

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30am on 29 March 2017 in
the Council Offices, 211 Main Street, Barrhead**

PRESENT

Councillor Alan Lafferty, East Renfrewshire Council (Chair)

Lesley Bairden	Chief Financial Officer
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Morag Brown	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Councillor Tony Buchanan	East Renfrewshire Council
Dr John Dudgeon	Clinical Director
Councillor Jim Fletcher	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
Councillor Ian McAlpine	East Renfrewshire Council
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – Integration Joint Board
Rosaleen Reilly	Service users' representative
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Ian Smith	Staff Side representative (HSCP)
Val Tierney	Covering for Professional Nurse Adviser

IN ATTENDANCE

Phil Daws	Head of Environment (Strategic Services), East Renfrewshire Council
Ron Leitch	Committee Services Officer, East Renfrewshire Council
Candy Millard	Head of Strategic Services
Tony O'Hare	Acting Service Manager - Homecare
Frank White	Head of Health and Community Care

APOLOGIES

Dr Angela Campbell	Clinical Director for Medicine for the Elderly
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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 of the Board held on 15 February 2017 subject to a change to Item 6, Paragraph 6 to read “the patient could have suffered a subdural haematoma”.

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.

The Chief Officer updated the Board on the latest developments relating to Bonnyton House including the work being carried out in conjunction with the consultants to identify possible buyers and agree suitable timescales to remarket the facility.

With reference to the difficulty experienced by some users in attending appointments at the Eastwood Health and Care Centre (Eastwood HCC), Dr Dudgeon reported that the Merryvale practice in Giffnock had been given permission to accept patients from a number of additional households in the area and to increase this further as resources permitted. He expressed the view that this could in time reduce the number of patients from Giffnock having to travel to Eastwood HCC. Having heard Councillors McAlpine and Fletcher reiterate their comments made at the previous meeting with regard to the adequacy of public transport links to the Eastwood HCC and having heard Mrs Kennedy report that the Public Partnership Forum (PPF) would be conducting a transport survey at the centre in the near future, the Board agreed to note the report.

PRESENTATION – CARE AT HOME

4. Councillor Lafferty invited Tony O’Hare, Acting Service Manager - Homecare, to give a presentation on the Care at Home Programme.

Mr O’Hare briefly outlined the background to the concept of reablement as a short-term programme designed to help people regain or maintain their independence. The programme built upon what people could do and supported them to learn or re-learn skills they may have lost because of poor health, disability or a spell in hospital. It also aimed to increase confidence and maximise independence, choice, and quality of life. He went on to explain that the programme placed the wishes of the client at the centre of everything it did. He also explained that staff reported increased levels of job satisfaction through working as part of a team, better communication, learning new skills and a better awareness of equipment and technology. Organisational benefits included a reduction in ongoing support, less duplication, less administration and a reduction in process delays. He concluded the presentation by showing a short video clip highlighting the benefits of reablement from both a client and care worker perspective.

Responding to comments and questions from members, Mr O’Hare clarified a range of points including, amongst others, the facilities provided by the CM2000 scheduling and monitoring tool; feedback from service users through the satisfaction survey; staff pay levels; and the very good grades awarded by the Care Inspectorate following their inspection of the HSCP’s Homecare Service in February 2017.

Having heard Councillor Lafferty thank Mr O’Hare for an interesting and informative presentation, the Board agreed to note the position and the many positive comments made.

CARE AT HOME PROGRAMME

5. The Board considered a report by the Chief Officer providing an update on the ongoing Care at Home Programme including brief background information, objectives, key milestones, projected benefits and current status.

The report explained that Care at Home was a 5 year programme aligned to the Council's budgetary planning cycle and that this was the 4th year of the programme. The development of the Reablement Service as outlined in the previous item by the Acting Service Manager – Homecare was a key element in the overall Care at Home Programme designed to enable people identified as being in need of support to remain safely in their own home to be supported by the in-house Reablement Team and that, if ongoing support was required, this would be provided by either in-house homecare staff or through externally commissioned services. Since March 2016 a number of key developments had taken place including, amongst others, the establishment of the Reablement Service within the Levern Valley area; a review of the structure of the Homecare Service and how it could be better integrated with RES clusters; and the use of the CM2000 scheduling and monitoring tool. A client satisfaction survey had been rolled out to people supported by the Reablement Service in the Levern Valley area and a copy of the results was appended to the report. In February 2017 the Care Inspectorate had carried out an inspection of the HSCP's Homecare Service and had awarded it "very good" grades in all themes inspected.

