

**GLASGOW CITY HEALTH & SOCIAL CARE
INTEGRATION JOINT BOARD**

IJB(M)2018-02

Minutes of meeting held in the Sir Peter Heatly Boardroom, Glasgow City HSCP,
Commonwealth House, 32 Albion Street, Glasgow, G1 1LH
at 9.30am on Wednesday, 21st March 2018

PRESENT:

VOTING MEMBERS

Cllr Ken Andrew	Councillor, Glasgow City Council
Bailie Ade Aibinu	Councillor, Glasgow City Council
Simon Carr	NHSGG&C Board Member
Cllr Michelle Ferns	Councillor, Glasgow City Council
Ross Finnie	NHSGG&C Board Member
Jacqueline Forbes	NHSGG&C Board Member
Cllr Archie Graham	Councillor, Glasgow City Council
Cllr Mhairi Hunter	Councillor, Glasgow City Council (Chair)
Cllr Jennifer Layden	Councillor, Glasgow City Council
Cllr Kim Long	Councillor, Glasgow City Council
Trisha McAuley	NHSGG&C Board Member (Vice Chair)
Rev. John Matthews	NHSGG&C Board Member
Cllr Jane Morgan	Councillor, Glasgow City Council
Rona Sweeney	NHSGG&C Board Member

NON-VOTING MEMBERS

Dr Richard Groden	Clinical Director
Elaine Love	Chief Nurse Governance and Regulation, NHS GGC
Alex MacKenzie	Chief Officer, Operations
Margaret McCarthy	NHSGG&C Staff Representative
Peter Millar	Independent Sector Representative
Susanne Millar	Chief Officer Planning, Strategy & Operations / Chief Social Work Officer
Anne Scott	Social Care User Representative
Dr Michael Smith	Lead Associate Medical Director Mental Health and Addictions
Chris Sermanni	Glasgow City Staff Side
Ann Souter	Health Service User Representative
Sharon Wearing	Chief Officer, Finance and Resources
David Williams	Chief Officer

IN ATTENDANCE:

Gary Dover	Head of Planning, Children's Services
Allison Eccles	Head of Business Development
Stephen Fitzpatrick	Assistant Chief Officer, Older People's Services
Duncan Goldie	Planning and Performance Manager
Jackie Kerr	Assistant Chief Officer, Adult Services
Rhoda MacLeod	Head of Adult Services for Sexual Health Services, Police Custody and Prison Health Care
Frances McMeeking	Head of Care Services, Cordia
Sheena Walker	Governance Support Officer (Minutes)

APOLOGIES:

Jonathan Best	Interim Chief Operating Officer, NHSGG&C
Jeanette Donnelly	NHSGG&C Board Member
Patrick Flynn	Head of Housing and Regeneration, Glasgow City Council
Anne Marie Monaghan	NHSGG&C Board Member
Shona Stephen	Third Sector Representative

Cllr Hunter commenced the meeting by thanking Trisha McAuley for her contribution as Chair over the past year and the excellent job she had done in leading the IJB. Trisha stated that the challenge from members was helpful and thanked everyone for their contribution.

Cllr Hunter also advised that it was Alex MacKenzie's last meeting before retirement and thanked him for his contribution to the IJB.

1. DECLARATION OF INTERESTS

Declarations of interest were raised from:
Peter Millar for Item 11 and Item 12.
Cllr Andrew declared an interest as Chair of Cordia.

2. APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

3. MINUTES

The minutes of the meeting of the Integration Joint Board held on 24th January 2018 were approved as an accurate record.

4. MATTERS ARISING

There were no matters arising raised.

5. INTEGRATION JOINT BOARD ROLLING ACTION LIST

Allison Eccles presented the IJB Rolling Action List, informing the Board that a number of actions were now closed and a few remained open. It was reported that rolling action reference number 34 was recorded as closed, as this was due to be presented to the IJB Finance and Audit Committee in February, however, this was not presented and therefore going forward actions would remain open on rolling action lists until they were presented at the appropriate forum; at this point they would then be closed.

6. CORDIA PRESENTATION

David Williams welcomed Frances McMeeking to the IJB, informing members that it was agreed at the November meeting that Cordia would be invited to present at a future meeting to advise members of the services provided on behalf of the IJB as a central component of the shifting the balance of care agenda.

