NOT YET ENDORSED AS A CORRECT RECORD

AGENDA ITEM No.3

Minute of Meeting of the East Renfrewshire Integration Joint Board held at 10.00 am on 14 February 2018 in the Council Offices, Main Street, Barrhead

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Chief Financial Officer
Morag Brown	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Craig Masson	Clinical Director
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – Integration Joint Board
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Strategic Services
Dr Michael Smith	Lead Associate Medical Director for Mental Health, Glasgow City HSCP
Cindy Wallis	Mental Health and Partnerships Manager
Frank White	Head of Health and Community Care

APOLOGIES FOR ABSENCE

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Councillor Paul O'Kane	East Renfrewshire Council
Rosaleen Reilly	Service users' representative

DECLARATIONS OF INTEREST

1. Although not related to any of the items on the agenda, Mr Mohammed intimated that he had taken up a post as a non-executive director with the Coalition of Carers in Scotland

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 29 November 2017.

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 comments contained in the report in relation to prescribing costs, the Chief Financial Officer explained that although representatives from the Chief Financial Officers group had been present at the meeting of Chief Officers on 25 January, their paper on prescribing costs had not been presented to the meeting.

Thereafter the Chief Financial Officer summarised the position across all HSCPs within the NHSGGC area in relation to prescribing costs, highlighting that at that time there was an £8 million overspend due mainly to short supply pressures. She referred to a prescribing summit that had taken place the previous week to discuss the severe issues facing HSCPs and stressed that moving forward, were the current risk sharing arrangements to be removed and prescribing pressures fully delegated to HSCPs, this would present significant financial challenges in East Renfrewshire.

The Board noted the report and the additional information.

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.

In response to a comment from Mrs Brimelow, the Chief Officer explained that the HSCP response on the extension of free personal care to under 65's had been sent out to Ms Monaghan but arrangements would be made for it to be issued to all members of the Board.

The Board noted the report.

MINUTES OF COMMITTEES

5. The Board considered the Minutes of meetings of the undernoted committees: –

(i) Clinical and Care Governance Committee held on 1 November 2017;

(ii) Performance & Audit Committee held on 29 November 2017.

Responding to comments from Councillor Swift on information about the cause of falls amongst the elderly population, Councillor Swift suggesting that inadequate gritting of pavements may be a contributory factor, the Chief Officer confirmed that efforts were being made to obtain this information and that when it was received a mapping exercise would take place to try and establish the main cause of falls. However she further confirmed that an examination of hospital admission figures for over 80's in recent months had taken place and there did not appear to have been a significant increase.

Councillor Swift also sought clarification of the waiting time for talking therapies. In reply the Mental Health and Partnerships Manager indicated that every effort was made to comply with the HEAT target of 18 weeks but that due to the small numbers of staff within the service these waiting times could be affected significantly by staff absence. She further highlighted that there had been 1,361 referrals for primary care mental health services in East Renfrewshire over the previous year. In support of the comments regarding the effect of staff absence on achieving the targets, Dr Smith confirmed that for the whole NHSGGC area the median wait time was 4 weeks whilst for most people 9 weeks was the usual waiting time.

The Board noted the Minutes.

ADULT MENTAL HEALTH STRATEGY 2018 – 23

6. The Board received a report by the Chief Officer providing an overview of the five-year Adult Mental Health Strategy which had been commissioned by Chief Officers in partnership with NHS Greater Glasgow and Clyde.

By way of background, the report explained that over the past 4 decades adult mental health services in Greater Glasgow and Clyde had been subject to transformational change with a pronounced shift in the balance of care significantly reducing the level of inpatient beds and reinvesting progressively in a spectrum of evidence-based quality community and specialist services.

The current service delivery model for mental health within NHSGGC was set out in Modernising Mental Health in Greater Glasgow in 2001 and Clyde in 2006 and re-iterated in the subsequent NHSGGC Clinical Service Review of 2012 – 13.

