

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00am on 30 March 2016 in
the Council Offices,
Main Street, Barrhead**

PRESENT

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

Lesley Bairden	Chief Financial Officer
Morag Brown	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Simon Carr	NHS Greater Glasgow and Clyde Board (substitute for Susan Brimelow)
Dr John Dudgeon	Stakeholder GP
Councillor Jim Fletcher	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
Councillor Alan Lafferty	East Renfrewshire Council (Vice Chair)
Councillor Ian McAlpine	East Renfrewshire Council
Andrew McCready	Staff Side representative (NHS)
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

Eamonn Daly	Democratic Services Manager
Les Gaff	Service Manager, Criminal Justice
Candy Millard	Head of Strategic Services
June Walls	Family Centre Development Manager
Frank White	Head of Health and Community Care

APOLOGIES

Susan Brimelow	NHS Greater Glasgow and Clyde Board
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 17 February 2016, subject to the following amendment:-

Item 9 – Local Development.

Third last paragraph, third sentence, that the word “of” be replace with the word “or”.

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 a provisional date of 17 May had been identified for the first meeting of the Clinical and Care Governance Committee.

Referring also to the 3 consultative events to be held in May relative to locality developments, she confirmed that details of these would be circulated to members of the IJB.

The Board noted the report and the additional information.

RESERVES POLICY

4. The Board considered a report by the Chief Officer seeking the approval of a Reserves Policy for the IJB, a copy of which accompanied the report. The report and proposed policy had been considered by the Performance and Audit Committee on 16 March 2016 when it had been agreed to endorse the policy and remit it to the Board for approval.

Having referred to the legislative ability of the IJB to hold reserves, and the obligation set out in the IJB Financial Regulations to develop a reserves policy which would include the level of reserves required and their purpose, the report explained the reasons for which reserves were normally held. It explained that the policy proposed a level of reserves of 2% of the IJB revenue budget, excluding significant fixed costs and clarified that this equated to approximately £1 million. It was noted that the Council’s reserves policy was 4%.

The report clarified that this level of reserve would allow the IJB a degree of flexibility. However, the reserves needed to be proportionate and take cognisance of the level of savings required to be delivered within the revenue budget. Given the unprecedented economic climate in which the IJB and partners were operating this would be kept under regular review.

The Chief Financial Officer was heard further on the proposed policy in the course of which she emphasised that the proposed level of reserves was aspirational and would take several years to accumulate.

In response to questions from Mr Carr, the Chief Financial Officer explained circumstances when reserves could arise and further explained that the Board was itself not a cash holding

body with any reserves being held on its behalf by East Renfrewshire Council. She also confirmed that any proposals to contribute to reserves would be outlined in the Financial Strategy

It having been clarified that fixed costs for Family Health Services related not only to GPs but also to pharmacists and optometrists, the Board approved the Reserves Policy.

STRATEGIC PLAN AND IMPLEMENTATION PLAN 2016/17

5. The Board considered a report by the Chief Officer providing an update of the 3-year Strategic Plan approved in August 2015, and seeking approval of the updated Strategic Plan and associated Implementation Plan.

The report reminded the Board that the plan included the Strategic Priorities for ensuring delivery against National Outcomes set in line with the Health and Social Care Partnership's vision statement and provided details of the wide range of stakeholders that had been consulted during the plan's development.

It was further explained that as the Board had "gone live" in October 2015, the plan contained a commitment to the 2015/16 Single Outcome Agreement, Outcome Delivery Plan and Local Development Plan activities and targets. However further partnership working had taken place as part of the development of more detailed plans for the HSCP priorities, which were reflected in the 2016/17 Implementation Plan.

Thereafter the report set out in detail the proposed plan updates as a result of more detailed planning activity in the 2015/16 year, together with responses to national policy changes and legislative requirements.

In addition, the 2016/17 Implementation Plan that accompanied the report identified how the planned activity related to the National Health and Wellbeing Outcomes and how these related to local planning outcomes.

