

**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
held at 10.00am on 15 February 2017 in  
the Eastwood health and Care Centre,  
Drumby Crescent, Clarkston**

**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)
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Dr John Dudgeon	Clinical Director
Councillor Jim Fletcher	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
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)
Val Tierney	Covering for Professional Nurse Adviser

**IN ATTENDANCE**

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Strategic Services
Ann Steele	Technology Enabled Care Manager (Item 6 only)
Frank White	Head of Health and Community Care

**APOLOGIES**

Councillor Tony Buchanan	East Renfrewshire Council
John Matthews	NHS Greater Glasgow and Clyde Board
Ian Smith	Staff Side representative (HSCP)

**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 23 November 2016.

**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.

Having heard the Chief Officer further on how the community nursing service gap was being addressed locally and across the entire NHSGGC area, Mrs Reilly welcomed the information and suggested that the local arrangements in place were adequate.

The Board noted the report.

**MINUTES OF COMMITTEES**

4. The Board considered and noted the Minutes of the meetings of the undernoted committees:-

- (i) Performance & Audit Committee – 23 November 2016; and
- (ii) Clinical & Care Governance Committee – 30 November 2016.

**BOARD AND COMMITTEE MEMBERSHIPS**

5. The committee considered a report by the Chief Officer providing a position statement in respect of current memberships and seeking approval for changes to committee memberships.

The Chief Officer having explained the reasons for the appointment of Councillor Barbara Grant as a co-opted member of the Performance & Audit Committee, in response to a question from Mrs Brimelow, the Board agreed:-

- (a) to note the current Board membership;
- (b) that Janice Cameron be appointed to the Performance & Audit Committee in her capacity as Integration Lead for the independent sector;
- (c) that Anne Marie Kennedy be appointed to the non-voting IJB member vacancy on the Performance & Audit Committee;
- (d) that Marie Freedman (Lead OT) be appointed to the Clinical & Care Governance Committee to the AHP Lead vacancy; and
- (e) that Kim Campbell and David Craig both be appointed as members of the Clinical & Care Governance Committee by virtue of their respective roles.

**TECHNOLOGY ENABLED CARE**

6. The Board considered a report by the Chief Officer providing an update on the progress of the Technology Enabled Care workstreams.

Having set out the rationale behind the use of Technology Enabled Care (Tec), provided brief details of the Telecare service provided in East Renfrewshire, and highlighted that it gave individuals and their carers confidence and reassurance that help was on hand when needed, the report set out the main aims of the Tec programme, as well as providing details of several of the workstreams being undertaken together with details of progress being made on each.

Councillor Lafferty introduced Ann Steele, Tec Manager who made a short presentation to the Board on the programme and progress in the delivery of the workstreams.

Thereafter, questions were posed by a number of members of the Board.

In response to questions from Ms Monaghan on assessment processes for clients who had fallen but appeared uninjured, charging regimes and response times, the Tec Manager outlined the training provided to all responders. She also provided information on the response times for responders explaining that in most cases responses were made well inside the performance indicator targets. Thereafter the Chief Financial Officer was heard on the charging regime it being noted that a charging review was ongoing.

Dr Dudgeon was heard on the recent case alluded to by Ms Monaghan where a patient who had fallen and appeared uninjured had died a few weeks later. He explained that the circumstances in that case were that the patient had suffered a subdural haematoma the symptoms of which could often go undetected for weeks after the incident and could even be overlooked by experienced doctors.

In reply to further comments from Dr Dudgeon the Tec Manager provided the location of the Demo Room referred to in her presentation and that she would be happy to arrange visits for Board members.

Welcoming the presentation, Dr Campbell supported the approach being taken as the way forward. She referred to the processes in place in Glasgow for dealing with falls by patients, including the ability for self-referral for unexplained falls.

Further questioning took place and in response to Mr Mohamed on whether mental health discharges were included in being provide with telecare, it was confirmed that at present the point of capture was where a care package was organised and so regardless of the patient type, if a care package was being organised telecare was considered as part of the package.

