

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

**IJB(M)2018-05**

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, 19<sup>th</sup> September 2018

**PRESENT:**

**VOTING MEMBERS**

Bailie Ade Aibinu	Councillor, Glasgow City Council
Cllr Ken Andrew	Councillor, Glasgow City Council
Simon Carr	NHSGG&C Board Member (Vice Chair)
Jeanette Donnelly	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
Rev. John Matthews	NHSGG&C Board Member
Anne Marie Monaghan	NHSGG&C Board Member
Cllr Jane Morgan	Councillor, Glasgow City Council
Rona Sweeney	NHSGG&C Board Member
Mark White	NHSGG&C Board Member

**NON-VOTING MEMBERS**

Jonathan Best	Interim Chief Operating Officer, NHSGG&C
Patrick Flynn	Head of Housing and Regeneration, Glasgow City Council
Anne McDaid	NHSGG&C Staff Representative (Staff Side Representative) (substitute for Margaret McCarthy)
Peter Millar	Independent Sector Representative
Susanne Millar	Chief Officer Planning, Strategy & Operations / Chief Social Work Officer
Dr John Nugent	Clinical Director
Anne Scott	Social Care User Representative
Chris Sermanni	Glasgow City Council Staff Side Representative
Dr Michael Smith	Lead Associate Medical Director Mental Health and Addictions
Ann Souter	Health Service User Representative
Shona Stephen	Third Sector Representative
David Walker	Assistant Chief Officer, Corporate Strategy
Sharon Wearing	Chief Officer, Finance and Resources
David Williams	Chief Officer
Sheena Wright	Interim Nurse Director

**IN ATTENDANCE:**

Allison Eccles	Head of Business Development
Duncan Goldie	Performance and Planning Manager
Emma Keggans	Auditor, Audit Scotland
Jackie Kerr	Assistant Chief Officer, Adult Services
Claire Maclachlan	Administrative Officer (minutes)
Stephen O'Hagan	Senior Audit Manager, Audit Scotland

**APOLOGIES:**

Cllr Michelle Ferns	Councillor, Glasgow City Council
Ross Finnie	NHSGG&C Board Member
Jacqueline Forbes	NHSGG&C Board Member
Margaret McCarthy	NHSGG&C Staff Side Representative

## 1. DECLARATION OF INTERESTS

Mark White declared an interest, as Executive Member of the Health Board.

Shona Stephen declared an interest Item 13, Intensive Outreach Family Support Services Tender.

Cllr Jane Morgan and Peter Millar declared an interest in Item 11, Glasgow Homelessness Alliance Tender.

## 2. APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

## 3. MENTAL HEALTH 2 WARD DESIGN BUILD FINANCE MAINTAIN (DBFM) SCHEME

This item was closed to the public due to the commercially sensitive information.

David Walker presented a report to update the Integration Joint Board on progress to deliver the approved development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, Finance and Maintain (DBFM) route Business Case.

Approval was requested for full business case to build 2x20 bedded units at the Stobhill Hospital site. To maximise the opportunity for efficiency, the Stobhill scheme will be a bundled programme of new build projects with Greenock and Clydebank Health Centre DBFM developments with a single procurement process. The evaluation process is continuous and has scored highly on all counts. The modern fit for purpose new ward will achieve significant improvements in the quality of accommodation available. There will be no reduction in the services being delivered but will allow central inpatient facilities in a single site. Progress will be reported back to the IJB in 12 months.

David Walker

Members queried what services would be available for young people with Mental Health problems. Officers confirmed that Sandhouse is a unit for young adolescents with accommodation on site.

Members questioned if there would be any capital release from Birdston. Officers confirmed this was a private provider and there may be an option to offset revenue costs.

### *The Integration Joint Board:*

- a) approved the Full Business Case and submission of the Business Case to the Health Board;**
- b) noted, pending Health Board approval, the onward submission of the Full Business Case to the Scottish Government Capital Investment Group; and**
- c) would receive at a future date an update on the construction phase of the two wards.**

## 4. MINUTES

The minutes of the meeting of the Integration Joint Board held on 20<sup>th</sup> June 2018 were approved as an accurate reflection.