Frances McMeeking thanked the IJB for the opportunity to present and advised of the aims of delivering early intervention and prevention, and supporting as many people to continue to live safely in their own homes is the primary purpose of Cordia's service deliver.

A video showing a 'day in the life' of Cordia services was presented to members, and a presentation delivered. The IJB was informed that Cordia visits 20,000 people and delivers seven Cordia Care at Home Services; including reablement, mainstream home care, children's and families, overnight home care, supported living, help at home and community alarms. Early intervention, early planning and assessment was carried out and 97% of people were screened for reablement. Supported living was a relatively new service and Cordia was working with the HSCP to prevent long-term care. The use of digital equipment was also used to transform services and the use of this had

Officers

increased. Frances explained that the service was under immense pressure, and there had been a 10% increase in clients in the last year. The average age had also increased in the past 4 years, from 75 to 81 years of age.

The budget for 2017/18 was actual income of £86m and the breakdown of this was detailed. There was agreement to protect frontline services; and the relationship with the HSCP was based on a performance outcome specification; this was key to the delivery across all services. The performance outcomes, in partnership with the HSCP and NHS, were outlined and further detail provided on hospital discharge performance and the key successes. Cordia worked with 12 acute hospitals, and 121 wards referred to the service 7 days a week, with 88% of referrals through Queen Elizabeth University Hospital and Glasgow Royal Infirmary. In 10 years Cordia have had no delays, with 85,000 people brought home from hospital. 62% of clients were brought home on the day of discharge, with an average of 40 patients per day. The challenge of postponed or cancelled appointments by NHS Acute was highlighted; at an average of 120 per month.

Frances reported that there had been a recruitment drive and the ethos of “local jobs for local people”; of the 3000 carers employed, 82% live and work in their own community. The benefit of this was shown during the recent red weather alert when staff walked to client’s homes to ensure services were still provided. The future plans were also outlined to members including the development of the supported living and out of hours’ services. Ongoing challenges for the future were discussed including legislation requirements for employees around equal pay; and the review of Cordia by Glasgow City Council, due for completion in April.

Members welcomed and praised the presentation delivered; acknowledging the wide range of services provided by Cordia and of the commitment of staff. Members expressed sincere thanks to all of Cordia staff for the efforts demonstrated during the recent weather conditions and to their commitment of going ‘above and beyond’ to deliver services; this was fantastic and showed the success of the model of recruiting local people.

Members discussed the presentation and questioned how the performance of Cordia was monitored; if this was benchmarked and of assurance of best value for money. Officers reported that there is a performance based service level agreement and this was governed. Performance is also measured through the Care Inspectorate standards and there was a current status of ‘good’ given. In relation to best value for money Audit Scotland are currently undertaking a best value review for the Council and the outcome would be available later in the year. Cordia is a council service and not a service of the IJB therefore this is the responsibility of the Council.

In relation to the number of postponed or cancelled appointments from Acute, members queried if there had been discussion and investigation to identify the issue. Officers advised that meetings took place with Acute colleagues on a regular basis to establish support for people, however acknowledged that there was a level of frailty with the client group and that they may be fit for discharge at the point of referral, but this could change very quickly and Cordia not advised as ward staff responded to the needs of the client first. This was a challenge in the system and there may be an opportunity to explore the use of technology to respond to this; however, assurance was provided that there was constant dialogue between officers, Cordia and Acute colleagues. There was also a model around frailty for all service users and officers reviewed patients to establish how best to intervene and avoid readmission.

Cllr Andrew added that lost visits had not yet been discussed at the Cordia Board, but it would be identified if a strategy could be developed.

The ageing workforce and the challenges that equal pay may bring of losing staff was raised and queried if any work had been carried out to mitigate this. Frances advised that Cordia was not in control of the equal pay debate but would plan for this when the detail was known; and added that there is a proactive recruitment programme underway.

The Chair thanked Frances for the presentation to the IJB.

The Integration Joint Board:

- a) agreed that the presentation would be circulated to the IJB;***
- b) agreed that members would be invited to the next Cordia open day to see the services available; and***
- c) Cllr Hunter would write to Cordia staff thanking them on behalf of the IJB for their commitment and delivery of services during the red weather alert.***

Officers

Cordia

Cllr Hunter

7. IJB FINANCIAL ALLOCATIONS AND BUDGETS FOR 2018/19

Sharon Wearing presented a report to the IJB with a full update on the proposed financial allocations to, and implications for the IJB Budget in 2018-19. Officers apologised for the late issue of the Council budget offer letter and advised that an email regarding the NHS budget offer had now been received from the Director of Finance, the previous evening. Copies were tabled at the meeting and published on the HSCP website for transparency.

