

**Minute of Meeting of the
East Renfrewshire Health and Social Care Partnership
Integration Joint Board
held at 10.00am on 7 October 2015 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
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
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
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

Eamonn Daly	Democratic Services Manager
Candy Millard	Head of Strategy
Janice Thomson	ADP Co-ordinator
Frank White	Head of Health and Community Care

APOLOGIES

Rosaleen Reilly	Service users' representative
-----------------	-------------------------------

DECLARATIONS OF INTEREST

1. There were no declarations of interest by members of the Board in terms of draft Standing Order draft 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 19 August 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 Standing Orders had been amended to reflect the shorter initial period of the office of Chair of the Board.

In response to a question from Mr Lee in respect of care governance arrangements, Dr Mitchell confirmed that a seminar, to which all members of the former Care Governance Sub-Committee would be invited, was to be held in early November and that it was intended thereafter that a paper with proposals for care governance oversight within the HSCP would be brought to the next meeting of the Board for consideration.

The Board noted the report and the additional information.

FINANCIAL DUE DILIGENCE

4. The Board considered a report by the Chief Officer relative to the financial due diligence exercise carried out by the Chief Financial Officer, and providing details of the starting budgets for 2015/16 arrived at following the due diligence exercise.

By way of background, the report referred to the statutory basis of the Integration Joint Board, the functions for which it was responsible, and the need for the Board to allocate the resources it received from both the Council and the Health Board in line with its Strategic Plan.

Thereafter, the report set out details of the financial due diligence exercise that had been undertaken, it being noted that the exercise was in respect of the 2015/16 revenue budget for Primary Care and Social Work Services, with the total annual net revenue budget being £111.075 million, comprising £63.275 million from the Health Board and £47.8 million from the Council.

Having referred to the financial monitoring arrangements that had been in place under the former Community Health and Care Partnership, the report highlighted the main issues relating to the budget. These included savings targets from both the Health Board and the Council, ongoing demographic pressures, and equipment cost pressures and prescribing, amongst other things.

The report highlighted that the annual budget included a period prior to the effective operational date of the IJB (7 October) and an indicative part-year pro-rata budget was also provided. It was noted that the figures would continue to be the subject of analysis and detailed discussion

The report also set out those future considerations with financial implications. These included the need for savings to be delivered in both primary care and social work and the effects of continued austerity measures, amongst others.

In addition, the report also explained that taking all matters into account, it was the view of the Chief Financial Officer that the initial allocation to the Partnership for 2015/16 was sufficient to deliver the outcomes as determined in the financial plan, subject to the successful delivery of agreed savings programmes and effective risk mitigation of any pressure areas.

However the report referred to a number of operational issues as previously reported relating to financial performance and governance, which although in the opinion of the Chief Financial Officer had not adversely impacted on the due diligence exercise, the purpose of which was to establish the sufficiency of the budget, required to be addressed. As such the opinion of the Chief Financial Officer contained caveats in respect of these matters.

The Chief Financial Officer was then heard further in respect of the report and in response to a number of questions.

She clarified that in terms of funding allocation models to be used, further meetings were to be held to discuss the most appropriate models, but it was her understanding that whatever model would be used would be based on usage levels, regardless of where hospitals were located. This would be the subject of further discussion across all partnerships and a report on this matter would be submitted to a future meeting of the Board for consideration.

With regard to timescales for the implementation of a new finance staffing structure and progress in the introduction of a new financial reporting system (CareFinance), the Chief Financial Officer explained that the implementation of the CareFinance system would influence staff roles and remits, but it was hoped to have these roles and remits would be resolved by the end of November with the CareFinance system being implemented no later than 31 March 2016.

The Board:-

- (a) noted the due diligence work undertaken;
- (b) noted the 2015/16 original revenue budget and the indicative part-year implications; and
- (c) agreed to receive future updates as outstanding matters were clarified.

At this point, Mr Lee reminded the Board that having considered the report and having accepted the views of the Chief Financial Officer, the Board was now able to take decisions in respect of those functions delegated to it by the Health Board and the Council.

BONNYTON HOUSE

5. The Board considered a report by the Chief Officer seeking approval to proceed with the sale of Bonnyton House residential service as an ongoing concern to a provider with a track record in delivering quality care, and to redesign the delivery of day opportunities for older people to replace those delivered from Bonnyton House.

The report provided details of the services currently provided at Bonnyton House and outlined the financial challenges that had been facing the Council in recent times, which had led to the proposals to sell the facility.

