossover, and explained the roles to be performed, in response to which Ms Brown suggested that the diagram on page 7 of the Transition Plan should be amended to reflect the relationships.

The Board noted the report.

CORPORATE PARENTING ACTIVITY

8. The Board considered a report by the Chief Officer summarising the development of a Corporate Parenting Plan for East Renfrewshire and providing information on local activity to engage corporate parents and care experienced children and young people.

By way of background the report referred to the new corporate parenting activities placed on a wide range of publicly funded organisations by the Children and Young People (Scotland) Act 2014, the purpose of which was to increase the breadth and depth of support available to looked after children and those leaving care.

Having explained that locally partners had worked collaboratively over the previous 6 years to plan and deliver for looked after children through the integrated children's services plan approach, the report provided details of the numbers of looked after children in East Renfrewshire as at 31 July 2015. It was noted that there were a total of 146 children and young people looked after in a range of settings, and that at 0.7% of the total children's population in the area was one of the smallest proportions in Scotland. Further details of the range of care provided were provided, the increase in the number of in-house foster carers being highlighted. Details of the reductions in the use of external care placements and residential school accommodation were also provided.

The report also provided information relative to the forthcoming corporate parenting event in Carmichael Hall on Monday 13 June, with details of the target audience and those organisations that would be represented at the event being listed.

Furthermore, the report provided details of the newly established East Renfrewshire Champions Board to be formally launched at the event, referring in particular to the aims and objectives of the Board, funding and staffing levels to support the work of the Board, and expected outcomes. It was noted that young people themselves had been heavily involved in the development of the Champions Board and would be taking a lead role at the event on 13 June.

The Chief Social Work Officer was heard further on the report, and in particular explained that the Champions Board project was 1 of only 4 from all 32 Scottish local authorities that had received funding from the Life Changes Trust.

Thereafter, Councillor McAlpine and Mrs Reilly having welcomed the report, and in particular the establishment of the Champions Board, Councillor Fletcher referred to the recent tragic case in Fife where there had been child protection failures, that any funding received needed to be used to support front line services and that authorities needed to take a stronger approach to intervention in order to protect children.

In response to Councillor Fletcher's comments the Chief Social Work Officer explained that Fife Council had initiated a Significant Case Review, that once complete the findings would be shared with other authorities, and the HSCP could then benchmark to make sure local procedures were fit for purpose.

The Chief Officer having explained that the report showed significant local improvement over the preceding 2 years, and Mr Lee report the increased focus being placed on child protection issues by the health board, Ms Brown commended the report stating that it was important to recognise the complexity of child protection arrangements.

Other members of the Board also having been heard to commend the positive activity that had taken place, and Councillor Lafferty emphasise that children needed to be the focus of whatever arrangements were put in place, the Board:-

- (a) approved the approach being used to develop the 2016-2018 East Renfrewshire Corporate Parenting Plan;
- (b) agreed to promote attendance and participation at the event on 13 June; and
- (c) acknowledged the achievement of young people to establish the Champions board and agreed to support its work and activity.

EASTWOOD HEALTH AND CARE CENTRE

9. The Board considered a report by the Chief Officer, providing details of the development of the new centre and preparations to move GP practices health and social care services, and headquarters staff to the new building. The report also provided an overview of the strategy for the building including social enterprise (café) arts and environment elements, as well as providing information relative to travel options for patients, service users and staff and the public information that would be made available.

Commenting on the report, the Head of Strategic Services advised the IJB, that there had been a further short delay in the handover of the building to the HSCP from the contractor, but that handover was imminent, although she highlighted that in overall terms the length of time from the conception of the project to completion, around 5 years was a short time.

Details of the publicity regarding the new centre that was in place was provided, it being explained that the roll out of the publicity would take place following the building handover. Information regarding the work with SPT to arrange for a bus service were also provided.

Councillor Lafferty having commended staff for the work to date, and highlight that there were now 2 new quality health and care facilities in both the east and west of the East Renfrewshire area, Ms Brown also commended work to date, and sought clarification of the

number of GPs that would be located in the centre as well as suggesting that the proposed operating times of the new bus service were somewhat limited. She also expressed disappointment at the inability to resolve some of the Council/NHS IT compatibility issues and also sought clarification of who owned the building.

In reply it was explained that there would be 19 GPs operating from 5 practices. Reasons for the difficulties in terms of IT were explained and it was further explained that the building was jointly owned by the NHS Board and the Council

Mr Lee also sought clarification of whether any costs associated with the upkeep of vacant premises once staff had moved into the new building would be met by the HSCP. In reply the Chief Officer explained that discussions in this regard still needed further clarification.

Councillors Fletcher and Buchanan were heard on the importance of good public transport links to the new facility and the need for the services available to be well publicised.

The Board noted the report.

