

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00 am on 14 August 2019 in
the Eastwood Health and Care Centre,
Drumby Crescent, Clarkston**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – HSCP
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Iain Arnott	Finance Business Partner HSCP
Kim Campbell	Localities Improvement Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Adult Health and Social Care Localities

ALSO IN ATTENDANCE

Jennifer McKean	Team Manager, Intensive Family Support and Foster and Adoption Service
Caitlyn Heron	Care Experienced Young Person
Nicole Sim	Care Experienced Young Person
Jonathan Todd	Care Experienced Young Person

APOLOGIES FOR ABSENCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Andrew McCready	Staff Side representative (NHS)
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Councillor Paul O'Kane	East Renfrewshire Council
Ian Smith	Staff Side representative (East Renfrewshire Council)

Variation in Order of Business

Councillor Bamforth advised that in accordance with Standing Order 16.2 she had agreed to alter the order of business to facilitate the conduct of the meeting.

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

TEAMWORK MAKES CHAMPIONS – EAST RENFREWSHIRE CHAMPIONS BOARD 3 YEARS ON

2. Councillor Bamforth welcomed to the meeting Jennifer McKean, Team Manager in the Intensive Family Support and Foster and Adoption Service, accompanied by Caitlyn Heron, Nicole Sim and Jonathan Todd, who preceded to give a presentation on the success and achievements of the East Renfrewshire Champions Board over the previous 3 years.

Ms McKean having provided some contextual background to the establishment and funding of the Board, Ms Heron and Ms Sim were then heard on their positive personal experiences of having been involved in the Champions Board, and how engagement and building relationships was a key part of the work of the Board.

Reference was made to the key themes adopted by the Champions Board including Mental Health, Housing and Health & Wellbeing amongst others, and examples provided of some of the changes that had been made in these areas as a result of the work of the Champions Board.

There followed a question and answer session during which Ms Tudoreanu asked the young people what had been seen by them as initial barriers to participation and what changes had now been experienced by them. In reply, Ms Heron explained that she had been anxious at meeting a number of new people, but that participating in the Champions Board had made her more self-confident and outgoing. In addition Ms Sim explained that the stigma associated with Care Experienced Young People and the concerns that adults would not take seriously the views of young people had been of concern to her. However participating in the Champions Board had been a positive experience for her and the Board had made a positive impact.

Responding to further questions, Ms McKean emphasised how participation and engagement were central to the activities of the Champions Board. High levels of engagement with clients meant that services that young people actually wanted could be developed and better risk management arrangements could be put in place to support them.

Councillor Bamforth spoke in positive terms of the work of the Champions Board and how it was highly regarded across the country. She also highlighted the way in which the Council's Chief Officers had embraced participation and engagement with the Champions Board.

Thereafter Ms McKean having commented on the positive impact the Champions Board had made to the lives of many Care Experienced Young People, Councillor Bamforth, on behalf of the IJB thanked Ms McKean, Ms Heron, Ms Sim and Mr Todd for the presentation.

MINUTE OF PREVIOUS MEETING

3. The Board considered and approved the Minute of the meeting held on 26 June 2019.

Having heard the Chief Officer, the Board agreed that the Minute be approved subject to the following amendment:-

Page 11 last paragraph, insert 'and confidentiality' after the word "process".

MATTERS ARISING

4. 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, the Chief Officer explained that attempts to recruit a replacement Clinical Director for Dr Masson had been unsuccessful to date. However Dr Masson had agreed to attend future meetings of the Board as a GP representative to give a primary care perspective on matters. In response to Mr Matthews she explained some of the possible reasons why recruitment was proving to be a challenge.

The Chief Officer also advised the Board that the draft Strategic Inspection Report had been received. Comments on the draft report were to be submitted by 26 August with the final report being published on 9 October. The draft report was a positive one overall which identified some areas for further work.

In response to comments from Mr Matthews on the recent Self-Evaluation Exercise associated with the Ministerial Review of Health and Social Care Integration Review, the Chief Officer explained that the long history of collaborative working between the Council and the Health Board had been one of the factors in attributing high scores. This collaboration had been recognised in the Strategic Inspection Report.

Referring to the discussions at the previous meeting regarding housing development in East Renfrewshire and their impact on GP practices (Minutes Item 14 refers), Councillor Swift questioned what discussions were taking place with the health board in respect of this issue.

