

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00 am on 15 August 2018 in
the Council Offices, Main Street,
Barrhead**

PRESENT

Morag Brown	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
Dr Craig Masson	Clinical Director
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – HSCP
Councillor Paul O'Kane	East Renfrewshire Council
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council

IN ATTENDANCE

Arlene Cassidy	Children's Services Strategic Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Julie Richardson	Children 1st

APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Andrew McCready	Staff Side representative (NHS)
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Rosaleen Reilly	Service users' representative
Ian Smith	Staff Side Representative (East Renfrewshire Council)

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 27 June 2018, subject to the following amendment.

Item 7 – Annual Performance Report 2017/18

Paragraph 10, second last line:- that the word “adhere” be replaced with “give wider consideration”.

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.

In response to comments, the Chief Financial Officer outlined the process to be undertaken in respect of the Equality Impact Assessments to be carried out in relation to Self-Directed Support, and confirmed that she would involve Ms Monaghan in this.

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.

Having heard the Chief Officer on the status of a number of the actions and confirm that she would review the log further in this regard, the Board noted the report.

MINUTES OF MEETINGS OF COMMITTEES

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

- (i) Clinical & Care Governance Committee – 20 June 2018.
- (ii) Performance and Audit Committee – 27 June 2018.

In response to comments from Councillor Swift the Chief Officer confirmed that the results of the Health and Care Experience Survey considered at the meeting of the Clinical and Care Committee (Minute Item 14 refers) would be shared with all members of the Board, and that there was nothing of relevance to East Renfrewshire in the Clinical Effectiveness Update report also considered by that committee (Minute Item 17 refers). It was advised that all papers for Committees were published on the web-site.

The Board noted the Minutes.

FAMILY WELLBEING SERVICE

6. The Board considered a report by the Chief Officer regarding the one year pilot project run by Children 1st, to deliver a Family Wellbeing Service to support children and

young people with a range of significant mental and emotional wellbeing concerns. The report explained that the pilot project, which took direct referrals from 2 predetermined GP practices, had been in operation since September 2017.

Having set out the agreed aims of the service, the main methods of engagement, and the service outcomes, the report provided a range of statistical information under a range of headings including the number and sources of referrals; referral outcomes, breakdowns of age, gender and ethnicity; duration of service per child/young person; sessions delivered and number of DNAs (did not attend); and presenting issues at the point of referral.

The report then explained the evaluation procedures in place and provided information in relation to the responses from both young people and parents/carers. In particular it was noted that 100% of young people had stated that they felt more able to manage their emotions and 100% of parents who had returned the questionnaire stated that they felt more positive about the future of their family.

The report went on to explain that the project had been independently evaluated, and based on the early indications of effectiveness and the significant demand from children and families for an appropriate service response it was proposed to continue the service for a further 12 months to September 2019 and at the same time widen the scope to increase the number of children who would be beneficiaries. This would be managed by extending the service to an additional 4 GP practices across East Renfrewshire. Details of the existing and proposed staffing structure and the financial implications of the expanded project were set out.

The Chief Social Work Officer introduced Julie Richardson, Children 1st who gave a presentation to the Board on the work of the project.

Having explained that the 2 GP practices involved in the project were the Gleniffer Practice in Barrhead and the Mearns Practice in Newton Mearns, she outlined how the service worked, how it differed from the CAMHS service, and in particular emphasised that key to the project was that it adopted a “whole family approach” where the issues affecting the young person were examined in the context of the whole family. It was noted that even if at the outset a young person did not want their family involved, this was always the goal that was worked towards. It was noted that only 1 family had withdrawn their child from the service before reaching that stage.

Providing statistical information about the service, Ms Richardson highlighted the importance of taking time to build relationships, and that of 34 service users 22 were involved with the service for more than 6 months. She highlighted that of 44 GP referrals between September 2017 and May 2018, 34 young people directly used the service, and referring again to the “whole family approach” that 72 family members had been involved. In addition, she provided details of the staffing complement, currently 4 full time equivalents (ftes) who to date had delivered 467 sessions for service users.