Sharon spoke through the paper informing members of the financial allocation from Glasgow City Council as outlined as section 3 of the report. There would also be separate reports presented on commitments to Scottish Living Wage and the conclusion of the National Care Home Contract negotiations. The total savings for 2018/19 were reported as per section 3.4 of the report, totalling £17.536m including an allocation for corporate savings associated with LEAN against which no plans have been identified yet with which to meet this gap. Further work is required on this additional savings target beyond the stated allocation to the IJB within the Council budget. As outlined at section 3.5 of the report, the savings identified provide the IJB with an opportunity to defer some savings to future years to support a more phased approach to the transformation programmes already approved. The IJB was asked to note and accept the interim budget position as outlined in the recommendations.

The financial allocations from NHS Greater Glasgow and Clyde was also outlined, as per section 4 of the report; the budget figures for 2018/19 were subject to Health Board approval; and a formal offer would be received in April 2018. Section 4.10 of the report detailed the IJB's Transformation Programme approved by the Board during 2017/18, for total savings of £2.605m. In relation to the prescribing budget work was underway to identify savings; issues with short supply were impacting upon costs, which varied on a monthly basis. Prescribing was highlighted as a high risk and an area officers would continue to scrutinise; a report would be presented to the IJB in May on prescribing. It was recommended that the IJB note and conditionally accept the interim budget from the Health Board. Officers further reported that the IJB would start 2018/19 with a contingency budget available of £2.850m, which would be used for a number of pressures, including the £2.1m of NHS unallocated savings for prior years.

Sharon
Wearing

Members queried if the £17m allocated for the Mental Health Strategy was for 2018/19 only and if there would be further funding for the remaining four years of the strategy. Officers advised that the £17m was a national figure and Glasgow would receive a share of this; the funding would be ring fenced and a letter would be issued from the Scottish Government with directions for spend and outcomes required

Members also asked for detail of the NHS unallocated savings for prior years; and information on the set-aside budget and if there was any indication of the sums for this. Officers explained that the £2.1m was Glasgow's share of the £3.6m unallocated historic savings; and it was proposed that the contingency budget was used to remove this pressure. The other Partnerships were also responding to their share. The set-aside budget relates to Acute provision of unscheduled care; the budget for the current year was £120m; there was discussion to how this would be used. A national and local group had been established to look at the data and to identify solutions of how set-aside would operate in future. A paper would be presented at a future meeting when a national and local perspective was clarified.

Sharon
Wearing

Members asked for detail of the Health Improvement Programme savings of £0.218m; what percentage of the total budget this was and the breakdown of the saving. Officers explained that the saving was 3-4% of budget, the target allocated to all services, and that the breakdown was £76k from vacant posts; £42k from supplies and £100k from renegotiated contracts.

Members referred to alcohol and drugs efficiencies outlined under the Council and Health board sections of the report, querying if there was a joint approach. Officers explained that the efficiencies outlined were in line with the Strategic Plan and the Alcohol and Drugs Partnership (ADP) Strategy; there was a joint approach and the ADP group inputted in to the strategy, which was led and chaired by the Chief Officer, Strategy and Operations. There was a joint process and partnership in Glasgow, this had been in place for the past 15 years.

The Staff-side Representative for Glasgow City Council stated that Unison were opposed to all cuts and were concerned by the proportion of cuts from Glasgow City Council to the IJB, as services were under great pressure. Unison welcomed and noted as positive, the temporary Social Work posts becoming secure; and reassurance was sought about protection to staff. Officers explained that pressures related to all transformation programmes and that there was a clear commitment and ongoing challenge of managing the business, protecting frontline staff and supporting client groups. There would be continuous plans on an ongoing basis.

