

NOT YET APPROVED AS A CORRECT RECORD

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

IJB(M)2019-04

Minutes of meeting held in the Sir Peter Heatly Boardroom, Commonwealth House,
32 Albion Street, Glasgow, G1 1LH at 9.30am on Wednesday, 26th June 2019

PRESENT:

VOTING MEMBERS

Simon Carr	NHSGG&C Board Member (Chair)
Baillie Annette Christie	Councillor, Glasgow City Council
Cllr Tony Curtis	Councillor, Glasgow City Council
Jeanette Donnelly	NHSGG&C Board Member
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 (Vice Chair)
Cllr Elspeth Kerr	Councillor, Glasgow City Council
Cllr Jennifer Layden	Councillor, Glasgow City Council
Cllr Kim Long	Councillor, Glasgow City Council
Cllr Jane Morgan	Councillor, Glasgow City Council
Rona Sweeney	NHSGG&C Board Member
Mark White	NHSGG&C Board Member

NON-VOTING MEMBERS

Jonathan Best	Chief Operating Officer, NHSGG&C
Gary Dover	Head of Planning and Strategy Children and Families & North East Sector
Julia Egan	Chief Nurse
Liz McEntee	Third Sector Representative (substitute for Shona Stephen)
Peter Millar	Independent Sector Representative
Susanne Millar	Interim Chief Officer
Dr Graeme Marshall	Clinical Director (substitute for Dr John Nugent)
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
Sharon Wearing	Chief Officer, Finance and Resources

IN ATTENDANCE:

Fred Beckett	Principal Officer (Carer Lead)
Jillian Campbell	Senior Audit Manager, Internal Audit
Allison Eccles	Head of Business Development
Julie Gordon	Health Improvement Lead
Jackie Kerr	Assistant Chief Officer, Adult Services
Fiona Moss	Head of Health Improvement and Equalities
Courtney Farrell	Business Support Officer (Minutes)

APOLOGIES:

Rev. John Matthews	NHSGG&C Board Member
Anne Marie Monaghan	NHSGG&C Board Member
Dr John Nugent	Clinical Director
Shona Stephen	Third Sector Representative

1. DECLARATION OF INTERESTS

The following declarations of interest were raised:

Mark White – Item 7, Annual Governance Statement 2018/19; Item 8, Outturn Report 2018/19; Item 9, Unaudited Annual Accounts; Item 10, Update on Financial Allocations and Budget for 2019-20; Item 11, Re-design and Development of Youth Health Services; and Item 12, Implementing the Carers Scotland Act 2016.

Cllr Jane Morgan – Item 17, Mental Health Strategy and Implementation.

2. APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

The Chair advised that a statement regarding agenda item 16 had been submitted by a NHS Non Executive member for the IJB's consideration. The absent member could not attend as they were chairing another Integration Joint Board. The Chair requested member's views on whether this practice should be implemented in relation to absent members contributing views.

Members debated the request and it was agreed that the Standing Orders allow substitute members to attend on the absent members behalf and therefore the substitute could have presented their views. If a substitute could not be identified, then another NHS Non Executive could be asked to present their views. Following discussion it was agreed that on this occasion another NHS Non Executive would read the statement on the absent member's behalf.

The Chair suggested the Standards Officer considers the relevance of a procedure to ensure a clear process going forward.

Allison Eccles

3. MINUTES

The minutes of the meeting of the Integration Joint Board held on 8th May 2019 were approved as an accurate record.

The Chair highlighted that changes had been made to the draft minute previously circulated to members, as he had agreed additional points to be included. The Chair confirmed the process for approving the draft minute prior to circulation to members for comments. Members are asked to raise points at the meeting and not request additional comments to be included within the minute post meeting.

4. MATTERS ARISING

There were no matters arising.

5. INTEGRATION JOINT BOARD ROLLING ACTION LIST

Allison Eccles presented the IJB Rolling Action List advising that this was for information and noting.

There is no further update on set aside at present, however there should be an update later this year.

Sharon
Wearing

6. CHIEF OFFICER UPDATE

Susanne Millar introduced herself as the Interim Chief Officer for GCHSCP and advised that she is delighted to take on this new role and looks forward to working with the team to manage the current workload. There has been discussions with the Chair and Vice Chair and the two Chief Executives; who all acknowledge the scale of the challenges ahead. There will be on-going transition and work on the roles and responsibilities of the Partnership for the next year.

7. ANNUAL GOVERNANCE STATEMENT 2018/29

Jillian Campbell presented to the Integration Joint Board the Annual Governance Statement for the Glasgow City Integration Joint Board for 2018/19.