The Head of Strategic Services was then heard further on the work that had been taking place, referring in particular to work associated with the new requirements of the Children and Young People (Scotland) Act; the development of a Housing Contribution Statement and joint working with housing services staff; and further implications for the Strategic Plan of the passing of the Carers (Scotland) Bill.

Referring to the driver diagrams in the Implementation Plan, the Head of Strategic Services also highlighted that although some of the implementation activities listed could be described succinctly, it was often the case that significant activity sat behind each of the descriptions.

In response to questions from Ms Brown on targeted interventions and whether the indicators that were used at present were the most appropriate and reflected the views of communities, the Head of Strategic Services explained that some interesting information was already coming out of the Community Led Conversations Programme. She suggested that there may be an opportunity for the Performance and Audit Committee to consider measures and indicators in greater detail.

Welcoming the suggested involvement of the Performance and Audit Committee, Dr Dudgeon highlighted that it was important to take into account the views of local communities on which proposed targets had the biggest impacts.

In response to further questioning it was confirmed that each of the implementation activities in the Implementation Plan had its own workplan. Mr Carr suggested that there may be a role for the Performance and Audit Committee in scrutinising these workplans as part of the committee's overall performance monitoring role.

Commenting further, the Head of Strategic Services again reminded the Board that due to the timing of the establishment of the IJB the 2015/16 Strategic Plan had contained priorities of both the former CHCP and the IJB whereas moving forward, Strategic Plans in future would focus on IJB priorities, shaped by national drivers and local needs and aspirations. She also confirmed that a performance report would be submitted to the next meeting of the Board.

The Board:-

- (a) approved the updated plan;
- (b) approved the Implementation Plan;
- (c) agreed that a paper on developing the detail of the implementation activities in the Implementation Plan and associated measures be submitted to a future meeting of the Performance and Audit Committee; and
- (d) noted that a performance report would be submitted to the next meeting of the Board.

BUDGET 2016/17 UPDATE

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

Having referred to the update provided at the previous meeting of the Board, the report set out the position in respect of both East Renfrewshire Council and NHS Greater Glasgow and Clyde. It was explained that the Council had set its budget on 9 March 2016 and that the contribution to the IJB was £46.137 million. This took into account pay and inflation uplifts for all services and recognised demographic pressures in relation to corporate and Children's Services, including kinship allowances.

Reference was also made to the £3.62 million Council share of the Scottish Government's £250 million Integration Fund. Of this, some £782,000 remained unallocated, and the report set out proposals on the use of these funds both on a recurring and non-recurring basis.

The report referred to the implications of the Scottish Government requirement to introduce the Living Wage for care workers and the work required to estimate the local cost of this implementation, including impacts on self-directed support care packages and the equivalence model.

Having set out further details of the Council's financial position, reference being made to ongoing savings targets which would have implications for the HSCP and which needed to be taken into account in the development of future savings proposals, the report also provided details of the indicative health board contribution of £62.464 million. It was noted that a £1million savings target needed to be achieved with the possible method of achieving the savings being explained.

It was also explained that whilst an indicative savings target would be set of each IJB, the level of savings required overall meant that they would need to be identified and delivered mostly by collective working across all the partnerships in the health board area. To date £5 million of savings options had been identified, with the HSCP share to date being £209,000.

The report went on to provide details of the set-aside budget to be included in the total resources for 2016/17 explaining that as much of the preventative work to shift the balance of care had already taken place in East Renfrewshire, this meant that based on historic modelling the HSCP appeared to use a lower proportionate share than expected for unscheduled care.

The report also provided further information in relation to funding levels for the Early Years Change Fund, Delayed Discharge and the Integrated Care Fund until 2017/18. It was explained that work was ongoing to agree exit strategies for activities that would be coming to an end or needed to be redesigned to help achieve either reductions in the additional funding provided by the Council or to meet the local savings target for the partnership set by the NHS.