Susanne Millar

The Integration Joint Board:

- a) noted the contents of this report;***
- b) noted and conditionally accept the interim budget position from Glasgow City Council for 2018-19, pending further discussion and work to be undertaken in relation to the allocation of Corporate savings;***
- c) noted and conditionally accept the interim budget position from NHS Greater Glasgow and Clyde for 2018-19, pending formal budget offer awaited in April;***
- d) agreed to the funding pressures identified at 4.7;***
- e) agreed to the allocation of £2,850,000 from contingency as part of the funding package for 2018-19; and***
- f) agreed the revised savings programmes and investments outlined at paragraph 3.4, 3.5 and 4.9, which will generate £16,957,000 in 2018-19.***

8. TRANSFORMATIONAL CHANGE PROGRAMME – SEXUAL HEALTH SERVICES

Rhoda MacLeod presented a report to seek IJB approval in principle for the direction of travel set out in this sexual health services transformational change programme. A paper for final approval will be submitted in December 2018, including financial framework, proposed service locations and associated savings and efficiencies, following further engagement.

Rhoda
MacLeod

The review findings were outlined in relation to clinical services; accessibility; young people; and workforce and locality management. Detail of teenage conceptions,

sexually transmitted infections, activity of attendees to sites, waiting times, provision of clinics for young people, and detail of the workforce were outlined as set out in the report. In relation to teenage pregnancy this was a challenge as Glasgow rates were higher than the Scottish average. Urgent care was reported as not being as high as desired; but routine care was high, with 12,000 attendees recorded for routine care. 55% of all contraceptive attendances at all Sandyford services were for routine contraceptive and the remaining 45% for Long Acting Reversible Contraception.

The intention of the review was not to send services to Primary Care, but to look at options for doing things differently; and be more creative through technology and using resources effectively. There was a desire to improve the use of web, email, online booking, call handling, self-check-in kiosks, and to create more accessible services for young people, with the possibility of delivering services in locations alongside other services; with a pilot test of Saturday afternoons proposed. There would also be a review of the medical workforce to ensure there was the correct skill mix for the service; and good governance arrangements established. The recommended proposed service model was a 3 tier approach; tier 3 for urgent/undifferentiated complex and specialist care based at one site; tier 2 for routine scheduled, emergency and urgent/differentiated care; and tier 1 for routine scheduled and emergency care.

The transformation change programme had also been presented to the Greater Glasgow and Clyde HSCP Chief Officers and the Health Board Core Management Team; this was well received by both groups. The presentation would be circulated to the IJB.

Officers

The IJB welcomed the report presented and the undernoted was raised:

- Members questioned if there was a gap in the delivery of smear tests. Officers reported that Sandyford would not stop delivering this service but would have discussions with Primary Care to establish if there was new ways this could be delivered without impacting upon GPs, for example, the use of treatment rooms.
- Issues reported with clients not being able to get through to Sandyford by phone to make appointments; and questioned how officers would ensure that people with HIV from intravenous injection were reached. Officers stated that the issue with appointments was not a clinical issue, but an operational issue and it was hoped that proposals for the use of technology would respond to this. In relation to HIV rates this was a real concern and upwards trend; Consultants were reviewing how this could be addressed. This was not solely a drug issue, but also a sexual health issue.
- It was raised that there should be consistency with clinical staff for patients as there were benefits to seeing the same person; and also queried if there was discussion with women to establish what services they wanted. Officers explained that the volume of attendees was a challenge and that Sandyford could not deliver all services, therefore priorities had to be identified. There was the desire to screen as many women as possible for smear tests and that people were connected through their GP practice.
- Female Genital Mutilation was raised and the impact and barrier this can have upon women. Officers advised that most women effected were identified in hospital at the maternity unit, but that Sandyford does work with women effected.
- Members referred to the reduction in attendance of young people and asked if there was specific reasons for reduced levels of attendance. Officers advised that the free condom pick up service across sites may have impacted upon attendee levels. It was also difficult to engage with young men, but work was taking place with Health Improvement in schools to find better ways for engagement.
- The importance of sex education was highlighted by members and of the cultural shift required.

Rhoda
MacLeod

The Interim Nurse Director reported that there had been really good engagement and full involvement from a nursing perspective in the review; and there was positive opportunities.

The IJB welcomed the report; with members stating that this was a fantastic report and an excellent template for transformation programmes going forward. The IJB endorsed the direction of travel outlined.