In response to Councillor McAlpine further information was also provided on the type of people recruited as responders and the type of training provided.

Having heard Mrs Reilly on her personal experience of using the telecare service, and Councillor Lafferty thank the Telecare Manager for her presentation, the Board noted the report.

**BONNYTON HOUSE UPDATE**

7. The Board considered a report by the Chief Officer providing an update on the recent activity in relation to the sale of Bonnyton House.

**NOT YET ENDORSED AS A CORRECT RECORD**

By way of background, the report referred to the history of operation of Bonnyton House and to the reasons behind the decision taken by the Board in October 2015 to sell Bonnyton House.

Details of the subsequent activity to identify a purchaser were outlined and it was explained that following extensive work, in December 2016 East Renfrewshire Council had agreed to the sale of Bonnyton House. As part of the sale it was noted that the Council had agreed to provide additional funds towards staff pension pensions for three years.

However the report explained that in January 2017 the preferred bidder withdrew from the purchase with approaches to the second bidder also proving unsuccessful.

The report then set out the current position in respect of Bonnyton House, suggesting that the reasons for the original proposal to sell /Bonnyton House remained and in fact were now more compelling

The report also set out the current strategic and market context highlighting the number of vacancies in care homes in East Renfrewshire, reminded the Board of the duty on public bodies to ensure best value in the delivery of services, and to the view of the Accounts Commission that more needed to be done by way of complete service redesigns rather than incremental changes in an effort to tackle increasingly challenging financial circumstances

The report provided financial information in relation to the current cost profile and outlined projected costs for residential care in 2017/18 which showed cost pressures of £636K based on a 50/50 split of local authority funded and self-funded beds or £703K based on a 65/35 local authority to self-funded split. These cost pressures were on the basis that the £600k saving assumed from the sale of Bonnyton House had been removed from the Council's contribution to the IJB.

The report suggested that based on the financial position the current position was unsustainable, and thereafter set out 4 options for moving forward. These were outlined as going back to the market to seek an alternative purchaser for the service; retaining Bonnyton House and maximising efficiency with minimum capital investment; retaining Bonnyton House with significant cash investment; and closure of the facility. The impact of each of the 4 options was set out in detail.

The report concluded by explaining that the view of officers was that the option to sell, coupled with renewed efforts to improve efficiencies, was the best way ahead. The Council's decision to contribute an additional £425K in 2017/18 to the IJB provided additional time to pursue a buyer and reduced the financial pressures on the IJB in the short term. Central to the proposed approach was a commitment to sell to a provider who would maintain the quality of care and provide a commitment to staff and it was noted that in the event there was no interest from providers who could give the commitments alternative recommendations would be presented to the IJB for consideration.

The Head of Health and Community Care having been heard further on the terms of the report, full discussion took place.

Councillor Fletcher was heard on the financial unsustainability of the current arrangements. He explained that the Council's Administration Group supported that sale of Bonnyton House, whilst the Opposition Group supported its retention. However, this would create major financial challenges and the potential adverse implications for other parts of the social work service as a consequence of retaining Bonnyton House needed to be clearly outlined.

He expressed disappointment that the preferred bidder had withdrawn from the sale and referred to the generous contribution that the Council had agreed to make towards staff pensions. He also referred to the very negative public campaigning against the proposed sale which had been one of the contributory factors in the preferred bidder withdrawing from the sale and that potential buyers in future may need to be prepared for similar campaigning tactics.

In reply the Chief Officer highlighted the sections in the report that set out the potential implications on other service areas to achieve savings, referring to the potential reduction in the number of newly qualified social workers by 17 or a reduction of 83 home care packages based on an average 10.5 hour package.

Mrs Brimelow referred to the difficulties previously experienced in attracting bidders and questioned whether the market had changed sufficiently to allow the sale option still to be pursued. Furthermore, she questioned whether Grant Thornton and Christies, the companies who had worked with officers on the proposed sale to date were the best qualified and also suggested that in the event the sale was considered to be the most appropriate option, officers should also be looking at ways in which to improve the efficiency of the service.

