**NOT YET ENDORSED AS A CORRECT RECORD**

**AGENDA ITEM No.3**

**Minute of Meeting of the East Renfrewshire Integration Joint Board held at 10.00am on 25 November 2015 in the Council Offices, Main Street, Barrhead**

## PRESENT

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

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| Lesley Bairden | Chief Financial Officer |
| Susan Brimelow | NHS Greater Glasgow and Clyde Board |
| Morag Brown | NHS Greater Glasgow and Clyde Board |
| Dr Angela Campbell | Clinical Director for Medicine for the Elderly |
| Dr John Dudgeon | Stakeholder GP |
| 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 |
| Julie Murray | Chief Officer – Integration Joint Board |
| Rosaleen Reilly | Service users' representative |
| Councillor Tommy Reilly | East Renfrewshire Council (substitute for Councillor Tony Buchanan) |
| Cathy Roarty | Professional Nurse Adviser |
| Kate Rocks | Head of Children's Services and Criminal Justice (Chief Social Work Officer) |
| Rev Dr Norman Shanks | NHS Greater Glasgow and Clyde Board |
| Ian Smith | Staff Side representative (East Renfrewshire Council) |

## IN ATTENDANCE

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| Eamonn Daly | Democratic Services Manager |
| Tom Kelly | General Manager, Specialist Learning Disability Services |
| Stuart McMinigal | Business Support Manager |
| Candy Millard | Head of Strategy |
| Janice Thomson | ADP Co-ordinator |
| Frank White | Head of Health and Community Care |

## APOLOGIES

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| Councillor Tony Buchanan | East Renfrewshire Council |
| Councillor Jim Fletcher | East Renfrewshire Council |
| Geoff Mohamed | Carers' representative |

## DECLARATIONS OF INTEREST

**1.** There were no declarations of interest by members of the Board in terms of Standing Order 9.2 – Codes of Conduct and Conflicts of Interest.

## MINUTE OF PREVIOUS MEETING

**2.** The Board considered and approved the Minute of the meeting of the Board held on 7 October 2015.

## 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.

Referring to the report, the Chief Officer confirmed that the clinical governance seminar, originally scheduled for 4 November would now take place on 14 January 2016.

Thereafter the Head of Health and Community Care provided an update on those actions that had taken place relative to the decision to sell Bonnyton House as a going concern in the course of which he confirmed that further updates would be submitted to future meetings of the IJB.

Commenting on the decision, Mrs Reilly referred to the amendment proposed at the previous meeting by Mrs Brown and questioned why the matter could not have been continued at that time. In reply, the Chief Officer reminded members that the reasons for moving forward had been explained in great detail at the seminar for IJB members held prior to the last meeting. In addition, Mr Lee explained that in respect of the amendment a sufficient number of the voting members had considered they had enough information to allow them to take the decision at that time without the need for a further continuation.

The Chief Officer having confirmed that the Performance and Audit Committee would take place on 18 December, Mrs Brimelow referred to the continued absence of clinical/care governance arrangements stating that this should be remedied as soon as possible.

In reply, the Clinical Director explained the reasons why the seminar for members of the former Care Governance Sub-Committee of the CHCP Committee had been cancelled and that the proposals for the remit and membership of any group set up would be submitted to the next meeting of the IJB once the seminar had taken place.

The Board noted the report and the additional information.

## EDUCATION DEPARTMENT AND HSCP RESPONSE TO CONSULTATION ON COMPLAINTS CONCERNING FUNCTIONS RELATING TO THE NAMED PERSON AND CHILD'S PLAN

**4.** The Board considered a report by the Chief Officer informing members of the joint response by the Education Department and the Health and Social Care Partnership (HSCP) to the Scottish Government Consultation on Complaints Concerning Functions Relating to the Named Person and Child's Plan as contained in the Children and Young People (Scotland) Act 2014. Copies of the consultation document and the joint response were appended to the report.

The Head of Children's Services and Criminal Justice explained that the consultation had set out two options for the management of complaints. Option 1 reflected existing complaints mechanisms whereby parents and children would make separate complaints to the organisation or body involved in the complaint. Option 2 looked to ensure that there was a co-ordinated, holistic approach taken to the investigation of complaints through a single point of contact. She went on to explain that the Education Department and HSCP response had indicated a preference for Option 1 and continued by highlighting the perceived advantages of Option 1 as against Option 2.