The Integration Joint Board:

- a) noted the findings of the service review; and***
- b) approved the direction of travel set out in the paper and note the intention to submit a final paper for approval following further engagement.***

9. HEALTH AND SOCIAL CARE HUB FOR NORTH EAST GLASGOW – INITIAL AGREEMENT (DRAFT)

Susanne Millar presented a paper to seek agreement from the Integration Joint Board on the draft Initial Agreement (attached) for the proposed Health and Social Care Hub for North East Glasgow. The Initial Agreement was draft and there would be a number of opportunities to influence the development. The timetable officers were working towards for submission to the Scottish Government Capital Investment Group was outlined at table 3.2. The Initial Agreement had been shared with the NHS Moving Forward Together team to allow thinking about what services exist and what opportunities there may be. Significant engagement had taken place with the IJB, key stakeholders and partners, patients / service users, general public, and staff and resources; this had been positive and would be ongoing. A Project Board had been established and would report to the HSCP Capital Planning Group. There would be no site selection recommended without approval by the IJB.

Members welcomed the report and it was requested that future reports include a map of expected service locations to understand what this would be, even if it was not definitive.

Gary Dover

Members also highlighted that it was not clear in the report the objective of shifting the balance of care, which is a critical objective for the IJB. The direction of travel should be made clearer and this would help with public engagement as well, by showing transformational change in how services would be delivered. It was agreed that the report would be amended to reflect the comments raised by members before the Initial Agreement was presented to the Health Board and Council.

Gary Dover

The Integration Joint Board:

- a) noted the contents of this report;***
- b) discussed and agree the draft Initial Agreement; and***
- c) instructed officers to submit the final version of the Initial Agreement to the Health Board and the City Council.***

10. REVIEW OF SOCIAL WORK OUT OF HOURS SERVICE

Jackie Kerr presented a report to update the Integration Joint Board on the progress of the Review of Social Work Out of Hours Service in Glasgow City HSCP and across Greater Glasgow and Clyde Health Board area.

The current contract terminates April 2018 and the proposal was to have an interim contract for the delivery of services until September 2019. Work during the intervening period has allowed a new financial framework to be developed; and the total cost was outlined in section 2.11 of the report. A baseline EQIA had been produced in relation to

the service and work plan; governance arrangements would take place with the 5 other HSCPs across NHS Greater Glasgow and Clyde.

Members questioned if there were any cost savings from the previous service. Officers reported that there were no financial savings at present; however, there may be financial efficiencies in future from the staff skill mix model being more efficient.

The Integration Joint Board:

- a) agreed an interim contract for the delivery of out of hours Social Work Services with the 5 remaining partnerships/local authorities until September 2019; and***
- b) requested an updated report is presented to the IJB on the future delivery of out of hours Social Work Services by July 2019.***

Jackie Kerr

11. REPLACEMENT OF THE 2015 FRAMEWORK AGREEMENT FOR SELECTED PURCHASED SOCIAL CARE SUPPORTS

Susanne Millar presented a report to inform the IJB of the intention to proceed with an open tender to replace the 2015 Framework Agreement for Selected Purchased Social Care Supports when the current framework agreement expires in January 2019.

It was anticipated that the 2019 Framework would follow a similar pattern of service provision as outlined at section 2.6 of the report. The new tender would be based on the lessons learned from the previous tender, which was the biggest in the UK; and the feedback from stakeholders would continue to inform the approach. The value of the tender is £80m and timescales for the open tender would begin Summer 2018.

Members questioned if there would be joint engagement with providers in the exercise. Officers advised that there was a joint approach to commissioning and that engagement would take place through a provider's event mid-to-end April; this would include workshops to add to the lessons learned work and to gather ideas. There would also be a coproduction approach and the Proof of Concept work will be used in the development of the specification. There was aspiration towards more alliance activity.

Discussion took place of the disruption that a potential change of provider could have on service users. Officers would not lose sight of this, although added that most people receive self-directed support and that risk and choice existed here also.

The Integration Joint Board:

- a) noted the recommendation to replace the 2015 Framework Agreement with a suitable alternative by 30.01.2019; and***
- b) approved the commissioning of purchased social care services via a Framework Agreement developed by Glasgow City Council through an open tender for these services in summer 2018 to become operational on 30.01.2019.***

12. SCOTTISH LIVING WAGE SETTLEMENT (2018) AND PROVIDER RATES UPLIFTS

Sharon Wearing presented a report to update IJB on a one-year National Care Home Contract (NCHC) settlement for 2018/19 and the commitments within the contract in relation to the Scottish Living Wage.