BONNYTON HOUSE UPDATE

10. The Board considered a report by the Chief Officer providing an update on progress with the sale of Bonnyton House.

Having outlined the background to the reasons for the sale of Bonnyton House, the report provided details of the 3-stage process that had been agreed as part of the procurement process. It was explained that although no formal offers for the business were received by 29 April, subsequent offers had been received and discussions with interested parties were ongoing.

The Head of Health and Community Care was heard further on the terms of the report and on the downturn in the care sector, given which it was positive that there was some interest in the property. He also explained that a further report with recommendations for moving forward would be submitted to the August meeting of the Board.

Recognising the challenging circumstances, Ms Brown sought clarification of whether discussions with limited parties after the closing date could expose the HSCP to a legal challenge in the event the terms of the sale were changed from those originally proposed, and asked for details of the legal advice provided to be submitted to the Board. In reply, the Head of Health and Community Care explained that as the proposal related to the sale of an asset, post-closing date negotiations were appropriate, and that officers had worked closely with the Council's Legal Services and Procurement teams in moving forward. In addition, the Chief Officer confirmed that details of the legal advice that had been provided in the course of the sale could be included in the report to be submitted to the August meeting.

Responding to further questions on the potential for a share of any profit in the event a provider were to sell the property in future for residential development, and on the need for continuity of care to be paramount in the disposal, the Head of Health and Community Care emphasised that the bids that had been submitted were still being examined and that quality of care was the top priority. Furthermore, he confirmed that advice would be taken from the Council's Legal Services team for appropriate conditions to be attached to the sale to protect the HSCP's interests in the event of any future sale for residential development.

Mrs Brimelow having reminded the Board of her opposition to the sale and that quality of care must be the key consideration in deciding on whom to sell the property to.

Echoing comments regarding quality of care being paramount, Councillor Fletcher sought clarification of whether or not at this stage, there was any indication that the savings the sale was intended to deliver would not be delivered. In reply, the Chief Officer explained that the offers that had been received were still being evaluated and that the report to be submitted to the meeting would contain details of the analysis and recommendations for moving forward.

The Board:-

- (a) noted the report; and
- (b) noted that a report evaluating the offers that had been submitted with recommendations for moving forward would be submitted to the August meeting of the Board.

GENERAL MEDICAL SERVICES CONTRACT 2016/17

11. The Board considered a report by the Chief Officer providing an update on changes to the General Medical Services (GMS) contract for 2016/17.

The report explained that the Quality and Outcomes Framework (QOF) embedded within the 2004 contract had ended. It further explained that the 2016/17 interim contract that had been developed would continue to rely on GPs and practice staff to provide all elements of quality care considered by them to be clinically appropriate.

The report highlighted that developing a framework for quality and leadership for the new contract to take effect from April 2017 was an early priority, and that a group, chaired by the Deputy Chief Medical Officer, was working to develop the framework. However in the interim, transitional quality arrangements were to be developed across each HSCP. Details of the requirements on practices under the transitional arrangements were outlined, including the designation of a quality lead in each practice and participation in a cluster quality peer review process.

Further details of the arrangements for the development of practice quality cluster working were outlined, it being explained that it was anticipated that GP cluster groups and practice quality leads would be identified by July 2016, with cluster development group priorities being agreed and cluster quality leads appointed by October 2016. Details of the financial implications of the new arrangements were also provided.

Commenting on the report, the Clinical Director was heard further on the changes. He explained that meetings with local practices had taken place the previous week and there was a general enthusiasm amongst GPs for the new arrangements.

Mr Lee having welcomed the positive reaction to the new arrangements from local GPs, Mrs Brimelow welcomed the new proposals, particularly those in respect of peer led collaborative working. The Professional Nurse Adviser was also heard on developments in the nursing field.

In conclusion, the Clinical director reminded the Board that the 15 GP practices in the area were individual businesses, but that practices within clusters were being encouraged to consider sharing resource across practices.

The Board noted the report and agreed to receive further updated in due course on the development of GP clusters.

ANNUAL ACCOUNTS – OVERVIEW OF PREPARATION

12. The Board considered a report by the Chief Officer providing an overview of the preparation of the annual accounts in line with legislative requirements, identifying key stages, and proposing that it be remitted to the Performance and Audit Committee to sign off the accounts on behalf of the Board with the associated amendment being made to the terms of reference of the Performance and Audit Committee.

The Board agreed to remit approval of the annual accounts to the Performance and Audit Committee and that the terms of reference of the committee be revised accordingly.

BUDGET POSITION STATEMENT

13. The Board considered a report by the Chief Officer providing a position statement following the approval of the interim 2016/17 IJB budget on 30 March 2016.

The report explained that the NHS budget contribution had not yet been confirmed. This was expected to be agreed following approval of the NHS financial plan on 28 June. The plan would set out the system-wide agreed savings programme and identify any local savings to be achieved.