The report concluded by setting out the next steps to complete the 5 year programme including a redesign of the process to support the move to a full-scale reablement service across the area and the development of the current in-house homecare staff to assist in the rollout of this service. This would entail a major shift in culture to encourage service users to help themselves and so increase their independence.

Responding to comments and questions from members, the Acting Service Manager - Homecare clarified a range of points including, amongst others, that ongoing support would be available beyond the initial 6 week period of reablement if required and that the Homecare Service was fully integrated with other HSCP services such as social work and occupational therapy.

Having heard the Head of Children's Services and Criminal Justice report that East Renfrewshire's work on the Care at Home Programme was favourably discussed nationally at meetings of Chief Social Work Officers, the Board agreed to note:-

- (a) the progress made to date with the Care at Home Programme;
- (b) the positive content and grades arising from the recent inspection carried out by the Care Inspectorate; and
- (c) otherwise, the report and comments made.

HOUSING CONTRIBUTION STATEMENT

6. The Board considered a report by the Chief Officer providing an update on the East Renfrewshire Housing Contribution Statement which had been developed in partnership by the HSCP and the Council's Housing Service during 2016/17, the statement being a statutory requirement as part of the HSCP's Strategic Commissioning Plan. A copy of the draft statement was appended to the report.

Phil Daws, Head of Environment (Strategic Services), explained that successful integration of health and social care services should provide for more people to be cared for and supported at home or in a homely setting. The availability of appropriate good-quality housing and housing services had been identified as making an important contribution to improving health and wellbeing outcomes. In particular, being able to live safely and comfortably at home was important to many older and disabled people who wanted to live independently and stay in their own home for as long as possible. The Housing Contribution Statement was intended to provide a bridge between the HSCP's Strategic Plan and the Council's Local Housing Strategy with the expectation that a seamless process would develop a focus on shared outcomes, priorities, and investment decisions that positively contributed to health and wellbeing.

The Statement set out particular housing needs and issues identified for a range of user groups including older people, people with a physical disability, dementia sufferers and care-experienced young people amongst others. A range of shared priorities included investment in existing homes through the provision of resources and grant assistance towards aids and adaptations; the building of new homes suitably designed to respond to a range of needs both now and in the future including a pilot development of a dementia-friendly house; the provision of housing options information and advice; and the targeting of Care and Repair and Small Repair services at those in greatest need.

Responding to comments from members, Mr Daws clarified that financial assistance and professional advice could be made available to householders who wished to adapt their own home to meet the needs of a relative and explained that there was a wide range of information and guidance available. Referring specifically to the development of a dementia-friendly house, he offered to make a presentation to a future meeting if this was considered to be of interest to the Board. He further clarified that aids and adaptations such as walk-in showers and stairlifts were only removed from properties as a last resort and that every effort was made to try to match people on the waiting list to particular properties taking account of any aids and adaptations that had been provided. Where possible, aids and adaptations that were removed were reused elsewhere. He also undertook, in response to an enquiry from Mr Smith, to provide information outwith the meeting relating to the cost of removing aids and adaptations where it had not been possible to match an applicant on the waiting list to a particular property.

Following further brief discussion, the Board agreed to:-

- (a) note the offer from the Head of Environment (Strategic Service) to make a presentation to a future meeting of the Board on the development of a dementia-friendly house;
- (b) note that the Head of Environment (Strategic Services) would provide information relating to the cost of removing aids and adaptations where it had not been possible to match an applicant on the waiting list to a particular property; and
- (c) approve the draft East Renfrewshire Housing Contribution Statement 2017.

STAFF ENGAGEMENT

7. The Board considered a report by the Chief Officer providing an overview of the findings of a survey of HSCP staff, the planned actions to address issues and concerns, and informing the Board of the move to using iMatter as the HSCP's future staff engagement tool.

The Head of Strategic Services explained that the response rate for HSCP staff in the most recent survey had been 43%, an increase from 29% since 2014 with staff being generally more positive in all areas surveyed in 2016 compared to 2014. In particular, a substantial majority of staff agreed that they had been given opportunities to learn and develop over the past year while they had been less positive in their satisfaction with the support they received to progress in their job and career. Staff had been asked to consider a series of statements under the theme of "Trust and Meaning from Leadership". While most had agreed that the HSCP's vision and aims made them feel that their job was important, only a third felt that action would be taken in response to the survey results with more than a quarter feeling that action would not be taken. The HSCP had committed to a number of actions as a result of the survey.