In reply, the Chief Officer explained that every effort was being made to encourage the health board to allocate new resources based on increasing demand. As part of this she reported that she would be making a presentation at a future health board seminar when this matter would be covered, and hoped that she would receive support from the NHS members of the IJB.

Following further discussion during which it was highlighted that not only increasing house numbers but demographics of the existing population had an impact on demand, the Board noted the report.

ROLLING ACTION LOG

4. The Board considered a report by the Chief Officer providing details of all open actions, and those which had been completed since the last meeting.

The Chief Officer having confirmed that dates for action to be taken would be added to future versions of the report, the Board noted the report.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered the Minute of the meeting of the Performance and Audit Committee held on 26 June 2019.

In response to Mrs Kennedy, the Democratic Services Manager confirmed that the names of the inspectors who had attended the meeting could be added to the draft Minute prior to it being submitted to the next meeting of the committee for approval.

The Board noted the Minute.

CARE AT HOME IMPROVEMENT UPDATE

6. Under reference to the Minute of the previous meeting (Item 8 refers), when the Board had noted the progress report into the delivery of the Care at Home Improvement Plan and the associated implications of the decision by Allied Health Care to withdraw from the Care at Home contract, the Board considered a report by the Chief Officer providing a further update on the Care at Home Improvement Plan, outlining the performance measures that had been put in place to track progress, and providing further information about responses to the Allied Health Care decision and the associated issues for service delivery and improvement activity.

The Head of Adult Health and Social Care Localities made a short presentation to the Board highlighting the key issues contained in the report and providing further information in respect of the actions that were being taken. Reference was made in particular to ongoing work to reduce the differentials between contractual hours, planned hours available and actual hours worked.

Thereafter full discussion took place. Responding to questions, the Head of Adult Health and Social Care Localities explained the systems currently in use by staff and that looking for better integration was a key aim. She further provided examples of some of the issues that led to discrepancies in planned hours against actual hours worked, such as staff travelling time or a client declining a service on a particular day.

Responding to Dr Campbell, the Head of Adult Health and Social Care Localities explained that care plans were reviewed every six months as a minimum, but could be reviewed more frequently depending on circumstances. She also outlined steps that were being taken to try and recruit additional local staff.

The Board noted the report.

HOME AND MOBILE HEALTH MONITORING

8. The Board considered a report by the Chief Officer providing an overview and update of progress of Home and Mobile Health Monitoring (HMHM) across East Renfrewshire.

By way of background, having explained the definition and purpose of HMHM, the report referred to the longstanding commitment of the HSCP to the use of technology and digital solutions to support health and care. It was explained that in supporting this approach, the Technology Enabled Care Team had made the necessary arrangements for the use of the

Florence (FLO) telehealth text messaging system; identified hypertension as a condition that would benefit from HMHM; and created a model that would fit into current hypertension pathways in place in GP practices with additional costs relating to licences, text bundles and equipment being met by the Scottish Government.

The report then explained the developmental work that had taken place since the launch of the East Renfrewshire HMHM service in September 2017 at which time 9 GP practices had opted to use FLO to manage hypertension. Additional Scottish Government funding was secured in April 2018 which enabled the upscaling of FLO in hypertension management and also the implementation of FLO in the management of Chronic Obstructive Pulmonary Disease (COPD). Details of how both of these additional elements were introduced were outlined.

Thereafter, the report provided details of the independent national evaluation of HMHM that had been carried out by Dr Helen Alexander, Evaluation Manager, NHS Lanarkshire, a copy of which accompanied the report. It was noted that East Renfrewshire had achieved almost 500 people using HMHM for hypertension which, at 3.7% of the population estimated to have the condition, was as high a proportion as any of the partnerships using HMHM.

The report also referred to the positive results of a local patient survey that had been carried out, as well as explaining that not only was HMHM found to positively contribute to the optimisation of face to face service contact, but also that it allowed the need for appointments to be avoided as clinicians were able to obtain information from remote monitoring and use it to inform decision-making without the need for patients to be present.

The evaluation concluded that the evidence for East Renfrewshire showed the contribution made by HMHM to a higher proportion of the population self-managing; increased condition control; optimised face-to-face contacts; and improved service access.

The report then reported on future developments for HMHM including the rollout of video conferencing for patients, and the potential use of Woundsense technology alongside FLO to help reduce unnecessary lengthy appointments for wound dressings.