Ms Richardson was then heard on the staff training and development that underpinned the service and commented on some of the service evaluation results.

Full discussion then followed and in response to questions the Chief Social Work Officer confirmed the use of the family group decision making approach and explained where the service was in comparison to a similar approach by Glasgow HSCP, and that links with that organisation were through Children 1st.

NOT YET ENDORSED AS A CORRECT RECORD

Councillor Swift sought clarification of whether or not any support mechanisms were made available once a person had exited the service. In addition, referring to the total number of staff, the number of sessions provided and the cost of the project, he questioned if it would be possible to improve service efficiency.

In reply, the Chief Social Work Officer confirmed that people were still supported once they left the service. Furthermore, she explained that the unit costs suggested by Councillor Swift did not take into account the significant preparatory work that had been required. Notwithstanding, she confirmed that staff were mindful of costs and project outcomes and whether these had longer-term service benefits needed to be examined.

This was supported by the Chief Officer who explained that one of the issues to be investigated was the impact of the service on GP CAMHS referral rates. Whilst it may be too soon to obtain definitive statistical information, trend data could be obtained.

Councillor Buchanan welcomed the report stating that in his view the cost could be considered part of the prevention agenda, and that expenditure now could lead to better outcomes and significant service efficiencies in future years.

Mrs Brimelow also welcomed the encouraging results to date and the role the project had in helping to reduce referrals not only to CAMHS but also to other specialist clinical services. She referred to the strategic link between the project and the NHS Mental Health Strategy, stated that she had raised it with the NHS Clinical Director, and suggested that all Board members publicise the project at every opportunity.

The Chief Officer having explained the close working between HSCPs and NHSGGC, the Clinical Director reported that the project had been very well received by those GP practices involved in it, and that it plugged a very important gap in respect of those families that needed support but did not meet the CAMHS criteria.

Ms Richardson having provided details about the project evaluation that had taken place and having confirmed that another evaluation using a larger sample would be carried out, and Ms Brown having commented on the need to look at other models going forward, for families to be partners and the need to ensure that children in the service were not disadvantaged as a result of parents with particular needs, the Board:-

- (a) noted the impact of the service since September 2017;
- (b) welcomed and supported the proposal to expand the scope from 2 to 6 GP practices and to continue the project for a further 12 months to September 2019; and
- (c) agreed to apply up to £50,000 from the Children's Residential earmarked reserve to fund the extended project.

EAST RENFREWSHIRE PRIMARY CARE IMPROVEMENT PLAN

7. Under reference to the Minute of the previous meeting (Item 13 refers), the Board considered a report by the Chief Officer seeking approval of the East Renfrewshire Primary Care Improvement Plan (PCIP).

The report referred to the implications for the role of the GP in the 2018 GMS contract, in particular that some tasks currently carried out by GPs would be carried out by a wider primary care multi-disciplinary team. It was explained that as part of this new approach, it

had been agreed to focus on a number of specific services to be reconfigured at scale across the country. These included the Vaccination Transformation Programme; Pharmacotherapy Services; Community Treatment and Care Services; Urgent Care (advanced practitioners); and additional professional clinical and non-clinical services including musculoskeletal physiotherapy services, community mental health services, and community link worker services.

Thereafter the report explained that following local engagement, local GPs had agreed and signed off on the PCIP, a copy of which accompanied the report, it being noted that the NHSGGC GP Sub-Committee had supported the development of the plan.

The report also highlighted the proposals as part of the plan to extend primary care multi-disciplinary teams and to create locality treatment rooms over the next 3 years, explaining that whilst some team members would be attached to individual practices, in some cases resources would be shared across practices and as such GP clusters would have an important role in facilitating cross-practice working.

The Clinical Director was heard further on the terms of the plan, in particular on the priorities as set out in the Memorandum of Understanding, and on future challenges associated with the potential lack of skilled staff to deliver the plan. In this regard, Mrs Brimelow and Councillor Swift commented on the challenges of delivering in particular the number of pharmacists referred to in the plan.

