NOT YET ENDORSED AS A CORRECT RECORD

AGENDA ITEM No.3

Minute of Meeting of the East Renfrewshire Integration Joint Board held at 10.00am on 17 August 2016 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)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
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
Dr Alan Mitchell	Clinical Director
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
Cathy Roarty	Professional Nurse Adviser
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager
Phil Daws	Head of Environment (Housing and Property Services)
Stuart McMinigal	Business Support Manager
Candy Millard	Head of Strategic Services
Frank White	Head of Health and Community Care

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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 1 June 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.

Commenting further on the 5 sub-groups set up to take forward the Community Led Support (CLS) agenda, Mrs Kennedy reported that e-mails with details of the meetings that had been arranged had been sent out at very short notice and this lack of adequate notice would make it difficult for people to participate in the groups.

In reply the Chief Officer confirmed that she would investigate and that the groups would be rearranged if necessary.

Having heard the Chief Officer explain why a report on learning disability budgets and service redesign had been postponed until the October meeting, Mrs Brimelow reported on her recent orientation visit to the new centre when she had been shown round by Kim Campbell. She suggested that the services on view appeared very health oriented and sought clarification of whether social work staff were also based in the centre. In reply the Chief Officer explained that there were over 100 social work staff based in the centre, and that health and social work staff worked in integrated teams.

Thereafter Ms Brown made comment on the very positive report prepared on the CLS planning day, and on the procedure for the approval of the Board's annual accounts. In respect of the latter matter it was clarified that the delegation to the Performance and Audit Committee for the current year was due to timing issues but that officers were looking at the 2017 meetings timetable to ensure the draft and final accounts could be considered by the Board.

The Board noted the report and the additional information.

MINUTES OF COMMITTEES

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

(i) Clinical and Care Governance Committee held on 17 May 2016

(ii) Performance and Audit Committee held on 29 June 2016.

HOUSING - AIDS ADAPTATIONS AND SUPPORT SERVICES

5. The Board considered a report by the Chief Officer providing an update to the Board on its delegated responsibilities for housing aids, adaptations and housing support services.

By way of background, the report explained that the legislation establishing health and social care partnerships required local authorities and health boards to delegate some of their functions to IJBs, whilst the delegation of some other functions was optional. In terms of the East Renfrewshire Integration Scheme, the decision had been taken to delegate the minimum number of services, these being services involving equipment and adaptations, and housing support services provided to individuals as, or in conjunction with, personal care or personal support services.

The report then provided details of the delegation along with information on the local agreements in place for planning and operational service delivery in respect of the delegated services. This included regular liaison meetings between the management teams of the HSCP and the Council's Environment Department, as well as the Head of Environment (Housing and Property Services) being able to offer professional advice to the IJB not only in relation to those matters delegated to the IJB but also about wider strategic housing matters retained by the Council.

The report also provided details of the aids and adaptations budgets and explained that operational budgets remained within the Council's Environment Department with periodic reporting to the IJB, with annual budget and spend consolidated within the IJB annual accounts and performance reports.

The Head of Strategic Services and Head of Environment (Housing and Property Services) were heard further on the terms of the report in the course of which it was clarified that in the main the contribution of HSCP staff to this service was the provision of Occupational Therapy (O/T) assessment for people seeking to have aids and adaptations carried out. It was also explained that arrangements for carrying out aids and adaptations differed depending on whether or not the property was privately or Council-owned, and details of the contractual relationships with Care & Repair Renfrewshire in providing adaptations for privately owned properties were explained.

In the course of full discussion that followed, and in response to questions on waiting lists and adequacy of funding, officers confirmed that a waiting list was in operation but that in most cases aids and adaptations for urgent cases were able to be carried out quickly. They also referred to the increased funding made available in the Council's Housing Capital Programme in 2015/16 to help to address the waiting list for Council properties, and to work currently underway in collaboration with the Improvement Service to try and streamline processes.

In response to further questions on the need for information on length of waiting time for an assessment to be available, the possibility of apportioning part of the budget for early intervention projects that would be more cost effective in the longer-term, and potential spend to save projects, officers confirmed that the matters could all be considered as part of the ongoing service review. This could also include examining ways to ensure that uptake on private sector housing grants was maximised.

Dr Campbell commented on the number of patients in hospital who may be able to be discharged were aids and adaptations provided and sought clarification of whether or not adaptations could be paid for in advance and an application for grant funding made retrospectively. In reply, the Head of Environment explained that under current arrangements that was not possible but that it could be explored as part of the review. In response to questions from Mr Mohamed on the availability of performance information for the service and on equipment being recycled, officers explained that it was difficult to provide meaningful performance information because other variable factors such as available funding and grant eligibility criteria would impact on performance. However, performance

figures could be provided in future performance reports to the IJB. Officers also confirmed that a lot of equipment was reused but that this was not possible in some cases where larger scale adaptations had been installed in a property.