The report explained that the Council's proposals, along with 2 counterproposals submitted by families of residents, and staff, had been evaluated by Messrs Grant Thornton, consultants.

An analysis of each of the 3 options, including details of the assumptions that had been made in each case was provided. The results of the evaluation showing that the proposals submitted by both families and staff resulted in a budget shortfall.

Having provided some care home market information in respect of the East Renfrewshire area and explained that officers were satisfied that appropriate levels of care could be ensured for present and future residents of Bonnyton House by selling to a provider with a track record of quality care, the report outlined the steps to be taken in the event the Board agreed to the sale of Bonnyton House. This would include meetings with residents, families, staff and trades unions. In addition Grant Thornton would be engaged to help plan the marketing and sale of the facility. Work would also take place with the Council's Legal Services section and HSCP Managers to ensure the rights of the residents were protected.

The Head of Health and Community Care was heard at length on the report. He commended the staff at Bonnyton House for their efforts to date in identifying savings, but emphasised that the scale of the financial challenge facing the Health and Social Care Partnership had led to the proposals that had been submitted.

He highlighted that only the option to sell the facility delivered the level of savings required and provided examples of some of the other services that would be affected in the event the proposals were not approved by the Board.

Thereafter Mr Lee having referred to the recent seminar for Board members at which Grant Thornton had made a presentation on the available options, members were given the opportunity to ask questions on the proposals.

Mrs Brown asked several questions on the financial modelling that had taken place and the assumptions that had been made stating that in her opinion there was still a lack of transparency around the financial information provided. She expressed disappointment that her request for an analysis of both under-occupancy rates and alternative options had not been provided and in respect of staff transfers, sought an assurance that TUPE would apply. She also sought clarification of what would happen to any capital receipt realised for the sale of the property.

In reply, the Chief Officer explained that any capital receipts realised would be returned to the Council as the owner of the building, and that TUPE would apply to all staff. In addition, the Head of Health and Community Care was heard in explanation of the costs of daycare provision, much of which were in respect of the building itself.

The Chief Financial Officer having been heard on shortfall amounts from 2013/14 to the projected £80,000 shortfall for 2015/16, the Chief Officer was heard further on the extensive works that had been carried out in recent years in an effort to reduce costs

In response to questions from Rev Dr Shanks on potential purchasers and the ability of the interests of residents and staff to be protected whilst maximising the level of the receipt obtained, the Head of Health and Community Care explained that maximising the capital receipt achieved was only one of a number of factors that could be taken into account when selecting a successful purchaser.

Mrs Kennedy having welcomed the alternatives that were to be offered to users of the daycare service, Councillor Lafferty was heard on the various proposals that had been put forward. He highlighted that under the proposals to sell the facility as a going concern services and jobs were being maintained and that this was a route that had been taken by many other local authorities.

Commenting on the proposals, Councillor Fletcher acknowledged that councillors were perhaps more aware of the background to Bonnyton House than health board colleagues, having discussed potential savings options over many years. He referred to the bleak financial position facing the public sector and that the Board like all organisations needed to work within its means.

In response to further questions from Councillor Fletcher on TUPE transfers and the options for staff who did not wish to transfer, the Chief Officer explained that managers were working closely with the Council's Legal Services and HR teams on all the implications associated with staff transfer. She also explained that all staff were able to apply for vacancies in the HSCP at any time.

Councillor Buchanan was also heard on the challenging financial circumstances and highlighted that the option to completely close the facility had been quickly rejected by the Council. He referred to the imminent Autumn Statement from the Chancellor of the Exchequer and the likelihood of further public sector reductions and how in his opinion the proposed sale of the facility was the option which best protected residents and staff.

Councillor McAlpine having sought clarification on the practicability of the 3 options, the Head of Health and Community Care explained that the options put forward by staff and residents' families actually increased costs.

Mrs Brown having acknowledged the constraints on public services and having echoed earlier comments made by her about the lack of clarity in some of the information provided, suggested that in her opinion there was an opportunity for further financial and service remodelling to be carried out which would allow for the service to remain in HSCP control and that the matter should be continued for this to take place. She indicated that she was not able to support the proposal as it currently stood.

Mrs Brimelow referred to a visit she had made to the facility and to the very caring environment she had witnessed. She stated that in her opinion there were ways in which savings could be achieved such as through a reduction in staffing ratios, better management of void places and a reduction in the numbers of agency staff used.