Having heard Rev Dr Shanks suggest that Option 2 appeared to be geared more towards the complainer whilst Option 1 appeared is his view more bureaucratic, Mrs Brown was heard on concerns that schools would be the "named person" in terms of the legislation.

Explaining that the Education Department had expressed concerns over schools being identified as "named persons" and the challenges for schools, particularly in respect of their continued responsibilities once a young person had left an educational establishment, the Head of Children's Services and Criminal Justice explained that Option 1 was very similar to the arrangements in place; in dealing with complaints to date there was a lot of cross-service cooperation already taking place; and this would continue in the event Option 1 was approved by Scottish Ministers.

Councillor Lafferty highlighted the need for complaints to be viewed as an opportunity to examine procedures to ensure the best outcomes were being achieved, and stated that in his opinion the current procedures in place, reflected in Option 1, worked well. He also referred to the close working relationship between the Education Department and the HSCP and that the aim of the Education Department was to meet the needs of all young people in East Renfrewshire.

Commenting on the options, Dr Dudgeon suggested that anything that reduced bureaucracy around complaints procedures was to be welcomed. However he explained that he acted as a medical advisor to the Scottish Public Services Ombudsman and the adoption of option 1 allowed this route to be taken by complainers if dissatisfied with the outcome of their complaint at departmental level.

The Board agreed to note the report and that further updates would be submitted to future meetings.

**SPECIALIST LEARNING DISABILITY SERVICES**

**5.** The Board considered a report by the Chief Officer introducing and describing the range of services, future strategy and financial framework associated with Specialist Learning Disability Services, now hosted by the HSCP.

By way of background, the report referred to the changes to the structure of NHS Adult Learning Disability Services in Greater Glasgow and Clyde in recent years, including the appointment in 2012 of the Chief Officer as the Lead Director for Learning Disability as part of which she established a Learning Disability Planning forum bringing together representatives of all Learning Disability services across the Board. A change programme was developed in 2012 to review specialist adult learning disability services and to develop a system-wide strategy. This resulted in the production in 2014 of a detailed service specification outlining a number of proposals to define the future role of specialist services, it being noted that the specification also included a workforce plan and financial framework with the intention of more evenly distributing resources across HSCPs.

Having outlined the service delivery model and team configuration, the report provided details of the range of services now hosted by the East Renfrewshire HSCP and the associated financial position in respect of these services, together with providing further detail on the development of services in line with change programme. In particular, it was highlighted that the number of front line services managed by East Renfrewshire would reduce with the disbanding of Complex Needs, Out of Hours, and the co-location of Epilepsy Services nurses to Neurology. Notwithstanding, the report outlined the remaining whole system responsibilities and explained that whilst there were a number of opportunities to develop leaner service models and to achieve the proposals set out in the strategy, there were risks associated with any inpatient provision on the basis of complexity of needs of the patient group at any one time. This may see projected costs rise but close links would be maintained with all HSCPs going forward.

Commenting further on the report, the Chief Officer highlighted that the changes would see additional staff in East Renfrewshire and that Tier 3 services (Community Teams) would be managed locally. Referring to the financial position, she explained that officers were confident that the current year savings target, which had been agreed in 2012, would be achieved, and that bridging finance had been agreed on a non-recurring basis.

Following discussion on Inpatient Services, particularly in respect of the staff/patient ratio, and on the work taking place to relocate as many inpatients as possible into the community, Dr Dudgeon reminded the Board of the implications of a community-based approach for GPs and other community services, that even 1 or 2 patients with complex needs could take up a lot of GP time, and it was important that there was good engagement with GP practices and high quality community care in place as part of the overall strategy. He also commended the work of the Community Learning Disability nursing service.

Thereafter full discussion followed in the course of which a variety of issues were raised, particularly in relation to the financial position of the service moving forward and the importance on ensuring that East Renfrewshire received adequate resources from the other HSCPs. In this regard the Chief Officer reiterated that officers were confident the financial position could be managed but that in the event additional resource was required approaches would be made to other HSCPs for additional contributions. She also intimated that updates on the financial position would be included as part of the regular budget monitoring process.

The Board noted the report.