Ms Monaghan sought clarification of whether people receiving self-directed support funds could use some of these to fund adaptations, in reply to which the Chief Officer confirmed that this was also something that could be explored during the service review.

Ms Brown having suggested that care needed to be taken in exploring the possibility of retrospective grant applications to ensure that those applicants in a less financially secure position were not disadvantaged, the Board noted the report.

BONNYTON HOUSE UPDATE

6. Under reference to the Minute of the previous meeting (Item 10 refers), the Board considered a report by the Chief Officer providing an update on progress with the sale of Bonnyton House.

Referring to the report, the Head of Health and Community Care explained that following analysis, the 3 bids received prior to the initial closing date were not considered satisfactory. In order to comply with the legal obligation on local authorities to obtain best value in any land or property disposals, an independent valuation was obtained from the District Valuer. In addition, following further discussion with Grant Thornton, the deadline for the submission of bids was extended. 2 further bids had been received, both of which were an improvement in financial terms of those previously submitted, and which were now being analysed.

The Head of Health and Community Care reported that it was hoped to reach a decision in the coming week on which of the bidders would be designated as the preferred bidder. Thereafter meetings would take place with families and residents and the Chief Officer would prepare a report for submission to the Council seeking agreement to the sale. He indicated that the original intention was for the process to be completed by March 2017 and this was still the intended target date.

Welcoming the report and the progress made, Mrs Brimelow as at previous meetings emphasised that quality of care was crucial and suggested that as part of the analysis of the most recent bids, in the event the bidders operated care homes in England and Wales, checks should be made with the Care Quality Commission.

The Board noted the report.

STRATEGIC SERVICE PLANNING – ACUTE SERVICES

7. The Board considered a report by the Chief Officer relative to proposals by NHS Greater Glasgow and Clyde for the development of a strategic plan for acute services. A copy of the proposals accompanied the report.

Having outlined the respective responsibilities of both the Health Board and IJBs in respect of strategic service planning, the report explained that the Health Board paper outlined the local, regional and national position on planning for acute services.

It further explained that a 2 stage process was being proposed with the aim of developing and describing the changes needed in 2017/18 in the context of describing a longer-term strategic change programme. Stage 1 of this was to update by October 2016 the key

elements of the Clinical Services Review, there being extensive clinical engagement and engagement with wider stakeholders during this stage. The results of the stage 1 process would in turn enable further discussion with IJBs with the aim of moving to stage 2, with the NHS Board approving for publication and formal public engagement proposed service changes for 2017/18 set in the context of a longer-term strategic plan.

Commenting on the proposals, Councillor McAlpine referred to the absence of acute hospitals in the East Renfrewshire area and in light of this how the IJB could influence acute services. He also referred to the increasing numbers of elderly residents in the area being supported to stay at home rather than go into hospital but to the lack of resource transfer from acute to community services to support this.

In reply the Head of Strategic Services reported that on 22 August 2016 she and the Chief Officer would be attending a joint meeting with the Health Board and other IJBs in the Health Board area where they would take the opportunity to highlight the challenges being faced in East Renfrewshire. With regards to resource transfer she explained that the whilst the IJB was responsible for unscheduled/unplanned care, East Renfrewshire residents were very high users of planned services such as diagnostics which were the responsibility of acute services. These high levels of demand made it more challenging for resources to be transferred from acute to community-based services.

Ms Brown referred to potential opportunities in terms of joint working or even service integration in future between acute and community services, referring in particular to O/T services which were provided in both sectors. Whilst supporting resource transfer, Ms Brown, echoing the comments about disproportionate demand for acute services by East Renfrewshire residents, stated that officers would need to be mindful of this in discussions with colleagues from the acute sector.

Welcoming Ms Brown's support for resource transfer, the Clinical Director referred to the comments in the Health Board paper regarding a shift in the balance of care and resources whilst recognising the pressures on acute services. He stated that there needed to be a recognition of the pressures being faced by all sectors not just acute services, commenting that many GPs were feeling that they were being put under more pressure to provide services without adequate resources being provided. By way of example he reported on one GP who had extended appointments from 10 to 15 minutes in order to adequately deal with issues being raised by patients.

In response to questions from Mr Matthews on the challenges in getting services to relinquish resources, he reminded the IJB that an integrated approach to health and social care had been in place in East Renfrewshire for 10 years. Conversations between health and social care services were ongoing. However the real challenge was bringing influence to bear on the services provided by hospitals and getting acute services to be prepared to transfer resources out of hospitals into community–based services.