She questioned whether a service provider would be able to operate the facility economically with current staffing levels, and sought clarification of what would happen in the event the facility was taken over but the successful provider was unable to generate sufficient income to meet all costs.

In reply, the Chief Officer explained that there was no expectation that there would be no change to the services provided. By way of example, she referred to the potential for an increase in the number of beds following the removal of daycare services. With regards to a reduction in staff numbers, she explained that discussions had taken place with the Care Commission about this but that the Commission was reluctant to agree to a reduction. In addition, the Head of Health and Community Care explained that Grant Thornton had indicated that they were confident that potential buyers could be identified.

Thereafter, Mr Lee, seconded by Councillor Lafferty moved that the Board approve the proposal to market and sell Bonnyton House residential service as an ongoing concern to a provider with a track record in delivering quality care and to redesign the delivery of day opportunities to older people to replace those delivered from Bonnyton House, conditions of sale to include appropriate protections for residents and staff.

Mrs Brown, seconded by Mrs Brimelow, moved as an amendment that consideration of the matter be continued to allow further work to be carried out in respect of the following, all of which to be reported to the next meeting:-

- A thorough and robust examination and analysis of the restructuring of the service;
- Examination of all options to make savings from the daycare facility;
- Examination of the restructuring of the respite service to permanent residential beds and the identification of the level of savings to be accrued from this;
- The development of proposals to secure under-recovery of income;
- A review of current staffing levels.

On a vote being taken, 6 members voted for the motion and 2 members voted for the amendment.

The motion was therefore declared carried and the Board approved the proposal to market and sell Bonnyton House residential service as an ongoing concern to a provider with a track record in delivering quality care and to redesign the delivery of day opportunities to older people to replace those delivered from Bonnyton House, conditions of sale to include appropriate protections for residents and staff.

PERFORMANCE AND AUDIT COMMITTEE

6. The Board considered a report by the Chief Officer relative to proposals to establish a Performance and Audit Committee, and providing details of audit arrangements for the HSCP.

Having referred to the discussions at the previous meeting regarding the establishment of a committee to provide assurance to the board that governance arrangements, including those around financial performance were sound, the report also referred to the recommendations in the Strategic Plan relative to the establishment of such a body.

The report outlined a proposed remit for the new committee along with other details relating to membership, attendance at meetings, and frequency of meetings.

The report also outlined the proposed internal and external audit arrangements for the HSCP it being noted that internal audit would be provided by the Council's Chief Auditor, whilst external audit services would be provided for 2015/16 by Audit Scotland, with new 5-year appointments being made for 2016/17 onwards.

Commenting on the report, the Head of Strategy explained that work was still ongoing to try and standardise the terms of reference of Performance and Audit Committees across the Health Board area, and that if required further reports on revisions to the terms of reference could be brought to future meetings of the Board.

Dr Dudgeon commented that there appeared to be a degree of crossover between the terms of reference of this committee and the former Care Governance Sub-Committee, and that whatever body was established to monitor care governance arrangements the terms of reference needed to be clear and eliminate crossover.

Following further discussion, the Board:-

- (a) approved the establishment of a Performance and Audit Committee with terms of reference as set out in the report;
- (b) agreed that the composition of the committee comprise:-
 - 2 voting members from the Council (Councillors Lafferty (Chair) and McAlpine)
 - 2 voting members from the Health Board (Mrs Brown and Mr Lee)
 - 2 non-voting members of the Board (Dr Dudgeon and 1 other)
- (c) noted the internal and external audit arrangements for 2015/16.

STRATEGIC PLAN – IMPLEMENTATION AND PERFORMANCE REPORTING

7. The Board considered a report by the Chief Officer providing an overview of the current performance reporting arrangements for the HSCP and outlining the next stages in the development of streamlined implementation and performance reporting.

Having reminded the Board that the Strategic Plan set out East Renfrewshire's Strategic Priorities for ensuring delivery against National Outcomes, and further set out an approach for locality planning, the report explained that many of the HSCP actions to improve health and wellbeing for 2015/16 flowed from commitments to East Renfrewshire's Outcome Delivery Plan and the Health Board's Local Delivery Plan, both of which were in their final year. For that year, progress and performance would be reported through the Organisational Performance Report.

The report explained that whilst the Performance Data Directory contained all current HSCP and previous CHCP indicators, a more streamlined suite of indicators was needed. With work on the new Outcome Delivery Plan getting under way, there was an opportunity to use the same improvement approaches and tools to develop the HSCP Implementation Plan.