## 5. MATTERS ARISING

Patrick Flynn provided an update in relation to Rolling Action reference number 18; advising that a report on capital costs would be available for the next IJB. This will be an information report with no financial decision.

Patrick Flynn

Members queried the action against 'Item 8 Policy Development: Resource Allocation For Adults Eligible For Social Care Support' regarding an EQIA being presented in September. Officers confirmed that work was underway and is connected to the consultation; and the EQIA would be presented at a future IJB.

Members asked for update on 'Item 11 Implementation of Carer (Scotland) Act 2016' in relation to vacancies being available to the third Sector. Officers confirmed this had been requested.

## 6. INTEGRATION JOINT BOARD ROLLING ACTION LIST

Allison Eccles presented the Integration Joint Board Rolling Action List advising that there are four actions open, and a number of actions are now closed.

## 7. AUDIT SCOTLAND – GLASGOW CITY IJB 2017-18 ANNUAL AUDIT REPORT

Emma Keggans presented the Glasgow City Integration Joint Board 2017/18 Annual Audit Report (Draft) to the IJB advising that the audit opinion was outlined in Appendix A; and also included within the annual accounts. The ISA260 letter outlined specific issues and included significant findings; and any unadjusted errors. There were no unadjusted errors reported. The key message from the report was an unqualified opinion; and acknowledged that there was sound budgeting processes in place.

The action plan for 2017/18 highlights the transfer of services from Cordia with agreed management action and target dates. The Audit report was presented to the IJB Finance and Audit Committee on 5<sup>th</sup> September 2018 for consideration. Officers extended thanks to HSCP officers for their support in producing the report.

Members requested an update in relation to the Information Sharing Protocol. Officers confirmed that this was being undertaken by the Council on behalf of the three partners. Officers acknowledged there has been a delay in the production of the Protocol; and advised that this due to changes to Data Protection in May, which had to be considered to take account of new laws; and also due to other priorities of the Council officer involved. Officers reported that a draft Protocol was now available.

## 8. AUDITED ANNUAL ACCOUNTS 2017-18

Sharon Wearing advised that in line with the Local Authority Accounts (Scotland) Regulations 2014, the Integration Joint Board must consider the audited annual accounts and approve them for signature no later than the 30 September immediately following the financial year end. Report has been considered by the IJB Finance & Audit Committee and outlines the financial position for the period ending 31<sup>st</sup> March 2018. The statement of income and expenditure shows the operation of the IJB achieved an underspend for the period of £12.066m.

Officers referred to section 4.2 detailing one error identified due to capital recharges which had been adjusted and corrected in the audited financial statement.

### *The Integration Joint Board:*

***a) approved for signature the audited Annual Accounts for the period from 1 April 2017 to 31 March 2018.***

## 9. PRIMARY CARE IMPROVEMENT PLAN (PCIP)

David Walker presented a report to seek approval for Glasgow City's first Primary Care Improvement Plan (PCIP).

The Scottish Government has introduced a new contract with GPs in response to growing pressures within Primary Care. The aim of the new contract is to enable GPs

to operate as “expert medical generalists”. This will be achieved by diverting work that can best be done by others, leaving GPs with more capacity to care for people with complex needs and to operate as senior clinical leaders of extended multi-disciplinary teams.

The GP Subcommittee formally approved the plan on 31 July 2018 and this was now presented to the IJB for approval, to allow the implementation plan to be progressed.

Officers highlighted the challenges of implementation with 146 practices, which varied in size and the services they provide. Communication and engagement events have been arranged with GPs on 18<sup>th</sup> and 19<sup>th</sup> September with all 146 GP practices in the city invited to attend. The sessions provide an opportunity to seek the views from GPs on future engagement in the process for service design and delivery.

It is proposed that a Strategic Planning Group for Primary Care be established to ensure that there is matching architecture to other client groups; and to also create formal arrangements for involving and engaging with stakeholders.