Sharon reported that this would be one of two papers presented to the IJB; a report was due to be presented on the Scottish Living Wage in May or June. The National Care Home Contract is subject to national negotiations and as part of this a cost of care calculator was developed. The settlement would be subject to work carried out in 2018/19. The cost uplift of the IJB was £2.38m which would be funded by the additional

Sharon
Wearing

monies provided to integration authorities in 2018/19 for social care. The new rates would be applicable from 9th April, which were in line with DWP dates. Details of the Scottish Living Wage and pay for nurses were outlined at section 4 of the report.

Officers confirmed that the contract applied to all care home providers, this was a national agreement; and also reiterated that a report would be presented on the Scottish Living Wage in May or June, and officers would write to providers regarding sleepover rates to obtain their views.

Clarity was sought if the Agenda for Change band 5 rate applied to registered nurses or all nursing. Officers confirmed that this was registered nurses and there would be a correction to the paper at section 4.2 to confirm that this was registered nurses only.

**Sharon
Wearing**

It was also questioned if the new rates for nursing would result in downgrading of staff employed. Officers stated that the Care Inspectorate was clear on nursing staff required and this could not be diluted.

The Integration Joint Board:

- a) noted the increased rates from 9 April 2018 as outlined in Appendix 1;***
- b) agreed to allocate £2.38m of the new funding to the council to pay for the care home fees uplift and Scottish Living Wage; and***
- c) directed the council to vary the contracts with the providers in line with the new rate subject to them agreeing to paying Scottish Living Wage.***

13. GLASGOW CITY INTEGRATION JOINT BOARD BUDGET MONITORING FOR MONTH 9 / PERIOD 11

Sharon Wearing presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 31 December 2017 (Health) and 19 January 2018 (Council), and highlights any areas of budget pressure and actions to mitigate these pressures.

It was reported that trends were continuing and underspend was beginning to come through; savings would be delivered in 2018/19. The summary position was net expenditure £4.053m less than budget to date. The budget changes were outlined and the main reasons for major budget variance. In Children's and Families, residential and purchased placements numbers had decreased which was in line with the direction of travel previously reported for Children's Services. Trends in Older People's Services continued and a detailed report was presented to the IJB Finance and Audit Committee in February. There was some slippage reported in Adult Mental Health and earmarked reserves would be used to respond to this. Detail of the hosted services was also outlined, as per appendix 2 of the report; and this would be presented on a quarterly basis and included in the year end accounts. Each partnership would respond to budget pressures in the area they hosted.

Members sought more detail on the reserves. Officers reported that the Reserves Policy was 2% of net expenditure which was £20m. Audit Scotland had signed off the accounts and commented positively on the policy. Reserves could be used in the short term on a non-recurring basis for budget pressures, but would not be a long term solution.

Officers reported that prescribing was a significant risk and that they had to be mindful of this going forward and have a risk based approach. Short supply had been mitigated at present, but this was an evolving picture and could change.

The Integration Joint Board:

- a) noted the contents of this report;***
- b) approved the budget changes noted in paragraph 3; and***
- c) noted the summary of current Directions (Appendix 3).***

14. IJB MEMBERSHIP AND SUBSTITUTES

Allison Eccles presented a paper to seek approval of one change to membership of the IJB, and note the current membership of the IJB and members' named substitutes, following a number of changes over recent months.

The Integration Joint Board:

- a) approved David Walker, Assistant Chief Officer: Corporate Strategy, as a member of the Integration Joint Board; and***
- b) noted the current membership of the IJB and members' named substitutes.***

15. IJB COMMITTEE APPOINTMENTS – CHAIRS AND VICE CHAIRS

Allison Eccles presented a paper to seek approval to a number of amendments to Committees of the Integration Joint Board. It was proposed that John Matthews would become Chair of the IJB Public Engagement Committee, with the Vice Chair to be confirmed. Also proposed that Trisha McAuley would become Chair of the IJB Performance Scrutiny Committee, and Cllr Mhairi Hunter, Vice Chair. The changes would take place with immediate effect.

Cllr Hunter would arrange to fill the vacancies of Vice Chair for the IJB Public Engagement Committee and a Council voting member for the IJB Performance Scrutiny Committee.