**WINTER PLAN**

**6.** The Board considered a report by the Chief Officer providing details of unscheduled care planning arrangements in place to support the wider health system over the winter period.

Having explained that the Scottish Government had issued guidance to ensure that health boards were fully prepared for winter in order to minimise disruption to patients and carers, the report referred to the important role to be played by HSCPs and that in respect of NHS Greater Glasgow and Clyde (NHSGGC) it had been agreed that each partnership in the NHSGGC area would produce a local unscheduled care plan with a particular focus on the winter period.

The details of the information to be contained in winter plans having been listed, the report set out the local planning arrangements and planned actions under the 12 key themes set out in the Scottish Government guidance. It was noted that £537,000 had been allocated to support winter and

delayed discharge planning, that expenditure to date had been on additional inreach and stepdown capacity, and the Safe and Supported programme would prioritise additional areas for investment.

The Head of Health and Community Care having commented further on the report, referring in particular to a 40% uptake of the flu vaccination by members of staff, Mrs Brown commended the proposals, saying that they compared very favourably against plans produced by other HSCPs in the NHSGGC area. Supporting these comments, Mr Lee referred to the staff vaccination process. Whilst welcoming the increase in numbers which compared very favourably against the overall position across NHSGGC, he highlighted this was still below half and sought clarification of how many of those being vaccinated were front line staff. In reply the Professional Nurse Adviser confirmed that the 40% figure was all front line staff.

Dr Dudgeon reminded the Board that GPs were only able to offer the flu vaccine to certain groups and that the Health Board should give consideration to expanding the number of groups to include all HSCP employees. Mr Lee indicated he could take this matter up at Health Board level.

Further discussion took place on expediting discharge from hospital and the use of step-down beds in the course of which the Head of Health and Community Care explained that whilst the facility was available for East Renfrewshire residents there were not high levels of demand and the facility was used sparingly.

Discussion also took place on other ways in which to reduce unplanned admissions such as more public awareness on alternatives to hospital admission and the preparation of anticipatory care plans. It was noted that a high number of elderly people were often admitted on an unplanned basis and the Health Board needed to do more to publicise alternatives to admission in ways that were accessible to all age ranges.

The Board noted the report and the Winter Plan that had been prepared.

**CLINICAL SERVICES STRATEGY**

**7.** The Board considered a report by the Chief Officer relative to the NHSGGC Clinical Services Strategy, a copy of which accompanied the report.

Having outlined the background to the preparation of the strategy leading to its approval by the Health Board in January 2015 for launch in April 2015, the report explained that the focus of the strategy was to provide care where it was most appropriate for the patient, based on strengthened community services, acute services focused on assessment and management of acute episodes, and the development of a range of services at the interface including shared management of high risk patients and a range of alternatives to face to face hospital visits.

The report further explained that the strategy set out high level service models to support the new system of care indicating areas for further service development and core components to underpin the health care provision. The report acknowledged that strong clinical leadership and commitment as well as significant cultural shift was required, with some examples of the steps to be taken being outlined.

Furthermore, it was explained that the Health Board was keen to work with HSCPs and for the strategy to be adopted as a shared strategy with all parties working together to deliver the changes.

Referring to the strategy and to the seminar the previous week, Dr Mitchell emphasised that it related to the provision of both acute and primary services, and that for too long services had been seen as either hospital or community based. He explained that the strategy acknowledged that the compartmentalisation of services needed to be removed and that better interfaces between hospital and community services needed to be developed with the ultimate aim being the provision of care at the most appropriate time and place by the most appropriate staff.

Whilst welcoming the strategy, Mrs Brimelow sought clarification of any financial modelling that underpinned it, whether there was an implementation plan, and also referred to the lack of reference to care homes.

In reply, the Chief Financial Officer explained that all resources for the delivery of the strategy were contained in underlying Health Board and HSCP budgets, whilst the Chief Officer explained that the role of the strategy was to set out a direction of travel for services and that HSCPs would be working to develop local implementation plans as part of which local financial implications would be considered.

Mrs Brown stated that as part of the move towards the key strategic shifts that were being sought there needed to be an associated shift in resource from acute services to primary care.