Officers advised the Annual Governance statement forms part of the accounts and has also been presented to the IJB Finance, Audit and Scrutiny Committee for scrutiny.

The arrangements continue to be regarded as fit for purpose, in accordance with the governance framework, with the exception of the issue noted within the report.

The Chief Auditor's opinion reports reasonable assurance.

The Integration Joint Board:

- a) approved the Annual Governance Statement; and***
- b) directed the Chief Officer, Finance and Resources, to include this statement in the Unaudited Annual Accounts.***

8. OUTTURN REPORT 2018/19

Sharon Wearing presented a report to provide a high level overview of the Integration Joint Board's draft outturn position for 2018/19, and to seek approval for the transfer of funds to reserves to allow completion of the Integration Joint Board's accounts by the statutory deadline of 30 September 2019.

Officers outlined the significant budget changes since Month 12/ Period 13 totalling a £3.5m net detailed at paragraph 2.2. As a S106 public body, reserves are a key component of the IJB's funding strategy and it is important for the long term financial stability and the sustainability of the IJB that sufficient usable funds are held in reserve, to manage anticipated pressures from year to year.

Officers highlighted that it is also important that in year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, to allow for the spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes. The requirement for financial reserves is acknowledged in statute and is part of the range of measures in place to ensure S106 bodies do not over commit themselves financially.

Officers also confirmed that external auditors have a role to confirm that there are no material uncertainties and the IJB's reserve position would form part of this opinion. The three main purposes for holding reserves were highlighted. The medium term financial outlook considered a number of areas of risk and these were also highlighted by officers.

Officers outlined the IJB reserves policy for contingency/general reserves which is up to 2% of net expenditure. Based on 2018/19 net expenditure, this amounts to £23.9m. On

the 31st of March 2018, the IJB had £7.429m in general reserves which equates to 0.6%.

The final position secured was an outturn of £6.9m. The increase was in the main due to not all of the contingency budget being required for prescribing and increase the number of vacancies experiences in the service.

Officers recommended the transfer of £9.303m to general reserves which will result in a general reserve of £14.251m which equates to 1.2% of net expenditure. This will assist the IJB in meeting unplanned expenditure and managing the risks around savings planned within the transformation programme. The report outlines the planned timescales for the expenditure earmarked.

Members sought clarity on financial responsibility if the IJB did not have sufficient reserves in place and whether responsibility would fall on the IJB or an approach can be made to the Health Board and Council.

Officers confirmed the Integration Scheme states that the IJB has responsibility for financial reserves. If the IJB uses up all reserves then the lender of last resort would be the Health Board and Council. The financial challenges were recognised, and officers advised that there has been discussions with other Partnerships, who have had reported difficulty obtaining funding for short falls. The Reserves Policy is good practice as this includes a contingency policy and would provide the HSCP with a secure financial position. Comments have also been obtained from Audit Scotland that a reserves policy is good practice.

Mark White referred to the superannuation increase and advised that the Scottish Government have confirmed they will fund the financial pressure on an NRAC basis. Details are still to be confirmed but it is likely to be over 90%.

Officers reported that concerns regarding PCIP, Action 15 and ADP programmes have been highlighted to the Scottish Government; there are challenges for these programmes going forward in relation to funding future recruitment.

The Chair confirmed that there was a robust debate on the report at the IJB Finance, Audit and Scrutiny Committee and the report amended to reflect comments raised by members.

It was suggested that, in future, reports that had been presented to Committees prior to the IJB, include a summary of discussions that had taken place to provide the IJB with an overview of comments raised.

Officers

The Integration Joint Board:

- a) noted the contents of this report;***
- b) approved the transfer to earmarked and general reserves of £19.912m as outlined in paragraph 6.2 and 6.3 and as recommended by the Chief Finance Officer; and***
- c) approved redistribution of reserves as outlined in paragraph 6.6.***

9. UNAUDITED ANNUAL ACCOUNTS

Sharon Wearing presented to the Integration Joint Board the Unaudited Annual Accounts for the year ended 31 March 2019 which are presented for approval and onwards submission to Audit Scotland.

The unaudited annual accounts were considered at the IJB Finance, Audit & Scrutiny Committee on the 12 June 2019, along with the Annual Governance Statement. Officers highlighted the sequence of events to approve the IJB's annual accounts.

Members welcomed the report and the Chair of IJB Finance, Audit and Scrutiny Committee acknowledged that more information had been included regarding the Reserves Policy to provide a better understanding for the general public as requested by the Committee. Members also proposed that the graphics of older people aged 65 and over should be more representative for future publications.