The report further explained that provision of mental health services had largely been planned and in some cases managed at a Greater Glasgow and Clyde level. This approach had successfully overcome previous challenges and pressures with the predecessors to Health and Social Care Partnerships collaborating to deliver a mutually beneficial outcome.

Thereafter, the report set out the reasons behind the development of a full system 5 year strategy for adult mental health, the principles underpinning the strategy, the need for timely access to a full range of interventions and the 5 levels of care that had been identified in this regard, as well as the need for an unscheduled care element to respond to crises and emergency needs for all conditions and settings.

The report clarified that adult mental health services could be considered to be a “complex adaptive system” in which each service element was dependent on many others to function properly. Changes in one part of the system were likely to have consequences elsewhere, and those interdependencies needed to be identified and managed carefully to maintain stability.

The report then provided details of the principal work streams of the strategy, explaining that whilst these focused on particular elements of the care pathway, they naturally overlapped and interconnected with each other as part of the overall system of care for adult mental health services. It was also noted that a parallel piece of work required to be completed in relation to OPMH for all key elements of the strategy.

The report also provided details of some of the complexities that needed to be considered in the development of the strategy before outlining the changes it was hoped would be delivered, the overall intention being to provide alternatives to inpatient care, which would

reduce beds; sustain bed occupancy at below 95% and release significant resources to fund the development of community alternatives to inpatient care with a pronounced emphasis on recovery, supported self-management, community resources and resilience.

It was noted that additional investment would be required in key areas coupled with the identification of priorities for transitional funding to meet double running costs to allow new services to be put in place and embedded before changes were implemented to contract in-patient capacity, and that the effect of the Scottish Government budget statement for 2018/19 and its indicated intent for future years meant that whilst some savings may still be required, most of what was released would be available for reinvestment.

Councillor Bamforth introduced Dr Michael Smith, Lead Associate Medical Director for Mental Health, Glasgow City HSCP who was heard further on the strategy.

Thanking the Board for the opportunity to present the strategy Dr Smith referred to the significant changes in adult mental health care over the past 4 decades highlighting the reduction in beds in the Greater Glasgow area from 4,370 located in 4 hospitals to 778 in a variety of settings. It was anticipated that bed reduction would continue but this would require improvements in both recovery and rehabilitation services.

Dr Smith was then heard in further explanation of the proposals in the strategy and how these would be developed.

Thanking Dr Smith for his presentation, Councillor Bamforth welcomed the research into Adverse Childhood Experiences (ACES), Dr Smith being heard on the challenges of making sure that separate services were better able to work together to provide support for those in need.

Ms Brown also referred to the impact of bullying in schools on young people's mental health and suggested that there was possibly an opportunity to look at all school positive communities. In support, Dr Smith confirmed that bullying was not one of the indicators used in ACES but in his opinion should be.

In response to questions from Mr Mohamed on the principles contained in the strategy, Dr Smith confirmed that there was a desire to reflect on user and carer experiences as part of the development of the strategy. He also supported the suggestion of encouraging mental health promotion by businesses.

Councillor Buchanan welcomed the strategy in particular the long-term approach and agreement to protect funding. He highlighted that the Council was well aware of the prevention agenda and fully supported this approach, the strategy tying in with the Council's early years projects. He also welcomed the discussions around ACES and the need for underlying issues to be acknowledged and addressed.

Mr Matthews was also heard on the challenges of tackling inequality amongst the population referring to the numbers of people in many areas who were not even registered with a GP. He also sought clarification of how assurances could be sought that any funding freed up from bed reduction would be allocated appropriately.

Referring to the proposals to reduce the number of beds, Councillor Swift commented on the recent situation in many hospitals where demand for beds outstripped supply and questioned how this could be reconciled with the reduction in bed numbers. In reply, Dr Smith acknowledged that it was vital to carefully establish the optimum bed numbers and explained the route that would be taken forward in this regard. In addition, in response to further comments from Councillor Swift on the prevention agenda and the possibility of

resources being transferred to deal more effectively with unwellness in young people in the school environment, Dr Smith emphasised the importance of intervention at an early age to tackle the development of mental health issues in young people. He acknowledged that a better degree of sophistication and better links with education services were required. In this regard, the Chief Officer highlighted that many of the suggestions contained in the strategy had already been taken forward in East Renfrewshire such as the Early Years Strategy implemented by the Council, an update paper providing progress on the strategy to be submitted to the Council in March and the Board in April.