The move to the new Eastwood Health and Care Centre and the refurbishment of existing accommodation at Barrhead Main Street and the Barrhead Health and Care Centre had improved the work environment for staff and building user groups would be established to support staff to feed in issues about the new environments and to work together to develop solutions.

As part of the Fit for the Future programme, the HSCP was working with staff to review all community based care services from end to end. The project team was working closely with service teams to fully understand their demand and activity; map current processes; review equipment and systems used; and develop and test ideas for improvement. The programme would also look at the skills which teams would require to deliver future services and consider if any changes were required to current structures with a view to informing workforce planning.

In conclusion, she explained that during 2017 the HSCP would be rolling out the iMatter tool currently used by the NHS across Scotland to help individuals, teams and Boards to understand and improve the staff experience.

Having heard the Head of Children's Services and Criminal Justice (Chief Social Work Officer) report that the Children and Families' Service had been through the service redesign process which encouraged leadership from the front line and that this had proven to be in the main a very positive experience, the Board agreed to note:-

- (a) the findings of the staff survey; and
- (b) the move to using iMatter as the HSCP's future staff engagement tool.

STRATEGIC COMMISSIONING PLAN FOR UNSCHEDULED CARE

8. The Board considered a report by the Chief Officer providing an update on Scottish Government expectations regarding unscheduled care and detailing HSCP and cross-system work to develop a commissioning strategy for unscheduled care for 2017/18 and beyond.

The report explained that the IJB was responsible for strategic commissioning for unscheduled care services for East Renfrewshire. As an area with a 10 year history of integrated health and social care and a strong commitment to reshaping care for older people, East Renfrewshire had already redesigned local services with an emphasis on prevention, anticipatory care, and rehabilitation and recovery whilst delivering considerable management and efficiency savings. Throughout this period a strong performance on delayed discharge and lost bed days had also been demonstrated. Planning for delayed discharge and unscheduled care had been identified as a priority area by the Strategic Planning Group.

The HSCP had been working with the five other HSCPs across the NHSGGC area, NHSGGC Acute Services, and NHS Health Board Planning to ensure that an overarching Strategic Plan for Acute Services could be developed, and to co-ordinate capacity and resource levels. The report concluded by explaining that the HSCP had made considerable progress in reducing bed days lost to delayed discharge and, working with colleagues in NHSGGC Acute Services, had contributed to reducing the length of hospital stays. Analysis of the data had shown that there were further opportunities to reduce unscheduled care bed days by building on the Safe and Supported Improvement Programme. Successful delivery of a shift in the balance of care would require the whole health and social care system to plan and work together.

Having heard the Chief Officer report that the planned approach had been fully endorsed by Dr Angela Campbell, the Board agreed to:-

- (a) approve the East Renfrewshire Strategic Commissioning Plan for Unscheduled Care for implementation in April 2017; and
- (b) endorse the HSCP's commitment to cross Greater Glasgow and Clyde whole-system planning to further develop and implement shifts in the balance of care.

BUDGET 2017/18

9. Under reference to the Minute of the previous meeting (Item 9 refers), the Board considered a report by the Chief Financial Officer providing the proposed partner contributions to East Renfrewshire's Health and Social Care Partnership (HSCP) for financial year 2017/18.

The report set out in great detail the background to the budget setting process and the impact of the Scottish Government's budget announcement of 15 December 2016. Copies of correspondence from the Scottish Government, NHSGGC and the Chief Officer in relation to the budget settlement and its impact on the HSCP's budget were appended to the report.

The Chief Financial Officer was heard in further detailed clarification of the position and in relation to the proposed budget contributions from both East Renfrewshire Council and NHSGGC.

Responding to comments from members, the Chief Financial Officer outlined the pressures which would continue to impact on the HSCP across a wide range of headings.

Ms Brown explained that discussions were still taking place with colleagues across the NHSGGC Board and expressed the view that a close look would require to be taken in respect of the scheduled and unscheduled care budgets. Dr Dudgeon echoed the concern expressed by the Chief Financial Officer regarding prescribing issues and explained that there was some dispute amongst the NHSGGC HSCPs regarding the split of the proposed budget deficit in this regard.

Councillor Fletcher voiced some concern at the current position and expressed the view that East Renfrewshire could not be the only HSCP in this position. He sought clarification on whether or not the situation had come as a surprise to the NHSGGC Board. In response, Councillor Lafferty explained that a private meeting of the Board had been held at which the proposals had been presented and that, at the conclusion of that meeting, the vote had been tied and the Chair had used his casting vote to approve the proposals.