Dr Dudgeon having referred to the successes that had been achieved and to the scope for the Board to determine which indicators it would consider useful, the Head of Strategy explained that it there would still be certain matters where reporting would be a requisite, such as in respect of HEAT targets, but that there would be much more flexibility for the Board to determine its own performance monitoring arrangements.

Commenting on the recent announcement by the Cabinet Secretary of the phasing out of the Quality and Outcomes Framework from 2016/17 and the introduction of a new Scottish GP contract from 2017, Dr Mitchell suggested that the report to the Board should at some stage include some of the new GP performance requirements.

Echoing Dr Dudgeon's comments Mrs Brown acknowledged the contribution made by Council funding in achieving delayed discharge outcomes. She referred to the disparity of primary care activity and funding and that robust discussions about the transfer of secondary care funds to primary care were necessary. She also referred to the challenges around equality of service access and that services needed to be targeted according to need.

Mrs Roarty having highlighted that evidence obtained through workload tools showed that resources were being targeted towards areas of deprivation, Councillor Lafferty referred to the Council's record of directing resources to areas of greatest need.

Further discussion took place on service provision to areas of need in the course of which the Chief Social Work Officer emphasised the importance of developing measures which cover all of East Renfrewshire, highlighting that as some resource allocation was based on areas of deprivation East Renfrewshire was adversely affected, despite there being evidence to show that there were problems in other areas.

Rev Dr Shanks having welcomed the emphasis on outcomes rather than outputs, the Board:-

- (a) noted the current reporting arrangements as detailed in the Performance Data Dictionary;
- (b) approved the development of a streamlined suite of key performance measures for reporting to the Board;
- (c) agreed that the Performance and Audit Committee undertake more detailed scrutiny of performance; and
- (d) agreed that the Strategic Planning Group identify the key Strategic Plan implementation activities for progress reporting to the board, including progress reporting on locality planning.

EAST RENFREWSHIRE ALCOHOL AND DRUG PARTNERSHIP DELIVERY PLAN 2015/18

8. The Board considered a report by the Chief Officer relative to the Alcohol and Drug Partnership (ADP) Delivery Plan 2015/18 and feedback from the Scottish Government. A copy of the plan accompanied the report.

The report explained that the ADP Delivery Plan set out the partnership's shared vision and demonstrated how better outcomes would be delivered for individuals, families and communities affected by drugs and alcohol. It was explained that the plan was aligned to the core outcomes and planning processes with all public protection partnerships and defined the contribution to the East Renfrewshire Single Outcome Agreement and the HSCP Strategic Plan.

Having listed the outcomes that the plan would work towards, the report explained that the ADP was committed to taking forward activities to implement a series of ADP and ministerial priorities details of which were given.

The report further explained that feedback on the plan from the Scottish Government had been very positive, and the Scottish Government had commended the plan as an example of best practice.

Having heard Janice Thomson ADP Co-ordinator on the plan, Dr Dudgeon commended the work carried out by the Community Addiction Team.

In response to further questions from Dr Dudgeon on non-medical models of support Ms Thomson explained that non-medical supports were embedded in the plan.

The Board noted the report.

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 14 August 2015, against a total combined budget of £110.493 million, there was a forecast underspend of £16,000 (0.01%), it being noted that the consolidated budget had increased by £12,213 million, largely due to an increase in the budget relating to the NHS.

The report provided details of the council and health board elements of the total budget with reasons for variations in a number of the budget headings being outlined.

Noting the overspend and projected overspend in respect of hosted Learning Disability Inpatient Services, Mrs Brimelow suggested that it might be useful if a paper on how the overspends were to be addressed could be submitted to a future meeting. In reply, the Chief Officer explained that responsibility for this service was new and confirmed that that she would submit a paper to the next meeting.

The Chief Financial Officer was then heard in response to questions from Mrs Brimelow on delays in invoice processing during which she explained the remedial action that was being taken. In addition she was heard in response to questions from Mr Lee on the reasons why management and admin costs in the NHS had increased and what steps were being taken to address this.

Mrs Brimelow referred to information provided at seminar for NHS Board members the previous day when a potential overspend of £1.6 million across all HSCPs in the Greater Glasgow area had been highlighted and questioned whether the HSCP was on target to achieve any efficiencies that had been agreed. In reply the Chief Financial Officer confirmed that both parent organisations had efficiencies built into their budgets and the projected outturn figures for the HSCP showed an underspend of £16,000.

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 25 November 2015 at 10.00 am in the Council Offices, Main Street, Barrhead.

CHAIR