Finally, the report explained that the 2016/17 budget would form the basis of year one of the three-year HSCP Financial Strategy which would be developed and incorporated into the Strategic Plan, further highlighting the financial challenges to be faced in terms of savings to be made.

Thereafter the Chief Financial Officer was heard further on the terms of the report, referring in particular to proposals for the use of unallocated funds, the need for additional savings to be identified, and demographic pressures on the budget.

She also highlighted that at this stage the NHS funding levels were still indicative as NHS budgets would not be agreed until June. However it had been recognised that IJBs needed to set budgets earlier and work to try and align budget setting processes was ongoing.

In conclusion, the Chief Financial Officer explained that subject to satisfactory progress on the NHS budgets she hoped to be able to present the final Financial Strategy to the meeting of the Board in June.

Thereafter full discussion took place. Councillor Fletcher referred to the generous financial provision made by the Council to help address the demographic challenges faced in East Renfrewshire, and questioned whether other local authorities were making similar provision.

In reply, the Chief Officer explained that different areas faced different pressures and so it was not easy to make a like for like comparison. However she did explain that in her view funding allocations to partnerships had not been sensitive to demographic demands in local areas and that every effort would be made to positively influence future allocation decisions.

Responding to a series of questions from Ms Brown, the Chief Financial Officer explained that the additional £336,000 contributed by the Council to the Integrated Care Fund was scheduled to end in 2017/18 as an agreed saving. She also explained the position relative to the £710,000 Council Pressures referred to in the report and that funding allocated into Children and Families was not at the expense of Older People's Services as the savings in this area were part of an already agreed savings programme.

In addition, the Head of Health and Community Care referred to the savings that had been delivered through the targeted use of re-ablement and it was hoped to roll this out more widely to provide a more efficient and cost effective service and help in meeting future savings targets.

Having heard the Chief Financial Officer explain that fuller details of the £710,000 Council Pressures would be contained in the Financial Strategy, the Board:-

- (a) agreed the 2016/17 ERC contribution to the budget of £46.137 million;
- (b) agreed the 2016/17 Integration Fund allocations to date;
- (c) agreed to receive progress reports relative to the various themes on the delivery of future savings;
- (d) agreed to proposed savings reductions of £343,000;
- (e) noted the NHS indicative revenue budget contribution;
- (f) noted the NHS current 2016/17 set-aside budget;
- (g) noted the further funding and earmarked reserves position;
- (h) agreed to receive further updates and future financial strategy at the next meeting of the Board; and
- (i) agreed that a report on the roll-out of re-ablement be submitted to a future meeting.

EQUALITY AND DIVERSITY MAINSTREAMING

7. The Board considered a report by the Chief Officer setting out how the IJB was meeting its requirements under the Equality Act 2010 and the Specific Duties (Scotland) Regulations 2012, and seeking approval of an initial set of equality outcomes.

The report explained that the Act and the Regulations placed certain duties on public authorities in Scotland with regard to the need to offer protection to people based on 9 protected characteristics, details of which were provided. However, it was clarified that the IJB had limited responsibility in terms of the specific duties as most of the requirements remained the responsibility of either the Council or the NHS. Details of those specific duties which required to be undertaken by the HSCP were outlined.

Thereafter the report explained the work being undertaken to ensure that equality issues became an integral part of how the organisation functioned rather than an additional responsibility. Equality issues had featured heavily in the development of the Strategic Plan with the aim of reflecting the range of needs of different communities and health and social care staff in the area.

The report also outlined the role of the Chief Officer in ensuring that equalities legislation was enforced and services designed and delivered in a way that met the general duty and those specific duties that were the responsibility of the HSCP.

Having outlined some of the mechanisms that had been used to engage with diverse communities and people who used health and social care in the area, the implications for procurement of services, and provided details of a number of Council and NHS policies that HSCP management would ensure were being effectively delivered; the report set out a series of proposed equality outcomes. It was noted that the outcomes related to the three areas to which the IJB needed to have due regard.