Following further discussion the Board: –

(a) noted the report and approved the Draft Adult Mental Health Strategy; and

(b) authorised the Chief Officer to engage with other HSCPs in the preparation of the Implementation Plan, through the Programme Board.

INTEGRATION SCHEME – REQUIREMENT FOR AMENDMENT

7. The Board considered a report by the Chief Officer providing information about the process being undertaken by NHS Greater Glasgow and Clyde and East Renfrewshire Council to update the Integration Scheme for East Renfrewshire, as required by recent amendments to the Public Bodies (Joint Working) Scotland Act Regulations.

The report explained that The Carers (Scotland) Act 2016 would take effect from 1 April 2018. In order to implement the Act, the Scottish Government had incorporated provisions stemming from it into the regulations that supported the Public Bodies (Joint Working) (Scotland) Act 2014, the legislation governing health and social care integration.

Having spelled out the new requirements introduced as a result of the new regulations, the report explained that in order to accommodate these, health boards and local authorities were required to amend their Integration Schemes to include the new duties for delegation to integration authorities put in place by the Carers (Scotland) Act 2016. Revised schemes were to be submitted to the Scottish Government for Ministerial approval by 2 March 2018.

The report further explained that papers requesting approval for the revision to the Integration Scheme and related delegation schemes were scheduled to be taken to NHSGGC Board on 20 February and to East Renfrewshire Council on 1 March 2018. Subject to approval the amended scheme would be submitted to the Scottish Government for approval.

The Board noted the process to update the approved integration scheme that underpinned the health and social care partnership arrangements within East Renfrewshire.

DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND

8. The Board considered a report by the Clinical Director outlining the content of the proposed new 2018 General Medical Services (GMS) contract in Scotland; outlining the Memorandum of Understanding between Scottish Government, the British Medical Association, integration authorities and NHS boards; and outlining the requirement for Primary Care Improvement Plans to be developed by 1 July 2018.

The report explained that on 15 November 2017, the Scottish Government had published the draft 2018 GMS contract in Scotland. Following a poll of the profession, the new contract had been accepted.

The report clarified that the benefits of the proposals in the new contract for patients were to help people access the right person, at the right place, at the right time in line with the Scottish Government primary care vision and outcomes. Details of how this would be achieved were summarised.

Thereafter, the report explained that the new contract included a draft Memorandum of Understanding between integration authorities, the Scottish General Practices Committee of the BMA, NHS Boards, and the Scottish Government. This set out agreed principles of service redesign, ring-fenced resources to enable change to take place, new national and local oversight arrangements, and agreed priorities. Furthermore, it recognised the statutory role of integration authorities in commissioning primary care services and service redesign.

Having outlined the benefits of the proposals in the new contract for the profession, and provided details of how the new contract was set out, the report provided further information on the aims of the new contract which would include the introduction of sustainable funding for the profession; a manageable workload; reduced risk, steps to enhance the role of the GP, and improved recruitment and retention.

The report then set out key aspects of the new contract and Memorandum of Understanding which required early action including the development of a Primary Care Improvement Plan, priority new services and staff, improvements to GP cluster working, additional funding, and developments in the wider role of the GP Practice.

With regard to the Primary Care Improvement Plan it was noted that where there was more than one IJB within an NHS board area, the IJBs must collaborate in relation to effective and efficient use of resources.

Dr Masson was heard further on the terms of the report in the course of which he suggested that the section in the contract on manageable workloads was the most relevant referring to current practices whereby in many cases GPs were simply acting as a signpost to more appropriate healthcare professionals, where this time could be spent more productively. He highlighted that one of the challenges of the new contract was to try and divest some of the tasks which were considered unattractive to encourage more doctors to become GPs.