Dr Campbell highlighted areas where better collaboration between GPs and hospitals relative to the patient pathway would see improvements for both services, such as in better collaboration over the preparation and use of anticipatory care plans.

Thereafter Ms Brown referred to some of the major service changes that had taken place in the past which demonstrated that there was the potential for change to take place if tackled properly. These included the closure of hospitals such as Lennox Castle, Woodilee and Gartloch and the development of community-based services for the patients that had been resident there.

Commenting on the transfer of resources Councillor Fletcher explained that as a consequence of the Christie Commission report into the future delivery of public services, much of the focus in local government was on the prevention agenda. However, he suggested that it did not appear that the Scottish Ministers were similarly mindful of the findings of the Commission with the continuing focus on health funding being targeted at hospital-based rather than community-based services.

Mrs Roarty was heard on the work being undertaken by Advanced Nurse Practitioners in East Renfrewshire around the development of Anticipatory Care Plans, and on work under way to develop a "complexity tool" the purpose of which was to help rationalise some of the care required by patients.

The Clinical Director having concluded by highlighting that in terms of overall funding the percentage of spend in the primary sector as compared to the acute sector continued to reduce, the Board considered and noted the process proposed by NHS Greater Glasgow and Clyde to develop a strategic plan for acute services and the proposed approach to engagement.

CARE AT HOME PROGRAMME - UPDATE

8. The Board considered a report by the Chief Officer providing an update on the ongoing Care at Home Programme.

The report explained the reasons behind the establishment in 2013 of the Care at Home Programme, with the intention of reshaping how homecare services in the area were delivered, within an increasingly challenging set of circumstances financially. The intention was to deliver £810,000 of efficiencies by 2017/18 whilst at the same time designing a person-centred flexible service that was robust, sustainable and fit for purpose.

It was further reported that Phase 1 of the project had concluded in 2015 and had delivered £440,000 of efficiencies. Details of some of the achievements of Phase 1 of the project were listed, with a particular focus on the work carried out to establish and develop a new reablement service. The purpose of this approach was to offer support and encouragement to individuals to empower them to help themselves and in doing so increase their independence, whilst at the same time reducing their reliance on external support.

The report outlined the steps that were taken in the development of the reablement approach including new team structures and roles, new rotas and patterns of work and changes in culture and practice. The second phase of the new reablement service started in 2014, and involved the integration of the new service with the Hospital Discharge Team.

Having set out information relating to demand, capacity and working patterns in relation to homecare services, and having outlined some of the benefits that had been accrued from Phase 1, the report provided details on the various elements of Phase 2 of the project. These included a workforce restructure, implementation of a new scheduling model, and the development of a service user portal.

Having heard the Head of Health and Community Care further on the terms of the report full discussion took place in the course of which the service manager who had led the service change process was commended and it was suggested that whilst the report contained useful information, in future reports on changes to service delivery arrangements officers might want to give some practical examples of how the changes introduced had impacted positively on the lives of service users.

Commenting further on the proposals regarding the introduction of a digital solution for service users and in response to comments from Mr Matthews, the Head of Health and Community Care emphasised the importance of family members of service users in the overall care process.

Thereafter the Board:-

(a) noted the report; and

(b) agreed that a further report on progress be submitted at the end of the 2016/17 financial year.

PARTICIPATION AND ENGAGEMENT STRATEGY

9. The Board considered a report by the Chief Officer seeking approval of a Participation and Engagement Strategy, a copy of which accompanied the report.

The report referred to the commitment contained in the IJB Integration Scheme to produce a participation and engagement strategy explaining that in developing such a strategy, account needed to be taken of a series of government regulations, guidance and advice.

The report further referred to the legislative principles in place to underpin the delivery of integrated health and social care as part of which there was a clear expectation of a culture of respect, parity of esteem and genuine engagement. The main purpose of these principles was to improve the wellbeing of service users.

Explaining that whilst much of the guidance produced was relevant in terms of the development of a strategy, the report highlighted that the guidance regarding the local planning and delivery of services which was engaged with the community was particularly apposite, with the guidance being included in the report. Furthermore, the report provided information relating to those other mattes to be taken into account in the preparation of a strategy including obligations in terms of equalities and human rights, the use of the National Standards for Community Engagement, and the new Community Empowerment (Scotland) Act, amongst other things.

The report then provided full details of the participation and engagement work that had taken place to date. This included having user and carer representation on the IJB; the gathering of useful mapping data by community planning partners; holding strategic planning conversations with people and professionals about agreeing priorities for health and social care in a climate of the changing needs of communities; work around locality planning; and engagement around service planning and redesign.