Cllr Hunter***The Integration Joint Board:***

- a) approved the changes to Chair and Vice Chair appointments as detailed at 3.1 in the report.***

16. REVIEW OF STRATEGIC PLAN

Allison Eccles presented a report to outline proposals for development of the IJB's second Strategic Plan, covering the period 2019-2022. At the IJB Development Session in January 2018 members agreed that the review of the Strategic Plan would commence over a one year period; the proposed approach to the development of the plan was outlined in the timeline appended to the report. The IJB's Consultation and Engagement Guidelines would be used and tested for the review.

Officers confirmed that the IJB would be involved in the development of the Strategic Plan and the vision and priorities would be reviewed at the IJB development Session in April 2018.

Officers

Clarity was sought on how the Strategic Planning Groups were determined. Officers advised that this was set out in statutory guidance and agreed by the IJB; if there was any amendment this would need to be presented to the IJB for approval.

Officers were asked to be mindful of the timeline for the EQIA completion; and to ensure that the outcome was incorporated in to the final plan.

Officers

The Integration Joint Board:

- a) noted the proposed approach to development of the Strategic Plan;***
- b) designated the Housing, Health and Social Care Group as a Strategic Planning Group;***
- c) noted that further recommendations for realignment of Strategic Planning Groups will be presented to the IJB for approval in due course; and,***
- d) remitted oversight of the Strategic Plan consultation and engagement process to the Public Engagement Committee.***

17. HOMELESSNESS SERVICES: TEMPORARY HOMELESSNESS ACCOMMODATION CHARGES FOR 2018/19

Sharon Wearing presented a report to inform Glasgow City Integration Joint Board of the charges set for homelessness temporary accommodation for 2018/19; in line with the policy approved by the Committee in previous years. In relation to temporary furnished flats it was estimated that there would be 1,451 available at a rental income cost of £10.5m. The proposed average weekly rent charge would increase by 3%; and the cost of hostels would also increase by 3% per week. A review of existing arrangements regarding furniture storage and personal belongings of those in temporary accommodation would also be undertaken.

The Integration Joint Board:

- a) noted the average weekly charge for temporary furnished accommodation of £139.19, an increase of 3%; and***
- b) noted the 3% increase to hostel rents, being a weekly charge of £316.89 for the Chara Centre, Clyde Place, Elder Street, James Mclean, Rodney Street and Portman Street.***

18. HSCP Q3 PERFORMANCE REPORT 2017/18

Duncan Goldie presented the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2017/18. The summary table at section 2a provided detail of performance of the measures included in the report and of the changes in RAG rating since Q2; there had been 6 changes in status, with 4 improving and 2 decreasing. The full report was presented to the IJB Finance and Audit Committee for scrutiny.

Members requested that the report be presented earlier on the agenda to allow time to review and discuss performance. Due to the structure of the agenda it was agreed that the report would move to the first item in the 'items for noting' section.

For indicator 'unscheduled care' and the targets to be confirmed, members queried if this data would become available and if there was joint working with Acute; and how this was reported. Officers advised that the status was grey as there was no target set, however work had taken place over recent months and in future reports there would be an inclusion of ministerial indicators and integration indicators. Officers further reported that Delayed Discharge performance was presented to the IJB Finance and Audit Committee in February; and was presented, by David Williams, in relation to mental Health to the Health Board in December, with a further detailed paper due for presentation in April.

Members questioned why there was no actions to improve performance for business processes, indicator 3 'SW complaints responded to within timescales (Stage 1)'. Officers apologised advising that recent discussions should have been included in the report. Agreement had been received that there would be additional resource for the complaints team; and also that David Williams would meet with SPSO on a quarterly

Officers

basis, for the remainder of the year, to discuss complaints and response times. The complaints report was also presented to the IJB Finance and Audit Committee on a 6 monthly basis.

The Integration Joint Board:

a) noted the attached performance report for Quarter 3 of 2017/18.

19. UPDATES TO INTEGRATION SCHEME

Allison Eccles presented a report to advise the IJB of updates to the Integration Scheme, which have been agreed by Glasgow City Council and NHS Greater Glasgow and Clyde. There had been some updates to the Integration Scheme as a consequence of the Carers Act and the paper was presented for noting.

The Integration Joint Board:

a) noted this report.

20. GLASGOW CITY INTEGRATION JOINT BOARD – FUTURE AGENDA ITEMS

The Integration Joint Board noted the future agenda items.

21. NEXT MEETING

The next meeting was noted as Wednesday, 9th May 2018 at 9.30am in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 12.45pm