In response to comments from Mr Matthews, Dr Masson referred to some interesting work taking place in practices in Glasgow and Edinburgh to ensure that patients saw the most appropriate person as quickly as possible.

Welcoming the new contract Mrs Kennedy suggested that one of the major challenges would be education of the public to encourage a culture shift from the long-standing perception that the GP was the most appropriate healthcare professional to see on every occasion. This was supported by Ms Brown who highlighted that in many cases patients had an emotional attachment to their GP and GP practice and changing this would be a challenge.

This was acknowledged by Dr Masson who highlighted that in his opinion the GP cluster structure would help, that services would still be local and provided by the same healthcare professionals but that the main challenge was moving away from the common practice of seeing the GP first.

Councillor Swift questioned what performance measurement measures had been placed in the new contract to replace the Quality Outcome Framework (QOF) measures contained in

the previous contract. In reply, Dr Masson explained why the QOF approach had not been included in the new contract and that new performance measures were still being developed. Notwithstanding he explained that the majority of the exercises carried out under the former QOF arrangements were still taking place, a significant amount of practice information was still being provided, and any issues were still discussed with practices as required.

Referring to earlier comments regarding the need for culture change, the Chief Nurse referred to evidence that demonstrated that other members of primary care health teams, not just GPs, were held in high regard by the public, that the public were able to determine who was the most appropriate person to see to deal with their issues, and that the main challenge was the development of good pathways and signposting. This was supported by Dr Masson who by way of example referred to the ongoing campaign signposting the public to optometrists for all eye care and eye health matters.

Having heard the Chief Officer further, the Board: –

(a) noted the report;

(b) noted that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee met on 18 January 2018 and agreed the contract should be accepted on behalf of the profession; and

(c) authorised the Chief Officer to progress the necessary actions within East Renfrewshire and jointly with the 5 other Greater Glasgow and Clyde HSCPs to develop the Primary Care Improvement Plan and present this to the IJB in June 2018 for approval.

STRATEGIC PLAN REVIEW AND REVISION – UPDATE

9. Under reference to the Minute of the meeting of the Board held on 6 September 2017 (Item 7 refers) when the Board had approved the refreshing of the membership of the Strategic Planning Group and asked the group to commence a review of the Strategic Plan, the Board considered a report by the Chief Officer providing information about the review and proposed redevelopment of the HSCP Strategic Plan. It summarised the main aspects of the public bodies legislation relating to the Strategic Plan, and gave an overview of statutory guidance on strategic commissioning and prioritisation processes.

Having outlined the requirement on integration authorities to review their strategic commissioning plan at least every 3 years and the factors that must be considered in carrying out the review, the report explained that the Strategic Planning Group had endorsed the “working together” approach and that the HSCP should continue with its commitment to working in partnership with people, families and carers, communities, staff and other partner organisations including providers.

The report clarified that the strategic priorities contained in the current Strategic Plan were taken from the national outcomes for children and families, criminal justice and health and well-being outcomes for adults. It was noted that the Strategic Planning Group was in full support of the national outcomes but considered that the plan would benefit from more focus. This would require reducing the number of strategic priorities for the new plan.

The report also highlighted various matters of note which had come to the attention of the Strategic Planning Group in the review of HSCP performance and reflected how these should be addressed in the revised strategic priorities in the new strategic plan.

Information was also provided on work being carried out to update the strategic needs assessment as well as in relation to locality planning arrangements. In particular, it was highlighted that whilst the current Strategic Plan set out arrangements for 3 localities based on GP clusters relating to full community areas, since then the clusters had changed. As a result, it was suggested that the new Strategic Plan reflect 2 rather than 3 localities, these being Eastwood and Barrhead. This would align to the HSCP Fit For the Future Programme and would enable appropriate supports and infrastructure to be put in place.

It was also noted that the Strategic Planning Group had been considering guidance on strategic commissioning and option appraisal it being the group's view that this would require additional time and resource to develop and test a robust process, with details of some of the matters to be included in the development and testing process being outlined.