The report also provided details of the 2017/18 and 2018/19 budgetary planning process explaining that the planning process for the council for this period was already under way whilst the NHS GGC process was still to be approved.

The report also explained how the financial strategy would be developed in both the short and longer term, and those factors to be taken into account it being noted that the strategy would set out a number of scenarios allowing the IJB to plan on the basis of a range of budget settlements.

Referring to the report the Chief Financial Officer explained that final details of the NHS financial contribution had still not been obtained. Work in this regard was ongoing and a report with details of the 2016/17 financial strategy would be submitted to the meeting of the Board in August, with budgetary updates being submitted to meetings thereafter.

Councillor Lafferty having commented on the need for the NHS financial planning timetable to change to align with more traditional financial planning timetables, Mrs Brimelow referred to proposals relating to hosted services, and sought clarification of the position relative to Learning Disability Services which was hosted by the East Renfrewshire IJB. In reply, the Chief Financial Officer explained that for the 2015/16 financial year, Learning Disability Services had ended the year on budget. She also referred to the ongoing work with other IJBs to ensure that any overspends in the service in each area were appropriately managed downwards. Furthermore, the relationship between the Council's Housing Services and the IJB in respect of the operation of the Aids and Adaptations Service was explained.

Responding to a further question from Mrs Brimelow on when a report in the redesign of Learning Disability Services would be presented to the Board, the Chief Officer explained that a report in relation to day-to-day housekeeping, and long stay redesign could be presented to the Board in August. Further work on short-term treatment beds was ongoing.

The Board noted the report.

END OF YEAR PERFORMANCE REPORT

14. The Board considered a report by the Chief Officer providing details of the performance of the HSCP and former CHCP over 2015/16.

The report referred to the recent guidance setting out the prescribed content of a performance report for an integration authority, explaining that although the guidance did not come into force until 2016/17 it had been considered helpful to cover main reporting areas and provide performance information where data was available.

The report then provided performance information across a broad range of headings, these being Outcomes; National Indicators and Trends over time; Getting it Right for Every Child; Integration Planning and Delivery; Financial Planning and Performance; Best Value; Locality Arrangements; Inspection; Review of Strategic Plan; and Organisational Performance. Examples of activities under each of the headings were provided.

The report concluded by suggesting that there had been a strong start to the work of the HSCP, building on the success of the former CHCP.

Thereafter, full discussion took place. Mr Mohamed referred to the findings of the Scottish Health and Care Experience Survey and in particular to the 42% of carers who felt supported in their caring role, suggesting that this figure was disappointing and that efforts needed to be made to improve upon this figure. He also referred to the challenges facing East Renfrewshire in meeting the NHSGGC target for bed days lost, suggesting that a more pragmatic view needed to be adopted by the health board.

In reply, the Chief Officer explained that staff were equally disappointed with the low figure in respect of carers, that a lot of work to support carers had been undertaken, but that the survey results suggested more work was required. She also explained that the NHS targets in relation to bed days lost were set at a time when East Renfrewshire was performing well and as a result of this any target set was more challenging than that for other areas that had not been performing so well at the outset. This was supported by the Head of Strategic Services who reminded that Board that Scottish Government targets on bed days lost were being met, and that key to reducing bed days lost was working to reduce the number of admissions.

The Chief Officer having commented on the CAMHS service (Child and Adolescent Mental Health Services) in response to Mrs Reilly, Ms Brown welcomed the comprehensive nature of the report. She referred to the issue of hospital admissions, the pilot project in the Renfrewshire area in this regard, and that whilst the project was a success to date, additional resources had been provided. She also commented on figures relating to bowel screening, cervical cancer, and drug treatment to recovery, suggesting that improvement was required but also recognising the associated funding challenges for the HSCP.

Mr Lee having welcomed the overall positive nature of the information presented, the Board noted the report.

VALEDICTORY – IAN LEE AND REV DR NORMAN SHANKS

15. Councillor Lafferty highlighted to the Board that this would be Mr Lee's last meeting as both he and Rev Dr Shanks were stepping down from the NHSGC Board at the end of June. On behalf of the Board, he expressed appreciation for the skills and competencies both had brought to the work of the Board, and in the case of Mr Lee also the work of the

former CHCP Committee. He referred to Mr Lee's role as inaugural Chair of the Board and to the efficient manner in which he had performed his duties. Thereafter he offered both Mr Lee and Rev Dr Shanks best wishes for the future.

Thanking Councillor Lafferty for his kind words and best wishes, Mr Lee commented on his term of office both as a member of the former CHCP Committee and latterly the Board. He explained that he took a great pride in what had been achieved in the area in what had been challenging financial times, referring in particular to the construction of the new Eastwood Health and Care Centre, and also referred to the work ahead for the Board with the continuing financial challenges to be faced.

DATE OF NEXT MEETING

16. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 17 August 2016 at 10.00 am in the Council Offices, Main Street, Barrhead.

CHAIR