In reply the Head of Health and Community Care acknowledged the change in the marketplace and that establishing the level of interest was vitally important in moving forward. He explained that the outcome that was being sought was not simply the sale of the service but the sale to a provider who had a proven track record in this area. In support the Chief Officer explained that initial discussions with Grant Thornton and Christies suggested there would still be interest. In addition, the Chief Officer confirmed that the suggestions from Mrs Brimelow on seeking additional efficiencies in addition to taking the sale forward was what was being proposed.

In support of the comments made by Mrs Brimelow, Ms Brown referred to the complex nature of the exercise. Referring to earlier comments on the potential impacts on other services in the event the sale did not proceed, Ms Brown, whilst noting these, suggested that these were merely indicative and in moving forward it was important that impact on other services were more accurately calculated. She suggested that based on the information provided it appeared that there was little alternative but to pursue the sale, and that it was vital discussions took place with staff and residents about the continued uncertainty.

Thereafter Ms Monaghan was also heard on the proposals in the course of which she reminded the Board that one of the possible options was the closure of the facility. Whilst this might not be the preferred outcome, depending on how matters progressed it could not be discounted. Councillor McAlpine also expressed support for the sale but recognised that the other options could not be discounted at this stage.

Councillor Lafferty was heard further on the history of the facility and to the significant financial investment made by the Council some years. However he acknowledged the different financial climate and that continuing with the current arrangements was in his view unsustainable.

In reply to further questions from Ms Brown on the possibility of setting a definitive timescale for the market testing exercise, the Chief Officer explained that it would not be possible to set a definitive timescale at the meeting, but that a report would be submitted to a future meeting of the Board with recommendations for consideration.

The Board:-

- (a) agreed to the proposal to remarket and sell Bonnyton House residential service and to the parallel process of maximising efficiencies to minimise cost pressures during 2017/18; and
- (b) noted that a report with recommendations for consideration would be submitted to a future meeting of the Board.

### **SPECIALIST LEARNING DISABILITY SERVICES**

**8.** The Board considered a report by the Chief Officer which provided an update on the programme of work being undertaken to redesign long stay learning disability inpatient provision and which also included an update on plans to redesign Assessment and Treatment services.

The report reminded members of the background to the proposals for change and that it had been agreed to deal with the resettlement of people in the 2 long stay units in Anniesland and Kirkintilloch as the first priority.

The report provided details of progress in the resettlement and closure plans of both units, it being noted that whilst the service was hosted by the East Renfrewshire HSCP, the residents in the units came from West Dunbartonshire, Inverclyde and Glasgow City HSCP areas.

The report provided information on the resulting actions and the next stages of the process arising out of the actions to date, noting that there was some dispute over the need for continuing hospital care for some of the Glasgow patients. The report also set out the consequential implications for the retraction process, although it was noted that work to date had enabled the closure of one of the 2 bungalows in Kirkintilloch that made up the unit there.

With regard to workforce implications, the report explained that the recent outcomes of assessments had affected the ability to develop plans to incrementally retract from the units as patients were discharged. However, management of vacancies had allowed a small staff reduction, mainly through natural turnover.

The report set out the timetable for retraction from the Kirkintilloch facility highlighting that to meet a June 2017 closure target, two patients would need to be discharged or transferred to another unit.

Referring to the financial framework set up to transfer resources to HSCPs as discharges occurred, the report provided details of the recurring resource required to be transferred and set out details of how this would be delivered.

Thereafter the report provided an update on progress in the delivery of the second phase of the proposals, being the redesign of assessment and treatment services.

Having heard the Chief Officer further on the work taking place Ms Monaghan expressed disappointment at the length of time the process was taking, to the apparent differences of opinion on the need for hospital stay by some of the patients, and whether there was a need for the involvement of, for example, the Mental Welfare Commission in continuing discussions.