In reply, the Clinical Director explained that the numbers were aspirational, and that local GPs were being realistic in their expectations of what could actually be delivered. He was also heard on the benefits of link workers being introduced into GP practices which would free up GP time. In support, the Chief Officer explained that there was a clear expectation that freeing up GP time would improve access and help to tackle the unscheduled care agenda.

Following further discussion and having heard the Clinical Director in response to Ms Brown outline the timescales for public engagement which was associated with and would be part of the publicity around *Moving Forward Together*, the Board approved the East Renfrewshire Primary Care Improvement Plan.

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Councillor Swift left the meeting at this point.

ACTION 15 OF THE MENTAL HEALTH STRATEGY – PLANNING AND FUNDING FROM 2018/19

8. The Board considered a report by the Chief Officer providing details of the plan that had been developed with the intention of setting out goals for improving capacity in the settings outlined in Action 15 of the national mental health strategy.

By way of background, the report explained that as part of the 2017-2027 Mental Health Strategy, Scottish Government Ministers had made a commitment to support the employment of 800 additional mental health workers to improve access in key settings, the detail being contained in Action 15 of the Mental Health Strategy. £12 million of funding was to be provided nationally in 2018-19, rising to £35 million in 2021-22.

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NOT YET ENDORSED AS A CORRECT RECORD

As part of this, Integration Authorities had been asked to develop a plan by 31 July setting out goals for improving capacity in the settings outlined in Action 15.

The report set out 7 key strategic priorities that had been identified in the 2018-2021 Strategic Plan as areas where significant change or investment would be required that a number of key areas had been identified, including 2 new priorities in relation to mental health and wellbeing.

The report also provided information in relation to the NHS Greater Glasgow and Clyde Mental Health Strategy, commissioned by the Chief Officers of the 6HSCPs within the NHSGGC area, and setting out information in respect of that strategy's key themes.

Having set out details of the consultation and engagement processes used and provided details of how it was proposed to use Action 15 funding, both locally and in respect of NHSGGC-wide commitments, the report explained that a detailed plan and financial statement would be developed by September. It was noted that the current estimate of new posts to be funded through Action 15 and the Primary Care Improvement Plan was approximately 12 whole time equivalents, and that in the interim, consultation and engagement would take place with other HSCPs, clinicians, and third sector partners on the plan detail.

The Chief Officer having been heard further, the Board noted the report.

MOVING FORWARD TOGETHER – GREATER GLASGOW AND CLYDE'S VISION FOR HEALTH AND SOCIAL CARE

. The Board considered a report by the Chief Officer, seeking approval of *Moving Forward Together (MFT)*, the NHSGGC blueprint that provided a framework for a transformational programme to develop and implement change across GGC Health and Social Care Services.

The report referred to the findings of Audit Scotland's 2015 report on health and social care integration in which it was argued that a measure of successful integration would be the extent to which those organisations involved in the oversight and delivery of health and social care were able to move to a more sustainable service with a greater emphasis on anticipatory care. In this context, and in partnership with the 6 IJBs in the NHSGGC area, the NHSGGC Board had in October 2017 given a mandate for the development of a framework for a Strategic Transformation Programme for health and social care services.

The approved aim and supporting objectives of the programme and the engagement mechanisms used in its development having been set out, the report explained that the document, a copy of which accompanied the report, set out the way in which the NHSGGC Board and 6 IJBs would set the direction for the delivery of integrated health and social care services.

It was clarified that approval of the document by the Board would provide a mandate for future work to develop options and proposals that would see changes in the way in which health and social care services were delivered. These changes would in turn shape the development of future financial and workforce strategies, ensuring they supported the strategic direction set by the NHSGGC Board and IJBs.

The report having explained that changes would be developed in partnership with the public and with stakeholders, and emphasised the importance of consistent and ongoing

communication and engagement, the proposed phasing of the next steps in the process and associated timelines were set out. It was also noted that the outcome of the completed change programme would contribute to GGC's delivery of the Scottish Government aim of Better Value; that detailed business cases would be developed to support specific changes, and these would be incorporated into the NHSGGC Board's financial plan.