The Head of Adult Health and Social Care Localities and Localities Improvement Manager having been heard further on the report, Councillor Swift suggested that in his view the evaluation was silent on how the use of the system aided in blood pressure reduction rather than just stabilisation. The Chief Officer confirmed that this would be fed back to the evaluation team.

The Localities Improvement Manager was then heard in further explanation of the use of FLO in the course of which she explained that the Scottish Government had met the cost of the meters and that it had been estimated that the use of the system had resulted in a reduction in the number of GP appointments required by approximately 1400. She also commented further on the plans regarding Woundsense

The Chief Nurse having welcomed the project, the Chief Officer in response to comments from Mr Mohamed on extending the project regardless of the availability of Scottish Government funding, explained that ways to manage this would be investigated.

Councillor Swift having referred to the significant GP time efficiencies that could be generated in relation to COPD treatment if the correct processes and specialist staff were in place at the outset, the Board:-

- (a) noted the progress and evaluation of Home and Mobile Health Monitoring; and;

- (b) instructed the HSCP to continue to work with primary care and acute colleagues to explore options for the continued expansion and long-term sustainability of this approach.

HSCP UNSCHEDULED CARE PROGRAMME UPDATE

9. The Board considered a report by the Chief Officer providing an update on the HSCP Unscheduled Care Programme, detailing progress on the delivery of the HSCP targets in relation to the Ministerial Steering Group (MSG) 2019/20 objectives.

Having referred to the importance placed on reducing unscheduled care activity in the context of the increasing elderly population and longer life expectancy and the associated increase in demand, the report provided statistical data for the period April to December 2018 tracking progress towards the MSG objectives as well as providing an overview of recent activity both within the HSCP and across the wider NHSGGC area.

The Localities Improvement Manager then made a short presentation to the Board in the course of which she gave further information on some of the activities taking place and the challenges to be faced in delivering the objectives.

In the course of ensuing discussion, Dr Campbell, in response to Councillor Swift, confirmed that some physical factors could be slowed down and in some cases reversed, the Chief Officer explaining that work to develop evidence based activities was ongoing.

The Localities Improvement Manager having been heard in response to Ms Tudoreanu explain the work that was ongoing to redirect people away from A&E to minor injury clinics, the Board:-

- (a) noted HSCP performance against the MSG targets;
- (b) noted the HSCP's contribution to whole system planning for unscheduled care across the whole NHSGGC area; and
- (c) recognised the challenges given the growing elderly population and limited available primary and community care resources.

REVENUE BUDGET MONITORING REPORT

10. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2019/20 revenue budget as at 30 June 2019 seeking approval of a number of budget virements.

It was reported that against a full year budget of £117.708M there was a projected overspend of £0.467M (0.4%), with details of the projected overspend being provided. It was noted that any overspend at the end of the year would be funded from reserves if required although every effort would be made to eliminate the operational overspend during the year.

Comment was made on the main projected variances, it being noted that at these would be subject to change as the year progressed.

The report also provided further details of the proposed virements in respect of which approval was sought.

In response to questions from Councillor Swift to the number of people affected by Frank's Law, it was confirmed that the details would be provided at the next meeting.

The Chief Officer was heard further on the report. She highlighted that this was the first time in a number of years that an overspend had been reported and that this demonstrated the increasing pressures and challenges to be faced.

The Board:-

- (a) noted the report; and
- (b) approved the budget virements as set out in Appendix 7 accompanying the report.

STRATEGIC RISK REGISTER ANNUAL UPDATE

11. Under reference to the Minute of the meeting of the Performance and Audit Committee of 26 June 2019 (Item 6 refers), the Board considered a report by the Chief Officer submitting for consideration the annual update on the IJB Strategic Risk Register, a copy of which accompanied the report.

The report explained that those risks that scored between 11-16 on the risk matrix, as well as those the management team considered to be significant, were brought to the attention of the committee by way of an exception report. Thereafter, the report highlighted those risks identified as red, these being in relation to financial sustainability and workforce issues, and explained how these risks were being mitigated.

Having heard the Head of Adult Health and Social Care Localities further, the Board noted the Strategic Risk Register.

DATE OF NEXT MEETING

12. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 25 September 2019 at 10.30 am in the Council Offices, Main Street, Barrhead.

CHAIR