Members welcomed the report and were encouraged that work had started to allow GPs to concentrate on other priorities.

Members sought clarity on the next steps and whether there was capacity in the team to respond to the infrastructure moving so quickly. Officers confirmed this was still being assessed and the recruitment of a Project Manager was in the early stages. Also advising that consolidation of resources in the primary care field will be required.

Members queried if a 12 month reporting period to the IJB was sufficient and suggested a report back in 6 months.

Dr John Nugent introduced himself as the new Clinical Director representative on the IJB. Dr Nugent provided feedback from his role as Scottish Government Advisor on the new GP contract; and highlighted the challenge of the task ahead and the requirement for a new culture in Board’s and Partnerships.

The Social Care User Representative raised concerns regarding the role of pharmacies. Officers confirmed that GPs and Dentists were also private contractors and highlighted the requirement for a culture change and a different type of relationship going forward. The national contract that GPs are engaged in also exists with Pharmacists and Chief Officers from across Scotland are keen to be involved in this.

The Third Sector Representative stated that the recognition of the role for the third sector was welcome as they had a key role to play.

The recommendations were approved, subject to the amendment that updates are provided 6 monthly to an IJB committee; with an assurance that any critical changes are reported sooner via the IJB, including any papers on spend.

David Walker

***The Integration Joint Board:***

- a) noted the contents of this report;***
- b) approved the contents of the PCIP noting its joint development with the GP Sub Committee;***
- c) instructed officers to report back on progress with the implementation of the PCIP every 6 months to the IJB Performance and Scrutiny Committee, with an assurance that any critical changes are reported sooner via the IJB; and***
- d) endorsed the development of a Strategic Planning Group for Primary Care.***

**10. SPEECH AND LANGUAGE THERPAY REVIEW**

Jackie Kerr presented a report to inform IJB members of the findings and recommendations from the review of Speech and Language Therapy (SLT) services for adults and older people in Glasgow City and to seek approval for a number of actions necessary to respond to those findings and to progress to an implementation phase.

It was highlighted that SLT services to the adult population within Glasgow City HSCP come from a small resource (18 members of staff) that is fragmented, often isolated and frequently unable to respond to patient need within an appropriate timescale.

It was also reported that cover arrangements were problematic and the provision of an SLT service could often be significantly delayed. Additionally, due to the current configuration not all referred patients are able to access community based care, with some being re-directed to Acute care to receive input.

The findings and recommended actions were outlined and the IJB advised that referral waiting times and workloads were noted in the appendix of the report; and also that an EQIA has been completed.

Members questioned how changes will be communicated to those patients who may have to wait longer for a service as a result of the recommendations. Officers advised that interventions could be used by a skill mix of staff. There will be challenges but robust pathways put in place to ensure that those in urgent need would receive a service when they require it.

The rates, detailed in appendix 2, were queried which highlighted a low level of productivity, which members felt required a further direction from the IJB. Officers confirmed this was the reason the review was commissioned and recommendation c) in the report addressed this without the need for a further direction.

Members were surprised by the small staffing resource for the size of the population of Glasgow and queried the likely impact on waiting times as a result of changes. Officers reported that there was a need to upskill some staff and that by bringing the staff under one management structure, this will assist in providing a better service.

Members also questioned why Children's Services were not included within the review. Officers confirmed that there was a separate SLT provision in Children's Services which is significantly more complicated, larger and more diverse. The provision is funded via the Health Board and Education Services. There are 80 FTE work within Education establishments operated by Specialist Children's Services. A review has taken place led by Education Services and HSCP officers were involved in this.

Members queried how the HSCP would target performance at an operational level. Officers confirmed there will be a suite of performance indicators with targets which will link to service specifications that the Health Board set in relation to waiting times. SLT performance will feature in the HSCP performance report under Adult Services.

Jonathan Best reported that work was underway to look at the ratio of staff in hospital services and proposed that this work was linked; and that he was happy to support this and be involved.

**Jackie Kerr**

Members welcomed the direction of travel and supported a single service which would drive efficiencies.