In addition, the report outlined the proposed revised timetable for the Strategic Plan and Strategic Commissioning Plan, it being noted that the intention was for the draft Strategic Plan to be prepared by February 2018, publication of strategic priorities and preparation of a draft Strategic Commissioning Plan to take place by April 2018 and the final publication of the Strategic Commissioning Plan and statement of the action which had been taken in preparation of the plan by June 2018.

The report also provided information in relation to some of the consultation and partnership working that had been taking place as well as setting out the implications of the proposals before concluding that amongst other things, more time was required to support a robust financial strategy/commissioning plan it being suggested that the June meeting of the Board was a more realistic timescale.

Councillor Swift referred to the good progress that had been made in supporting young people to live independent lives through the use of Self-Directed Support and expressed the desire to see similar steps be taken to support older people in a similar way. In reply the Chief Officer explained that there were strong plans in place to deliver this outcome and that a report would be brought to a future meeting of the Board.

The Board:-

(a) noted the strategic planning engagement activity;

(b) approved the consultation draft plan for sharing with statutory consultees; and

(c) approved the proposed option appraisal approach to support a more detailed commissioning plan.

UNSCHEDULED CARE PLAN – UPDATE

10. The Board considered a report by the Chief Officer detailing the contribution made by the HSCP to the Greater Glasgow and Clyde cross-system work on unscheduled care planning, providing an update on progress to date in delivering the objectives set out in the current Unscheduled Care Plan and providing an update to objectives and plans taking account of unscheduled care planning work and ongoing commitments.

The report outlined the background to the current unscheduled care planning arrangements and highlighted that both the Scottish Government and COSLA had requested the continued sharing of unscheduled care objectives and progress with the Ministerial Steering Group.

Thereafter, the report provided comparative statistical information comparing performance in East Renfrewshire against national figures across a number of areas these being Unplanned Admissions; Occupied Bed Days; Accident and Emergency; Delayed Discharges; End of Life; and Balance of care across institutional and community services, together with details of planned actions in each area for 2018/19. The information provided confirmed that overall, performance in East Renfrewshire was better than the national average.

The report explained that whist pressure on acute services was acknowledged, it also had to be recognised that primary care and community services were equally under pressure. Successful delivery of a shift in the balance of care required the whole health and social care system to plan and work together.

Referring to the progress that had been made in getting people out of hospital as quickly as possible, Councillor Swift enquired what arrangements were in place to ensure that once discharged from hospital; people did not need to be readmitted unnecessarily.

In reply, the Head of Health and Community Care explained that admission prevention was a key strand of the work of the HSCP. By way of example he referred to a falls pathway that had been signed off with the ambulance service which redirected patients to more appropriate staff and reduced the need for hospital attendance and admission. He further highlighted that in general, delayed discharge figures for East Renfrewshire were very good

The Chief Officer having referred to some of the sharing of best practice with other HSCPs, Mrs Brimelow whilst welcoming the report, sought clarification in relation to unplanned admissions from care homes. In reply the Head of Strategic Services referred to the expanding private care home market in East Renfrewshire over which the HSCP had no control, and to the challenges around identifying the reasons for hospital admission from care homes in the area. Councillor Buchanan highlighted the importance of data being as accurate and up to date as possible due the potential adverse effect on the Council's financial settlement from the Scottish Government.

Also welcoming the report, Ms Brown referred to the impact on approved plans and strategies of new care home and care village developments in the area and questioned whether the HSCP had any role to play, particularly in terms of the Council's development planning responsibilities. In reply the Chief Officer confirmed that regular discussions took place with colleagues in the Council's planning service to ensure the HSCP could as far as possible take into account any new care home developments in the area. She clarified that it was the HSCP's aspiration to reduce the number of people in care homes but there needed to be reasonable alternatives and personal choice could not be restricted, with one of the main challenges facing the HSCP being the number of elderly people moving into the area.

The Board:-

(a) approved the East Renfrewshire HSCP Plan for Unscheduled Care for implementation from April and that it be shared with Scottish Ministers; and

(b) noted the HSCP's contribution to cross-Greater Glasgow and Clyde whole system planning for unscheduled care.