Dr Dudgeon having referred to challenges experienced by GPs in accessing diagnostics which was essential if the patient journey was to be speeded up, Dr Mitchell explained that he had met recently with officers from NHSGGC at which this issue had been raised and it was now being taken forward by them.

Following further discussion in the course of which the Chief Officer intimated that she would summarise the discussion that had taken place and provide feedback to Dr Jennifer Armstrong, NHSGGC's Medical Director, the Board agreed to:-

(a) endorse the Clinical Services Strategy as a a shared clinical strategy;

(b) support cross NHSGGC working together on planning service changes; and

(c) engage with NHSGGC in respect of the implications of the strategy for the further development of primary and community services.

**FREEDOM OF INFORMATION POLICY**

**8.** The Board considered a report by the Chief Officer relative to the requirement for the production of a Freedom of Information policy and Publication Scheme. A copy of the draft Scheme accompanied the report.

The report explained that the Freedom of information (Scotland) Act 2002 imposed a number of obligations on Scottish public authorities, including the Board, and that the Act gave a general right of access to recorded information held, subject to certain restrictions.

A draft policy had been prepared drawing on the existing East Renfrewshire Council and NHSGGC policies and national guidance.

In addition, the report outlined proposals to establish a short life working group to develop both a Publication Scheme and Records Management Scheme, both of which were required to ensure that the Board met its obligations in terms of the legislation.

Following discussion on the nature of the proposed scheme, the number and nature of Freedom of Information enquiries received, and the unintended consequences of the legislation, particularly in terms of the amount of officer time taken up in responding to requests for information, the Board:-

(a) approved the IJB Freedom of Information policy; and

(b) agreed to the establishment of short life working groups to develop a publication scheme and Records Management Scheme.

**REVENUE BUDGET MONITORING**

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

The report explained that as at 9 October 2015, against a total combined budget of £110.352 million, there was a forecast underspend of £89,000 (0.081%), it being noted that the consolidated budget had reduced by £141,000, reflecting additional Scottish Government funding in respect of Self Directed Support (£150,000) in conjunction with non-recurring funding for the Child Health Weight Cooking Initiative (£9,000).

Commenting further on the report the Chief Financial Officer explained that discussions with the external auditors to agree funding levels before and after the transition from CHCP to HSCP and that notional set-aside budgets had now been established. In response to Mrs Brown she explained that some further refinement of these budgets was still required in consultation with Health Board colleagues and that she could prepare a briefing paper on this in due course.

In addition, in response to comments from Dr Dudgeon on the prescribing overspend, both the Chief Financial Officer and Clinical Director were heard on the Health Board-wide risk sharing arrangement in place, and to the excellent work taking place across East Renfrewshire GP practices to help reduce prescribing costs.

In response to comments from Councillor McAlpine on projected Kinship Care costs, the Chief Social Work Officer explained the significant increase in Kinship Care uptake over the preceding 18 months. She also explained that the mechanism that had been agreed for the calculation of funding levels for local authorities meant that East Renfrewshire was financially disadvantaged. A paper with further details would be submitted to a future meeting.

Councillor McAlpine having expressed concern that the amount of funding provided may make it more challenging for Kinship Care to be supported, and the Chief Financial Officer having indicated that the lack of funding had been identified as a budget pressure, the Board noted the report.

**MID-YEAR ORGANISATIONAL PERFORMANCE REPORT**

**10.** The Board considered a report by the Chief Officer giving an overview of the performance of the HSCP for the period April to September 2015. It was explained that the report followed the format of CHCP organisational performance reporting and was set out under the Community Planning Partnership Single Outcome Agreement (SOA) Strategic Priorities in the Outcome Delivery Plan (ODP), with a link to NHSGGC Local Development Plan priorities.

The Head of Strategy having reminded the Board that both the ODP and NHSGGC Local Development Plan were in their final year and that the format of the report would change in future years, Mrs Brown commented on the number of red indicators relating to deprived areas and to the poorer performance of the Health Board in relation to completion of staff performance and development plans (KSF) compared to the Council's PRD scheme.

In response, it was explained that tackling inequalities needed to be a strong theme in the strategic plan with links to the Community Planning Partnership, whilst with regards to staff performance and development there had been strong management action to improve performance with some of the difference being due to differences in the timing of the reporting period.

The Board noted the report.

**DATE OF NEXT MEETING**

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

CHAIR