The report also explained that in redesigning or developing services and policies there was an expectation that Equality Impact Assessments (EQIAs) would be undertaken, with details of a number of planned EQIAs being listed.

The Head of Strategic Services, who was the designated Lead Officer for equalities in the HSCP having been heard further on the terms of the report, Councillor Fletcher welcomed the efforts that were being made. Commenting on the new Eastwood Health and Care Centre, he referred to the continuing lack of good public transport links. He also referred to slippages in the project timetable and sought assurances that the building would be fit for purpose and fully accessible before being handed over.

In reply, the Head of Strategic Services confirmed that the building would be fit for purpose before being handed over by the contractor. She also outlined some of the ongoing work with SPT to improve public transport links to the new centre and indicated that she would report on progress to the next meeting. In addition, Mrs Kennedy reported that Community Transport East Renfrewshire had just been awarded funds to purchase an additional vehicle.

The Board:-

- (a) endorsed the Equality and Diversity Mainstreaming Report;
- (b) approved the Equality Outcomes; and
- (c) noted that an update on improving public transport links to the new centre would be submitted to the next meeting of the Board.

SAFE AND SUPPORTED

8. The Board considered a report by the Chief Officer providing an update on plans to invest the delayed discharge funding from the Scottish Government to ensure residents were helped to remain at home or were discharged from hospital with appropriate support.

By way of background the report referred to the Scottish Government's priority of reducing delayed discharge from hospital, explaining that from April the definition of a delay in terms of the government's targets would reduce from 14 days to 72 hours. As part of the approach to dealing with delayed discharge, HSCPs had been provided with additional funding over the three years 2015 to 2018.

Thereafter the report explained the work carried out locally to tackle the issue of delayed discharge, explaining that the decision had been taken to view discharge as a process beginning when people were still at home, rather than a single discharge event. The name Safe and Supported had been used to reflect the wider approach that had been adopted.

The report further explained that 4 workstreams had been established and that staff working on each had been developing ideas not only to build on current good practice but also to plan new approaches. A key part of this was connections between each of the workstreams and an approach focussed on prevention where possible to avoid delays in the system.

Commenting further on the report the Head of Health and Community Care referred the support for the new approaches being received from hospital-based NHS colleagues, and that in his view the new Hospital Connector posts would help to reduce delayed discharges. He also referred to the need for further work with GPs on issues such as anticipatory care planning.

Dr Mitchell was heard on the work taking place at both the new Queen Elizabeth University Hospital (QEUH) and the Royal Alexandra Hospital (RAH), and also highlighted that were more capacity at a local level available, something that was being considered as part of the clinical services review, many patients currently referred to hospital would not need to be.

He also highlighted that that anticipatory care planning would be a focus of the new 2016/17 GP contract. However he explained that while GPs prepared such plans, it was important that other medical staff used the plans once available. By way of example, he referred to the lower than anticipated access of such plans by hospital-based doctors, and that more work was required to increase access.

Dr Campbell commented on work at the Older Adults Assessment unit at the RAH and explained that efforts were being made to develop a similar model at the QEUH.

Ms Brown having welcomed the report and in particular the proposals for the “connector” posts where evidence from elsewhere had shown these had been successful, Mrs Reilly related a recent experience where the delay in discharge had been due to pharmacy issues with medication not being ready in time. Ms Brown suggested such delays were an issue that NHS Board members could raise at the Board’s Acute Services Committee.

Having heard the Head of Health and Community Care and Dr Mitchell on some of the medicine management work that was undertaken post-discharge the Board noted the report.

REVENUE BUDGET MONITORING

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

The report explained that as at 31 January 2016, against a total consolidated budget of £110.705 million, there was a forecast underspend of £235,000 (0.21%), a favourable movement of £21,000 since that last reported.

Details of the reason for a marginal decrease in the consolidated budget together with further information relating to those areas where there were either over or underspends were provided.