In reply, the Chief Officer explained that as the hosting partnership, East Renfrewshire HSCP was of the view that the Glasgow HSCP assessment conclusions and process was at odds with the 2015 Hospital Based Complex Clinical Care Guidance, and referred to the steps being taken by Glasgow HSCP to try and resolve matters in the near future.

Noting Ms Monaghan's comments, the Board:-

- (a) noted the current position in relation to the restructure
- (b) agreed to support the plans as outlined in the report.

### **BUDGET UPDATE 2017/18**

9. Under reference to the Minute of the previous meeting (Item XX refers), the Board considered a report by the Chief Financial Officer providing an update on the 2017/18 budget setting process for partner contributions to the HSCP.

The Chief Financial Officer reported that a contribution of £45.057 million, a new budget reduction of £1.08 million, had now been confirmed by East Renfrewshire Council, with an additional £425K non-recurring funding also being provided.

She also reported that in respect of NHSGGC contributions, although the budget was unlikely to be approved by the NHSGGC Board until after the IJB Budget was approved in March, the Direction from the Scottish Government that the contribution to IJBs be maintained at 2016/17 cash levels meant that the recurring base budget would be no less than £65.178 million and this was the basis on which the report had been prepared.

She further explained that there were tangible pressures on being able to deliver the Scottish Government's 9 priorities for IJBs and that if there were any shortfalls in any areas, alternative savings proposals would need to be identified.

Responding to questions from Councillor McAlpine on accommodation costs and resource transfer to community based services, the Chief Financial Officer referred to the significant property moves that had taken place recently, clarifying that the running costs of the surplus buildings had been built into the budget and that early sales of the properties would potentially release a budget saving. With regards to resource transfer, she explained powers to transfer funding between acute and community services were not presently available and that further work on the establishment of financial frameworks around shifting resources was required.

Dr Dudgeon commented on the benefits to the IJB of increased funding of primary care services. He also referred to the current risk sharing arrangements for prescribing budgets, to the implications for the budget of changes in the market place resulting in increased drug costs. In addition the Chief Financial Officer highlighted that the possible removal of the risk sharing agreement was under consideration.

The Board:-

- (a) noted the report; and
- (b) agreed to receive budget proposals at the meeting on 29 March for consideration.

**REVENUE BUDGET MONITORING**

10. The Board considered a report by the Chief Financial Officer, providing details of the projected outturn position in respect of the 2016/2017 revenue budget.

The report explained that against a full year budget of £112.229 million as at 9 December 2016, there was a forecast underspend of £0.297 million (0.26%) which would be carried forward as a free reserve subject to the year-end position as at 31 March 2017. Details of the main projected variances were outlined.

Having referred to daycare service transport costs, Councillor McAlpine further commented on the current public transport arrangements in place for the new Eastwood Health and Care Centre, and that the service as provided was unsatisfactory for many residents who found it difficult to get to the centre.

In reply the Chief Financial Officer reminded the Board of the reasons for the deferral of vehicle purchase resulting in additional hire costs, but that this would correct itself over the year.

The Head of Strategic Services having reported on the discussions that took place with SPT at the time bus services to the new centre were being arranged, and to the timescales for changing routes once introduced, Ms Brown suggested that it should not be the responsibility of the IJB to pay for bus services and that pressure needed to be brought to bear on SPT by NHS Boards, local authorities and IJB Chairs. She also suggested the possibility of developing further community transport facilities.

In support of Ms Brown's comments Councillor Fletcher reported on the difficulties being experienced by many Giffnock residents in getting to the centre.

In the course of further discussion, Mr Mohamed suggested that without the details of levels of use it was difficult to draw any firm conclusions on the effectiveness of the service currently provided, suggesting that in the first instance an analysis of these figures should be carried out.

The Board noted the report.