The Chief Officer was heard further in the course of which she explained that a key part of the approach was a move towards more locally based services, but with highly specialised services being provided in fewer central centres of excellence. She clarified that the health board was seeking the support of all IJBs, that there would be public consultation in accordance with the statutory requirements and that ultimately it would be for the Cabinet Secretary to approve the final proposals.

Mrs Kennedy having been heard on the need for public engagement and education on the reasons for the proposed changes, Councillor Buchanan welcomed the proposals. Stating that improving provision needed to be apolitical, he acknowledged that implementation would be a challenge, and stated that the key factor should be about ensuring the right services were delivered at the right time to the people who needed them. Associated with this was the need for funding to follow the transfer of services between sectors.

Welcoming Councillor Buchanan's comments, Ms Brown referred to some concerns being expressed about some service changes in the public domain recently that were aligned to the MFT changes, even before MFT had been agreed and that to continue to do so could potentially undermine the credibility of the whole exercise. She also suggested that further development on the social care and community based care models in the plan was required.

The Board approved *Moving Forward Together* as the blueprint for the future delivery of health and social care services in Greater Glasgow and Clyde, in line with Scottish government national and West of Scotland regional strategies and requirements, and the projected needs of the Greater Glasgow and Clyde population.

FIT FOR THE FUTURE UPDATE

9. The Board considered a report by the Chief Officer providing details of progress in the delivery of the Fit for the Future redesign programme and setting out the next steps in the process.

Having referred to the background to the introduction of the programme and its role in delivering savings targets the report outlined the principles underpinning the review of structures.

Thereafter, the report provided details the structural changes that had been implemented as part of the programme and set out the next stages in the review of operation structures, as well as providing details of progress to date in the delivery of savings targets.

The Chief Officer having confirmed, in response to Mrs Brimelow, that the Intensive Service Manager post would be a high level post which amongst other things would have oversight of Bonnyton House, the Board:-

- (a) noted the report; and
- (b) agreed to receive a further update at the next meeting.

STRATEGIC RISK REGISTER

10. Under reference to the Minute of the meeting of the Performance and Audit Committee of 27 June 2018 (Item 8 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.

In response to suggestions from Mrs Brimelow on the need for the mitigation measures in respect of the failure of a provider to be strengthened, the Chief Financial Officer reminded the Board of the process for changes through the Performance and Audit Committee, and that she would take on board the comments made when the register was next being submitted to the committee for consideration.

The Board noted the Strategic Risk Register.

REVENUE BUDGET MONITORING REPORT

14. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2018/19 revenue budget as at 22 June 2018.

It was reported that against a full year budget of £113.523 million there was a projected overspend of £0.796 million (0.7%), with the year to date position being an underspend of £0.155 million. It was noted that of the projected overspend, £0.639 million related to planned use of reserves and £0.157 million was a projected operational overspend that would be met from general reserves at the year end, 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.

More detailed financial information in relation to the delivery of the Fit for the Future programme was also provided, and it was explained that as plans were agreed for those other areas in respect of which there was specific funding, financial performance in each area would be reported within the regular revenue budget monitoring framework.

Commenting on the report, the Chief Financial Officer explained that since the report had been written it had now been confirmed that the transfer of a patient from Forensic Services to the hosted Specialist Learning Disability Service was going ahead. Funding for the patient ceased on 1 August and this had significant financial implications for the HSCP as hosts for the service, potentially in the region of £300K. Discussions were ongoing with health board colleagues on the question of possible financial support.

Ms Brown having expressed concern, the Chief Officer highlighted the challenges facing smaller HSCPs when acting as hosts for services, as they did not enjoy the same economies of scale as larger HSCPs.

In addition in response to a question from Mrs Brimelow on the financial position in relation to Bonnyton House, the Chief Officer explained that a paper would be brought to a future meeting setting out the financial arrangements for Bonnyton House as part of which proposals to use some of the resource transfer funds from Mearns Kirk Hospital would be explained.

The Board:-

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

DATE OF NEXT MEETING

16. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 26 September 2018 at 10.30 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

CHAIR

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