***The Integration Joint Board noted the findings and recommendations from the SLT review and approved:***

- a) Implementation of the 9 Actions arising from the review, as set out in detail in section 4 of this paper.***
- b) The continuation, on a fixed term basis, of the project lead SLT role within Glasgow HSCP to implement the findings of the review, thus assuring the***

*organisation that a revised service model is delivered.*

- c) The management of Glasgow SLT staff and SLT project lead under one service manager to optimise service decisions; resource and workforce.*
- d) The development of an implementation plan to support implementation of a single SLT service. This will have clear leadership, reporting and outcomes which can successfully deliver on the 'short term leave contingency plan' to ensure services can be accessed. The implementation plan will consider the implications for existing multi-disciplinary team (MDT) structures and develop the arrangements for transition;*
- e) Ongoing consultation with Staff Partnership, with acute services and with other HSCPs to support the implementation of recommendations;*
- f) To support the strengthening and transparency of pathways and links between Glasgow City funded SLT services and staff not formally based within Glasgow HSCP, but who's primary role is to deliver services within Glasgow HSCP e.g. Community stroke team, Forensic SLT; and,*
- g) To initiate discussions regarding demand / capacity/ service and governance for patients currently seen by Glasgow SLT staff who are not resident in Glasgow HSCP area.*

## 11. GLASGOW ALLIANCE TO END HOMELESSNESS TENDER

Susanne Millar presented a report to update the Integration Joint Board (IJB) on progress to date in developing an Alliance to End Homelessness in the city and the proposed procurement route identified to secure Alliance partners to work with GCHSCP to deliver a significant change agenda to improve homelessness services in Glasgow; and to seek approval of the GCHSCP recommendation of the proposed procurement route identified to establish the Glasgow Alliance to End Homelessness (the Alliance) and commission the Council through direction, to establish an Alliance model that will deliver a transformational change in homelessness services.

Officers reported that work had been delayed due to the complexities of the Alliance model. Officers provided background to the purpose and the objectives of the Alliance which had previously been reported to the IJB and highlighted the biggest shift is to a more collaborative and risk sharing approach.

Officers advised of the work with Legal Services and reported that this is an entirely new concept with only one Alliance existing in Scotland. This is an information and advice service, rather than a direct service. The procurement terms will go through successive stages involving dialogue with providers regarding the bid. The proposal is innovative in changing this relationship and there will be a shared focus on innovation. The model may be taken into other service areas, if this is successful. External legal advice is being sought from those specialist in the field.

Officers highlighted that the first stage will be for the Alliance to be formed. The Provider partners must demonstrate that robust financial and legal governance procedures are in place. An initial budget of £23million has been identified to facilitate the work of the Alliance. The report seeks approval to direct the Council to issue a competitive tender for Alliance partners to work with the Council and IJB to deliver the Glasgow Alliance to End Homelessness.

The Chair queried who providers would approach to be involved in the Alliance. Officers advised that the approach would be made to the Alliance when it is formed. At this stage the forming of the Alliance is within providers sector. The Alliance will look at all purchased services.

The Independent Sector Representative supported the model in principle however had concerns regarding how this would work in practice. Any issues around the mechanics and technicalities would need to be addressed before the tendering stage. Clarity is required around sub-contracting, conflicts of interest and the budget.

Officers confirmed that the issue of liability is a live discussion. Officers have looked at successful examples operating in England and New Zealand. It was highlighted that the same liability issues exist for the HSCP, not just providers. Officers stated that sub-contractors will be part of the review cycle.

In terms of the budget, annual costs of up to a maximum of £100,000 p.a. funded by the GCHSCP will be required during the initial two year transition period to resource the establishment / infrastructure of the Alliance Management Team. Thereafter there will be an expectation that all partners will bring some infrastructure. Providers are aware of how it will operate and the challenge is well understood and jointly owned.