Following further brief discussion the Board agreed to:-

- (a) accept the East Renfrewshire Council 2017/18 budget contribution of £45.057m;
- (b) accept the additional non-recurring funding of £0.425m to allow further work to progress deferring the Bonnyton House saving for 1 year;
- (c) approve the allocation of £0.186m on a non-recurring basis towards the Bonnyton House cost pressure;
- (d) note the demographic pressure funding of £2.0m and proposed treatment;
- (e) note the existing and new savings targets included within the budget contribution;
- (f) note the update on Living Wage and Fair Work practices;
- (g) issue directions to East Renfrewshire Council for the current revenue budget of £50.992m and direct that the budget is spent in line with the strategic plan of the IJB;
- (h) the Chief Financial Officer's recommendation not to accept the 2017/18 NHSGGC proposed budget contribution for the reasons outlined in the report;
- (i) note the required 2017/18 revenue budget be no less than £65.178m to comply with the Scottish Government direction on maintaining contribution at 2016/17 cash levels (subject to FHS/prescribing/other agreed adjustments);
- (j) note the potential cost pressures of up to £1.0m which need to be funded through new savings;
- (k) note the savings proposals to close this gap; and
- (l) note the reserves position reflecting agreed strategy.

REVENUE BUDGET MONITORING

10. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2016/17 revenue budget.

The report explained that against a full year budget of £112.210 million, as at 2 February 2017 there was a forecast underspend of £0.853 million (0.76%) which would be carried forward as a free reserve subject to the year-end position as at 31 March 2017. This reflected an improvement of £0.556m from that previously reported due primarily to a reduction in the cost of committed care packages. Details of the main projected variances were outlined.

Responding to a comment by Mr Mathews regarding an estimate of the impact of revised sleepover costs, the Chief Financial Officer reported that this was estimated to be in the region of £1.3m although the Commissioning Team was working to reduce this figure and funding had been earmarked to investigate this issue.

Having heard Councillor Fletcher commend the Chief Officer and her senior management team on the work done to date to ensure that the new Council administration would inherit a sound financial position in respect of the HSCP, the Board noted the projected outturn position of the 2016/17 revenue budget.

ANNUAL ACCOUNTS

11. The Board considered a report by the Chief Financial Officer providing an overview of the preparation of the annual accounts for the IJB identifying legislative requirements and key stages.

Having heard the Chief Financial Officer briefly outline the key stages in the preparation of the annual accounts and the related legislative background, the Board agreed to:-

- (a) no longer remit approval of the annual accounts to the Performance and Audit Committee, such approval to be given by the Board; and
- (b) amend the terms of reference of the Performance and Audit Committee to the effect that it will in future consider the annual accounts and make a recommendation thereon to the Board.

PROPOSED REVIEW - GP OUT OF HOURS

12. The Board considered a report by the Chief Officer informing of a joint HSCP review of GP out of hours linked to the whole system review of out of hours services.

The report explained that NHSGGC had carried out a review of primary care out of hours services in the context of the recently published national review by Sir Lewis Ritchie and the Board's financial planning for 2016/17. IJBs are responsible for the planning and commissioning of safe and effective out of hours services. A joint group had been established by HSCP Chief Officers to review provision across the full range of health and social care out of hours services.

The report outlined the current operating model, a number of challenges for the service, and a number of actions already undertaken by NHSGGC to try to manage the issues of demand and capacity. It concluded by highlighting a number of proposed steps which the HSCP Chief Officers' group would consider.

Dr Dudgeon commented on the difficulties being experienced in operating the current model of GP out of hours services across NHSGGC and explained that many younger GPs displayed a more risk averse attitude to participation in the service than their older colleagues thus leading to difficulties in recruiting sufficient numbers of GPs to operate the service safely.

Mrs Brimelow expressed the view that it was essential that the review focussed on the quality of care provided by the service and not simply the cost of provision. The Chief Officer explained that the report by Sir Lewis Ritchie referred to all out of hours service provision and that the HSCP Chief Officers' group would seek to involve Clinical Directors and other professionals.

Thereafter the Board agreed to endorse the proposed approach.

DATE OF NEXT MEETING

13. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 28 June 2017 at 10.00am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

VALEDICTORY REMARKS

14. Councillor Lafferty reminded members that this was the last meeting of the Board prior to the local government election and offered his thanks to all members, and particularly to the Chief Officer and her team, for their hard work and dedication over the past 5 years.

Councillor Fletcher echoed these remarks and congratulated Councillor Lafferty on his stewardship of the Board and its predecessor CHCP Committee during his period in office.

CHAIR