Referring to the projected underspend for 2015/16, the Chief Financial Officer explained that this would be split proportionately, based on the IJB “go live” in October. As a result, £117,000 would be returned to the Council, whilst £118,000 would be retained by the IJB.

The Board noted the report.

PARENTING STRATEGY

12. The Board considered a report by the Chief Officer providing details of progress on the implementation of the Parenting Strategy, and outlining the approaches being undertaken to ensure that children and young people in East Renfrewshire grew up in nurturing homes and communities where adults in their lives had a clear understanding of their needs and how these needs should be best supported.

The report explained that the strategy, approved by the CHCP Committee and the Education Committee in January 2013, was a key element in the Council’s early intervention and prevention agenda, and outlined how integrated services endeavoured to build on the unique position of parents to shape their child’s future and support them in the development of knowledge and skills required for a successful adult life.

The report outlined the strategy's 4 clear objectives and provided a summary of the steps taken to implement the strategy, as well as explaining its impact on children, families and staff, together with details of some of the next steps to be taken in the further implementation of the strategy.

The Family Centre Development Manager, was heard further on some of the initiatives being taken forward referring in particular to the success of the Family First initiative which worked with families to provide advice and support and to help them prepare for varying life issues with the long-term intention of ensuring children did not need to use social work services in later life.

Welcoming the report, Councillor McAlpine commented on the Scottish Government's "named person" legislation suggesting that the proposals were not being universally welcomed. In reply, the Chief Social Work Officer explained that early intervention and prevention were at the root of the proposals, that dialogue with the Scottish Government about getting out consistent key messages across the country in relation to the legislation were ongoing, at that ultimately the aim was to deliver on the wishes of parents in that they did not want their children to get into the social care system.

Councillor Fletcher was heard in support of the proposals. He referred to the numbers of children who through domestic circumstances were destined to fail and asked what was being done to ensure that all such children in East Renfrewshire were identified and appropriate action taken.

In reply, the Chief Officer and Chief Social Work Officer explained that the action plan accompanying the strategy contained actions to identify children at risk from an early age, and that whilst never being able to offer absolutes there were a significant number of improvement actions ongoing.

The Professional Nurse Adviser having explained that the named person provisions would not change existing child protection legislation but would enshrine wellbeing in the legislation, the Board noted the report.

EXTENSION TO MULTI-AGENCY PUBLIC PARTNERSHIP ARRANGEMENTS

13. The Board considered a report by the Chief Officer on progress in respect of the extension to the existing Multi-Agency Public Partnership Arrangements (MAPPA) taking effect from 31 March 2016.

Having referred to the background to the introduction of MAPPA the report outlined the new revised offender categories; Registered Sex Offenders, Restricted Patients, and Others who present a risk of serious harm, together with providing details of the criteria for managing an offender within the third category.

The report explained that most referrals were likely to come from the Scottish Prison Service, outlined the role of Criminal Justice Social Work Services in East Renfrewshire in the supervision of offenders returning to the community and highlighted that whilst it was difficult to be exact about the number of offenders who may be eligible under the MAPPA extension criteria, the impact on East Renfrewshire was likely to be minimal with only a few cases expected to be eligible over the coming years.

The Board noted the report.

INTEGRATION JOINT BOARD – AMENDMENT TO STANDING ORDERS

14. The Board considered a report by the Chief Officer seeking approval of an amendment to the Board's Standing Orders to reflect the requirements of The Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014 relative to conflicts of interest and the need for members of the board to make declarations of interest.

The Board approved the amended Standing Orders.

VALEDICTORY – DR JOHN DUDGEON

15. Mr Lee advised the Board that due to other commitments Dr Dudgeon had tendered his resignation from the Board and this would be his last meeting.

On behalf of the Board he thanked Dr Dudgeon for the excellent contribution he had made to the work of the Board and its predecessor CHCP Committee, and wished him all the best for the future.

Dr Dudgeon replied in suitable terms.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 1 June 2016 at 10.00 am in the Council Offices, Main Street, Barrhead.

CHAIR