Following discussion it was agreed that the next IJB Development Session, which is focused on Homelessness Services, will include discussion on the Glasgow Homelessness Alliance. Officers confirmed that the issue of conflicts of interest and how this will be managed will be covered at this session. An invitation will be extended to the consultant who is involved in Alliances elsewhere

Susanne Millar

The GCC Staff-Side Representative welcomed the approach going forward.

Members raised concerns about the data contained in the performance report around assessments of people who are homeless. Officers confirmed there will be a partnership approach to planning and delivery. Joint performance will be reported of all partners including HSCP.

Members questioned whether 'ending homelessness' was the right terminology. Officers confirmed this had been subject to great debate, including at a national level. The decision to reflect this came from lived experience and was co-produced with providers.

The Chief Officer reinforced that this is a ground breaking initiative and agreed to extend the parameters of the IJB Development session to include more detailed discussion on the Alliance.

***The Integration Joint Board:***

- a) noted the content of this report; and***
- b) directed the Council to issue a competitive tender for Alliance partners to work with the Council and GCHSCP to deliver the Glasgow Alliance to End Homelessness.***

**12. CARER SUPPORT SERVICES TENDER FINANCIAL FRAMEWORK**

Susanne Millar presented a report to seek approval from the IJB for a Carer Support Services tender to be conducted by Glasgow City Council (GCC) as the current GCC contract ends on 30 April 2019.

The contract(s) will run for a period of 3 years with the option to extend by two periods of 1 year.

***The Integration Joint Board is asked to:***

- a) approved and directed Glasgow City Council to conduct a Carer Support Services tender to further consolidate service delivery to carers in the city and to further enhance the capacity to deliver on the intentions of the Carer Act.***

**13. INTENSIVE FAMILY SUPPORT COMMISSIONING FRAMEWORK**

Susanne Millar presented a report to advise the IJB on the progress to date to develop intensive outreach family support services and the proposed procurement route identified to deliver this intensive edge of care support to families in need; and to seek approval of the GCHSCP recommendation of the proposed procurement route, and commission the Council through direction, to issue a tender for the delivery of purchased intensive outreach family support service(s).

Officers outlined the background to the proposal to put out to tender rather than directly provide and highlighted the good relationships with the third sector in children's services with a co-production approach.

The service will look at adolescents on the edge of care and work with families to reduce the need to bring into care. It is intended that the tendered service will work alongside Family Support Services in the city on city wide basis. There is clear evidence in North Lanarkshire who have successfully supported significant numbers of young people who were at risk of coming into care to remain at home

The GCC Staff Side Representative asked if this tender is in addition to the one that was planned or is it a replacement. Officers confirmed this is in addition to the resource that already exists and is a redirection of the money from savings in the transformation programme.

Members queried the pay and numbers of staff needed to deliver the service. Officers advised that skill mix will be based on the model already existing in North Lanarkshire. The model includes evening and weekend work and includes Qualified Social Workers and staff with Community Education backgrounds. Living wage requirements will be met. Officers highlighted that salary levels in Children & Young People provided sector are better than those in Adult and Older People services.

Members asked what lessons have been learned from the North Lanarkshire model and whether tendering for the service opens up the possibility of more inconsistency for young people. Officers advised that the evidence base is really strong in North Lanarkshire and they are able to identify what worked well and what did not.

Members queried the proposal for Glasgow to focus on the 15% of young people most at risk of coming into care as opposed to North Lanarkshire's support equating to 33% of their population. Officers confirmed this was indicative following discussions with North Lanarkshire. Glasgow have a successful alternative to Secure which North Lanarkshire do not have, which has been factored in.

Officers confirmed there will be a 6 month period of engagement and work will be undertaken in the sector to look at specification that works. The Service Level Agreement will be influenced with the outcome of that; and continuity of work will be a feature.