The report explained that it was important that the strategy should be an easily accessible and live document and as such it had been written in a form that could easily be translated into web pages with links to up to date opportunities and examples.

Referring to the proposals Mr Matthews reminded the IJB that the Third Sector was often better placed to access additional funding not available to local authorities or health boards. He stated that for engagement to be really successful, to maximise these additional funding opportunities, and for the Third Sector to feel really engaged it was important for local authorities, health boards and IJB to be prepared to let Third Sector organisations lead on local projects when appropriate.

In reply, the Chief Officer confirmed that this was a major plank of the local approach, this being supported by Mrs Kennedy who as the Chair of Voluntary Action East Renfrewshire indicated that locally the Third Sector was very involved in service development and delivery.

The Board:-

(a) approved the Participation and Engagement Strategy; and

(b) endorsed a web-based approach to maintaining live information about participation and engagement activity.

RISK MANAGEMENT POLICY AND STRATEGY AND STRATEGIC RISK REGISTER

10. Under reference to the Minute of the meeting of the Performance and Audit Committee of 16 March 2016 (Item 10 refers), the Board considered a report by the Chief Officer seeking approval of a Risk Management Policy and Strategy for the Board and associated Strategic Risk Register.

The report outlined the background in terms of the requirement for and development of both documents, and provided details of the proposed risk scoring matrix to be used as well as the proposed process for the monitoring and reporting of risks.

Having heard the Business Manager further, the Board:-

(a) approved the Risk Management Policy and Strategy; and

(b) noted the Strategic Risk Register that had been produced.

BUDGET UPDATE

11. Under reference to the Minutes of the meetings of the IJB of 30 March 2016 and 1 June 2016, the Board considered a report by the Chief Officer providing an update on the budget setting process for partner contributions to the HSCP for the 2016/17 financial year, and setting out the potential implications for the future financial strategy of the HSCP.

Having provided a recap on the revenue funding provided by the Council, the report explained that following the approval of the NHSGGC Financial Plan for 2016/17 on 28 June, the NHSGGC revenue contribution to the HSCP for 2016/17 had been confirmed at £65.178 million inclusive of a savings allocation of £1.152 million.

The report also provided a reminder of how the Integration Fund of £3.62 million had been allocated outlining various factors that had led to proposals to ring-fence £250,000 of unallocated Integration Fund for 2017/18.

Details of the funding provided relative to those housing functions in respect of which the IJB had a strategic planning responsibility were also provided, it being noted that for the IJB this related to aids and adaptations and was held within the Council's Housing budgets.

Commenting further on the savings to be achieved in respect of NHS funding, the report highlighted that the "proportionate share" approach had been adopted. This approach split the savings to be achieved between acute services and Partnerships, with additional savings to be achieved by Partnerships being proportionate to their population. However this approach did not reflect the policy agenda of shifting the balance of care to a greater

emphasis on prevention, anticipatory care and support to enable people to live at home. Furthermore, the report explained that the approach did not reflect the different starting points for Partnerships, reference being made to the decision taken some 10 years ago to integrate services in East Renfrewshire. This in turn now reduced the opportunities to make savings and efficiencies from management re-structures and economies of scale in East Renfrewshire compared to other Partnership areas.

The report went on to explain that in terms of NHSGGC funding the savings target of £1.152 million of the "controllable" budget of £20.2 million was significantly higher for in percentage terms for 2016/17 than previous years, and provided details of savings achieved to date in the sum of £309,000. Challenges in achieving the levels of savings required and options for dealing with this in future were outlined, it being noted that whilst the IJB held reserves, those were in the main earmarked for specific purposes, not to be used to meet a funding gap, and to do so would undermine longer-term service planning.

The challenge for the IJB was to ensure non-recurring support was obtained from NHSGGC and the report explained that discussions about how non-recurring funding would be allocated to Partnerships to enable shortfalls against savings targets to be offset were ongoing with the Chief Officer and Chief Financial Officer working closely with the NHSGGC Director of Finance to monitor progress.

The report referred to the challenge facing the IJB in influencing the Health Board's approach to funding allocation, it being noted that given the long history of integration in East Renfrewshire, the Partnership was not funded on a like for like basis compared to other Partnerships, with historic resource transfer settlements placing an undue burden on the area due to population demographics.

Having explained that further savings proposals would be submitted to the October meeting of the Board, the report provided details of the Set Aside budget, explaining that the introduction of a mechanism to fund increase in community provision was required.