**COMMISSIONING INTENTIONS FOR UNSCHEDULED CARE**

11. The Board considered a report by the Chief Officer providing updates on the Scottish Government's expectations regarding unscheduled care, 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. NHSGGC was responsible for acute service delivery planning but needed to work with the 6 IJBs within the health board area to co-ordinate capacity and resource across the area.

Having referred to ongoing work between the health board and the IJBs, and to the Scottish Government's Health and Social Care Delivery Plan which set an objective of reducing hospital based unscheduled care by 10% as well as a shift in focus towards anticipatory planning and action to prevent admission, the report provided statistical information which identified East Renfrewshire as one of the top performing areas in terms of delayed discharge.



The report further explained that the initial purchasing intentions for 2017/18 developed by the HSCP focussed on 3 key themes that formed the basis of discussions with the NHSGGC board and acute operating colleagues and were designed to take forward the Board's Clinical Services Strategy.

The 3 themes were identified as enabling acute care to be focussed on patients with acute needs; ensuring community based health and social care services were responsive to the needs of older people and those with chronic disease; and changes to address service pressures and inefficiencies. Details of each of 3 themes and commissioning intentions were outlined.

Commenting further on the report and highlighting areas for further development such as the need for fast track access to consultants, Dr Dudgeon referred to the work in East Renfrewshire to redesign care for older people and to the dividends that had been achieved.

He highlighted that the acute service proposals being developed focussed on the Glasgow IJB area and that whilst there was good work that would benefit East Renfrewshire residents in the long term, there were many good working practices in East Renfrewshire worthy of wider development and it was important that the proposals did not become Glasgow-centric.

Supporting Dr Dudgeon and commending the report, Ms Brown referred to some of the excellent practices already in place in East Renfrewshire.

Also commending the report Mrs Brimelow suggested that it would be useful for a presentation on the implementation of the learning from the Renfrewshire Development programme to be made at a future seminar. She also referred to ongoing dialogue around the potential for geriatric services to be more community based. In this regard Dr Campbell indicated that geriatricians were enthused about working more in a community setting. She highlighted that HSCPs were not all engaging with geriatric services in the same way. This was challenging and she suggested some dialogue was required about introducing some consistency of approach across all the IJBs.

Welcoming the enthusiasm for community based working by geriatricians, Dr Dudgeon acknowledged the challenge of facing them. By way of example he referred to some local GP practices that referred to both the Queen Elizabeth Hospital in Glasgow and to the Royal Alexandra Hospital in Paisley, and that a consistency of approach would be beneficial to everyone involved.

The Board:-

- (a) noted the progress on the development of a Strategic Commissioning Plan for Unscheduled Care;
- (b) approved the initial commissioning intentions for 2017/18 developed by the HSCPs in Greater Glasgow and Clyde; and
- (c) instructed the Chief Officer to present a Strategic Commissioning Plan for Unscheduled Care to the next meeting.

## **EAST RENFREWSHIRE'S REVISED ADOPTION ALLOWANCE SCHEME**

12. The Board considered a report by the Chief Officer seeking approval for a revised Adoption Allowance Scheme.

By way of background, the report explained the obligations on local authorities in relation to adoption allowance schemes, explaining that adoption allowances were not a universal entitlement but were based on a child's current and potential future needs, the report explained the work that had taken place in the development of the proposed new scheme.

Details of the proposed allowances to be paid and number of families in receipt of adoption allowances were outlined and it was explained that allowances under the new scheme would be reviewed annually with any budget shortfall continuing to be met from the residential component of the budget due to the positive variance in shifting the balance of care.

The Chief Social Work Officer was heard further on the report in the course of which she emphasised the benefits of adoption and that the new rates would hopefully encourage some foster parents to consider this

Welcoming the report the Board:-

- (a) approved the revised Adoption Allowance Scheme; and
- (b) noted the shift in the balance of care from residential provision to earlier intervention through the promotion of adoption as a permanent destination for the child.

**DATE OF NEXT MEETING**

**13.** It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 29 March 2017 at 10.30 am in the Council Offices, Main street, Barrhead.

CHAIR