***The Integration Joint Board:***

- a) noted the progress to date to develop intensive outreach family support services and the proposed procurement route identified to deliver this intensive edge of care support to families in need; and***
- b) approved the GCHSCP recommendation of the proposed procurement route, and commission the Council through direction, to issue a tender for the delivery of purchased intensive outreach family support service(s).***

**14. KINSHIP SUPPORT AND FINANCIAL ASSUMPTIONS RELATING TO KINSHIP CARE ORDERS IN ACCORDANCE WITH CHILDREN AND YOUNG PEOPLE**



**(SCOTLAND) ACT 2014**

Susanne Millar presented a report to provide an update on kinship care developments in Glasgow and makes a recommendation to increase our financial contribution towards Kinship Care Orders in accordance with our duties under Kinship Care Orders (Sec 11 (1) of the Children (Scot) Act 1995, the Children Young People (Scot) Act 2014 and the Kinship Care Assistance (Scotland) Order 2016.

Officers confirmed that Glasgow City HSCP currently supports 1318 children/ young people living in formal kinship care arrangements cared by 1115 kinship carers with an annual budget of £8.1 Million. This figure demonstrates a significant increase.

Complementary pieces of work have been implemented to enhance kinship care planning arrangements such as Family Group Decision Making (FGDM) and Extended Family Network Searching (EFNS) which adopts genealogy method as a means of identifying potential kinship support for young people at risk of becoming looked after or supporting rehabilitation plans. This approach has identified family members not previously known.

Members questioned what ongoing support is given to family members who are identified as potential support. Officers confirmed that suitability is still an issue; how it has been a positive experience for young people to meet family members they hadn't met and find links to family members.

Officers reported that there are very few Kinship Care orders in Glasgow. The current arrangement ensures a flat rate of £500 be issued to those eligible to receive a contribution towards legal costs in obtaining a Kinship Care Order. The report seeks to approve the recommendation to increase financial contribution towards a Kinship Order from £500 to £1500 in the event that the carer is not entitled to legal aid and meets the eligibility criteria.

The Health Care User Representative advised there is confusion around the role of the private sector. Officers confirmed that the organisations are being brought into a formal contractual relationship with GCC which will be an extension of family support. A report has been presented to the Council's Contracts and Property Committee following the conclusion of the tender for the provision of Glasgow Locality Kinship Care Safeguarding and Support Services. Officers agreed that reassurance will be provided via the forums to reassure that this is an additional investment.

Susanne Millar

The Health Care User Representative also asked that recognition is given to those who campaigned for the rights of kinship carers. This was acknowledged by members.

***The Integration Joint Board:***

- a) noted the report;***
- b) noted the progress made in supporting kinship carers and the children who are placed in their care;***
- c) noted the impact of Universal Credit on the placing of children in kinship care arrangements and consider the financial gains in obtaining a Kinship Order; and***
- d) approved the recommendation to increase financial contribution towards a Kinship Order from £500 to £1500 in the event that the carer is not entitled to legal aid and meets the eligibility criteria.***

Sharon Wearing presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 30 June 2018 (Health) and 6 July 2018 (Council), and highlights any areas of budget pressure and actions to mitigate these pressures.

Officers outlined net expenditure £0.624 less than budget to date and advised income is under recovered by £0.322m. Reasons for major budget variances were outlined.

Officers highlighted that the budget process for 2019/20 has commenced. Glasgow City Council have requested savings options with 5% target for each year over 3 years, reduction in year of £19m if full 5% is taken. This is important to bring to the attention of the IJB at this time.

***The Integration Joint Board:***

- a) noted the contents of this report;***
- b) approved the budget changes noted in section 3; and***
- c) noted the summary of current Directions (Appendix 2).***

**16. HEALTH AND SOCIAL CARE PARTNERSHIP LOCALITY PLANS 2018/19**

Jackie Kerr presented the 2018/19 locality plans of North East, North West and South Localities for approval. In doing so, to highlight progress made over the last year, local priority actions and key areas of work being undertaken within localities that contribute to the delivery of the IJB strategic plan.

Officers highlighted that this is the third year of the locality plans and they are overseen by the respective areas executive teams. Regular reviews take place with a wide and varied engagement structure. Summary versions are available on the HSCP website.

Members welcomed that user friendly summary versions are available; and queried how Locality Plans remain live and include broader issues such as Universal Credit and the New Carers Charter. The Third Sector Representative also raised accessibility of the website and difficulties in navigation.