Thereafter the report outlined proposals in terms of the 2017/18 budget and future long-term financial strategy of the IJB. This included a table which contained a number of scenarios to be updated and refined as more information became available and which showed the potential varying levels of budget contributions from partners in different areas, recognising potential pressures and savings requirements. In addition, the report explained that the mechanism for the identification of IJB budget contributions by partners remained an active discussion and referred to the challenges to be made in potentially having to address further savings targets in addition to those already identified.

The report also explained that a change in the approach to future financial planning for 2017/18 and beyond had been recognised by NHSGGC and the Director of Finance had confirmed the intention to bring forward budget contribution proposals in line with council budget setting timetables. Notwithstanding, it was explained that given the uncertainty of future funding following spending reviews and those potential risks as outlined in the report, savings options for 2017/18 and 2018/19 would impact on frontline services. The implications for the IJB in terms of service delivery priorities were explained, it being noted that as support services had been the mainstay of achieving historical savings future savings could only be achieved from a front line service review which in turn would have implications for the Strategic Plan and associated outcomes. Potential areas for consideration were listed.

The Chief Financial Officer was heard further on the report following which full discussion took place. In reply to a question from the Clinical Director on prescribing budgets, she explained the budget setting process for the prescribing budget and that whilst the IJB could

influence it, they could not control it. She also clarified that the majority of the savings target allocated to the HSCP related to proprietary drugs coming off patent resulting in cheaper

prices. The Clinical Director was then heard on the measures in place in East Renfrewshire to manage the prescribing budget. He referred to the investment made in the employment of prescribing support pharmacists and highlighted that East Renfrewshire prescribers were amongst the most cost efficient in the NHSGGC area.

Mrs Reilly having expressed concern at the review of the out of hours and standby services, the Chief Officer, supported by the Chief Social Work Officer explained the services provided in terms of current arrangements and that the review would provide the opportunity to clarify whether or not the current arrangements best suited the needs of East Renfrewshire residents and if not to look at alternatives.

Further discussion took place on the mechanisms in place for the disbursement of funds to Partnerships, the Chief Officer explaining that the IJB would be better off if the Health Board based its allocation using the NRAC (NHS Scotland Resource Allocation Committee) formula.

Ms Brown suggested caution in discussions with NHSGGC on funding allocations, referring to earlier comments about disproportionate use of some acute services by East Renfrewshire residents. With regard to the review of standby services, she suggested that a pragmatic approach needed to be taken by all concerned in service delivery, and that shared services where appropriate must not be discounted.

The Board:-

(a) noted the 2016/17 Council contribution to the budget of £46.137 million;

(b) noted the proposed NHSGGC contribution of £65.177 million;

(c) note the risks associated with the NHSGGC contribution and directions not in recurring balance;

(d) the potential for non-recurring funding to be obtained from NHSGGC during 2016/17

(e) the indicative NHSGGC Set Aside budget for 2016/17;

(f) the changes to the NHS budget setting timetable;

(g) the position in respect of reserves;

(h) the risks as outlined in the report

(i) approved the review of the application of all funding streams to maximise uncommitted resource to help avoid cuts to frontline services

(j) agreed to receive detailed proposals at the October meeting of the IJB to achieve recurring financial balance in 2016/17 and 2017/18; and

(k) to receive an analysis of the impact the proposed funding reductions will have on the delivery of outcomes as per the Strategic Plan.

REVENUE BUDGET MONITORING

12. The Board considered a report by the Chief Officer, providing details of the provisional outturn position for the 2015/16 revenue budget and the projected outturn position in respect of the 2016/2017 revenue budget.

The report explained that in respect of the 2015/16 revenue budget, the operational underspend for the full year was £0.381 million. Of this sum, £0.273 million was retained by the IJB as free reserves, whist £0.108 million was returned to the Council, reflecting the pre "go live" period for the IJB. Details of the consolidated full year outturn for each service were provided, with main variances being explained.

With regards to the 2016/17 budget, the report explained that against a full year budget of £111.951 million as at 24 June 2016 there was a forecast underspend of £7,000 (0.01%). Details of the main projected variances were outlined.

Councillor McAlpine and Ms Brown having paid tribute to the work of staff in delivering services under budget, Ms Brown referring in particular to hosted services, the Board noted the report.

VALEDICTORY – CATHY ROARTY, PROFESSIONAL NURSE ADVISER

13. Councillor Lafferty highlighted to the Board that this would be Mrs Roarty's last meeting as she was retiring. On behalf of the Board, he expressed appreciation for the positive contribution made by Mrs Roarty to the work of the Board and predecessor CHCP Committee, and offered her best wishes for the future. Mrs Roarty 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 5 October 2016 at 10.00 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

CHAIR