BUDGET UPDATE 2018/19

11. Under reference to the Minute of the previous meeting (Item 11 refers), at which the Board had noted the key issues and approach to planning for 2018/19 to 2020/21, the Board considered a report by the Chief Financial Officer providing an update on the 2018/19 budget setting process.

The report explained that at the last meeting it had been reported that a budget would be brought for approval to this meeting subjected to settlement dates. However the Scottish Government budget had not yet been approved and therefore neither East Renfrewshire Council nor NHSGGC were in a position to set their budgets. It was noted that the Council would set its budget on 1 March whilst the NHSGGC date was still to be confirmed although commitment had been given that IJBs would receive contribution offers by 31 March 2018.

Having referred to the range of funding scenarios and cost pressures outlined in the report submitted to the previous meeting and to the associated letters of notification to both the Council and the Health Board, copies of which accompanied the report, the report outlined the main messages relating to IJBs from the Scottish Government's draft budget announcement. The report also outlined a number of pressure areas in relation to the NHS contribution explaining that discussion regarding these was ongoing. In particular, the report highlighted the specific issue for East Renfrewshire that NHS funding remained on a historic basis and did not reflect the population growth in both younger and older age groups, it being noted that this would be raised again as part of ongoing negotiations, as would the treatment of the prescribing cost pressure.

The report having set out a number of different cost pressure scenarios over the period 2018/19 to 2020/21, also highlighted that the timetable delay in setting the 2018/19 budget had a knock-on impact on future years, particularly in relation to the completion of the commissioning strategy and supporting financial framework for the period to 2020/21. Furthermore, the delay meant achievement of a full year effect of any new saving requirement in 2018/19 was unlikely.

The current budget phasing reserve position having been outlined, the report explained that a detailed budget paper would be presented to the Board on 4 April 2018 but that in order to set a provisional budget the Board was being asked to approve provisional revenue budget contributions in the range of £45.1 million to £47.8 million for East Renfrewshire Council and £66.1 million to £67.9 million for NHSGGC.

The Chief Financial Officer having been heard in further explanation of the report, Mr Mohamed enquired if it would be possible for funding associated with the implementation of the Carers (Scotland) Act to be ring-fenced. In reply, the Head of Strategic Services explained that the HSCP was working with the Care Collective on the development of proposals associated with the implementation of the new Carers Act requirements and a paper would be submitted to a future meeting of the Board.

The Board:-

(a) noted the revised budget setting timetable and budget update;

(b) in order to set a provisional budget for the period 1 to 3 April 2018, to approve provisional revenue budget contributions as below, subject to the conditions as outlined in the report.

- East Renfrewshire Council £45.1 million to £47.8 million
- NHS Greater Glasgow and Clyde £66.1 million to £67.9 million

REVENUE BUDGET MONITORING REPORT

12. The Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2017/18 revenue budget as at 8 December 2017.

In relation to the 2017/18 revenue budget it was reported that there was a provisional forecast overspend of £0.87 million (0.78%) against a full year budget of £112.1 million. Comment was made on the main projected variances, which were subject to revision as the year progressed.

Included in the appendices accompanying the report were proposed budget virements relating to ERC ledgers for operational budgets, for which approval was sought.

Commenting on the report, the Chief Financial Officer intimated that she was confident of ending the year with a modest operational underspend, following which the Board:-

(a) noted the projected outturn position for the 2017/18 revenue budget; and

(b) approved the budget virements.

VALEDICTORY – HEAD OF HEALTH AND COMMUNITY CARE

13. Councillor Bamforth reported that this would be the last meeting of the Board attended by Frank White, Head of Health and Community Care, prior to his forthcoming retirement, and thanked him for his support since she had taken on the role of Chair of the Board.

The Chief Officer, Ms Brown and Councillor Buchanan also paid tribute to Mr White and to the positive contribution he had made and some of the service challenges faced by him during his time in post.

Mr White replied in suitable terms.

DATE OF NEXT MEETING

14. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 4 April 2018 at 10.30 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

CHAIR