Officers advised that work was underway to produce a printed leaflet for each of the areas. They also highlighted that Locality Engagement Forums work really well. Officers agreed to include the broader issues highlighted in future sessions in localities.

**Jackie Kerr**

***The Integration Joint Board:***

- a) approved the locality plans attached and note these will be circulated to stakeholders and be made available publicly along with user friendly summary versions.***

**17. IJB MEMBERSHIP AND UPDATE TO STANDING ORDERS**

Allison Eccles presented a paper to advise members of a number of changes to membership of the IJB, and to propose an amendment to Standing Orders around declarations of interest.

Officers outlined the amendments to the membership as detailed in the report.

The Standing Orders for Glasgow City IJB outline that the length of term that a voting and non-voting member is able to remain an IJB member without review is a maximum of three years. Officers highlighted that some members will have concluded their three years at the IJB meeting in December 2018 and the Chief Officer will write to the respective stakeholder groups to invite those groups to either confirm continuing current membership, or to provide an alternative representative by the December IJB.

Officers proposed an amendment to the Standing Orders regarding declarations of interest; in that rather than submit an annual return, members would be asked to submit an updated form only when there are any changes.

The Health Care Users Representative expressed her enjoyment of her experience as a member of the IJB, but highlighted that stakeholder representatives on the IJB require to receive training.

The Chair acknowledged this and agreed training is important.

***The Integration Joint Board:***

***a) noted the changes to IJB membership; and***

***b) approved the action at 2.7 and the amendment to Standing Orders as proposed in section 3 of this report.***

## **18. HSCP Q1 PERFORMANCE REPORT 2018/19**

Duncan Goldie presented the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2018/19.

Officers advised that exceptions are reported to the IJB with the wider performance report being considered at IJB Finance and Audit Committee. The Committee received presentation at the last meeting on performance for Health Improvement and Children's Services for Quarter 1 2018/19.

Members queried figures on Emergency accommodation and performance being below target. Officers confirmed it is an ongoing issue but has not changed in terms of context. There have been a number of presentations at point of crisis where accommodation has not been offered immediately. Officers advised that the full narrative is included in the detailed report to the IJB Finance and Audit Committee.

Members suggested that a process be established to reassure the IJB that full discussions and scrutiny are taking place within IJB Committees. Officers suggested that this should be the responsibility of the committee.

Simon Carr proposed that the Chair or Officer of each Committee provide a note to the IJB with highlights and lowlights. Simon Carr would take this forward with Isla Hyslop, Head of Organisational Development.

**Simon Carr**

***The Integration Joint Board:***

***a) noted the attached performance report for Quarter 1 of 2018/19.***

## **19. COUNCIL FAMILY REVIEW – CORDIA UPDATE**

Sharon Wearing presented a report to advise of the implementation arrangements in relation to transfer of homecare and associated services to Glasgow City Council and managed through the HSCP from 29 September 2018 and an update on due diligence review in relation to transfer.

Officers outlined the services that will transfer and the role of the IJB. HSCP officers have been involved in various aspects of the transfer and good progress had been made. Plans are in place to support continuity of services. From 29 September, the Chief Officer Strategy and Operations will assume line management of Cordia's Head of Care, with all other services being aligned to existing services, either within the GCHSCP's management or that of other Glasgow City Council services, where relevant.

There are two options available to the IJB to respond to any shortfall in the budget delegated from Glasgow City Council for 2018/19, these were outlined to the Board.

The report is recommending Option 2, to enable continuity of service delivery in the short term and to enable time for the budget discussions to take place with Partner bodies as part of the 2019/20 budget discussions.

The change in operational arrangements requires to be subject to due diligence by the Chief Officer Finance and Resources as Accountable Officer to the IJB.

The report to the Cordia Board is projecting an overspend of £1.895m to the 29<sup>th</sup> September on the services which will transfer to the GCHSCP; however the current overall financial position is an overspend of £0.632m. The full funding gap will not be known until the due diligence exercise is complete and budgets disaggregated taking into account any seasonal variations.

Officers highlighted other areas that require attention regarding Harmonisation; Difference in working patterns and ICT for running a 24/7 care service.

Members were asked to note that due diligence is not complete a further report will be presented at the next IJB.

Members discussed the paper and raised the following:

- Concern regarding a possible reduction to home care services particularly in winter months.
- Lack of clarity around governance and the role of IJB members.
- Concerns regarding the IJB taking on a deficit that it had no influence in incurring
- Unease at the two options presented.

Officers confirmed the role of the IJB is outlined at Section 3 of the report. The Council have taken a decision on how the service is delivered and the IJB will still commission the service. The issue is the cost differential. Discussions are taking place with the Council in relation to what budget will transfer. Officers highlighted that the decision was taken after budget was set and the HSCP had set its budget. The report is highlighting the risk to the IJB.

Officers reiterated that responsibility for commissioning of care at home services sits with the IJB and the budget needs to be made available. Demand increased by 10% but budget did not increase to accommodate that.

Officers clarified that the two options are to give an insight only. IJB members were not being asked to make a decision as the due diligence exercise is not complete. This will be subject to a further report by the Chief Officer and Chief Officer Finance and Resources at the next IJB following receipt and review of all information from the Council.

The Independent Sector Representative asked why the independent and third sector weren't considered as an option for delivering the service. Officers confirmed that the reasons for the Council decision were discussed at a previous IJB and the report detailing this is available on the Health and Social Care Partnership website. The Chair stressed that the decisions made by the Council in relation to this cannot be changed.

The GCC Staff Side Representative noted support that services are transferring back to the Council, however expressed concern that the budget allocated for the transfer is insufficient and would need to be revised going forward.

The Chair restated that the paper is for noting with a further report being brought back. The IJB are being asked to note what the circumstances are at this stage.

Officers noted the concerns raised. The IJB agreed to note the report subject to a further report that will be presented in October.

**Sharon  
Wearing**

***The Integration Joint Board:***

- a) noted the update on implementation arrangements in relation to the transfer of homecare services to Glasgow City Council; and***
- b) noted that the due diligence exercise is not completed and this will be the subject of a further report by the Chief Officer and Chief Officer Finance and Resources at the next IJB following receipt and review of all information from the Council; and***
- c) noted that the Chief Officer will engage with Glasgow City Council as part of the 2019/20 revenue budget process, to establish the recurring funding which is to be delegated for services transferring from Cordia.***

**20. BALANCE OF CARE**

Susanne Millar presented an analysis of the balance of care for each care group.

Officers highlighted that the purpose of the report is to reassure the IJB regarding the use of institutional care and to reassure following discussion at the last IJB that the HSCP remains committed to moving the balance of care.

Members noted that this is a helpful way of presenting this information and asked if this can be repeated for the other four strategic priorities.

***The Integration Joint Board:***

- a) noted the progress achieved in shifting the balance of care in each care group.***

**21. MOVING FORWARD TOGETHER – NHS GREATER GLASGOW AND CLYDE TRANSFORMATION STRATEGY**

Susanne Millar presented a report to update members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'.

***The Integration Joint Board:***

- a) noted this report.***

**22. GLASGOW IJB PERFORMANCE SCRUTINY COMMITTEE – 1 AUGUST 2018 – DRAFT MINUTES**

Allison presented the draft minutes of the JB Performance Scrutiny Committee of 1st August 2018 for information.

As discussed at Item 18, consideration would be given on how to provide members of the IJB with a degree of assurance regarding items that had been scrutinised and discussed and IJB Committees.

***The Integration Joint Board:***

- a) noted the minutes.***

**23. GLASGOW CITY INTEGRATION JOINT BOARD – FUTURE AGENDA ITEMS**

The Integration Joint Board noted the future agenda items.

**24. NEXT MEETING**

The next meeting was noted as Wednesday, 24<sup>th</sup> October 2018 at 9.30am in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 1pm