The Integration Joint Board:

- a) noted the IJB's Unaudited Annual Accounts;***
- b) approved the submission of the Unaudited Annual Accounts to Audit Scotland; and***
- c) approved the timetable for the sign-off the Annual Accounts in appendix 2.***

10. UPDATE ON FINANCIAL ALLOCATIONS AND BUDGET FOR 2019/20

Sharon Wearing presented a report to provide an update on the budget approved by the IJB for 2019-20 including an update on Homecare and Housing First and the funding offer from NHS Greater Glasgow and Clyde.

Officers reported that Homecare Services closed the financial year 2018/19 with an overall deficit of £4.9m. This takes account of financial performance under both Cordia LLP and under the HSCP. This is an improvement from the £6.5m originally forecast and is mainly as a result of assumptions in relation to pressures linked to demand and pay being less than originally anticipated. Building on the experiences of 2018-19, a revised forecasted deficit of £4.7m is forecast for 2019-20.

An initial meeting has taken place with the Council who have shown a commitment to work in partnership with the IJB to resolve the current funding issue. The Council is currently considering the funding options available moving forward and this will be the subject of a further update to the IJB in September.

**Sharon
Wearing**

Homecare Services are currently making contingency arrangements to manage the potential implications to staffing levels following the settlement of the Council's equal pay dispute, which is currently estimated at £1.1m. This cost is linked to the costs associated with this additional level of recruitment and the need to have additional staff in place to support service delivery in the event of staffing levels reducing. This will continue to be monitored and is also the subject of discussions with the Council in relation to funding.

Officers advised that funding for Housing First was secured in 2018/19 to meet the costs associated with this non-recurring. Indications are that moving forward this will be funded recurringly through Scottish Government funding allocated to Corra for distribution to Housing First projects; formal confirmation is awaited.

Officers highlighted the NHS funding offer has now been received confirming the final budget offer, which was approved by NHS Greater Glasgow and Clyde Board on 16 April 2019 and reflects the indicative offer made to the IJB in March.

Members highlighted the role of the third sector and independent sector in the provision of home care services. Officers confirmed there will be ongoing conversations but the biggest challenge faced by all is recruitment within the city. Officers advised that the HSCP will always be and continue to be a significant provider of home care services and other options are available via SDS. There are no plans to significantly change that the HSCP are the main provider of home care.

Glasgow City Council Staff Side Representative agreed that the best place for home care is within the Council, however raised concerns around the cost and this should be properly funded going forward.

Officers advised that that in relation to the Equal Pay dispute, there is early indication that resignations will be less than anticipated however there has been more requests for a change of shift patterns. There are on-going contingency plans and it is recognised that there could be resignations when payments start to be received.

Members questioned the timescales around the Homecare discussions with the Council. Officers confirmed that discussions have started and a report will be provided for the IJB in September 2019. Home care services are delegated to the IJB however there is not enough funding delegated to run the service. There will be discussions in the next few months around a redesign of service within budget or if more funds will be provided.

Sharon
Wearing

The Integration Joint Board:

- a) noted the update provided in relation to Homecare Services;***
- b) noted the update provided in relation to Housing First; and***
- c) noted and accepted and the final budget offer from NHS Greater Glasgow and Clyde.***

11. RE-DESIGN AND DEVELOPMENT OF YOUTH HEALTH SERVICES

Fiona Moss presented a paper that summarises the business case for developing a Youth Health Service across the city and seeks approval to proceed.

An independent review of youth health improvement programmes across Glasgow was undertaken in 2017. A number of stakeholders participated in the review. The Review recommended a more consistent offer of Youth Health Services across the city. Currently there are three in North West; one partial in South and none in North East.

Officers reported that UK and international reviews have highlighted that the unique needs of young people are often not well met by existing health service delivery models. A Youth Health Service would contribute significantly to the challenges identified specifically within CAMHS and help to redirect inappropriate referrals.

Officers highlighted the model recommendations developed by a multi-agency group. The model incorporates both clinical and wider well-being components delivered through an integrated service, managed under one governance structure. It will be an open access service and would not replace the relationship with primary care. The model would be rolled out in stages and young people will be involved as the hubs are developed.

It is recommended that the target young people would be within age group of 11-18 years. The Youth Health Service in the North West of the city currently there are a number of vulnerable young people who are not linked in with services. Officers highlighted the breakdown of the budget and current resources available.

Members welcomed the consistent approach however requested clarity on how young people would be involved in this model and whether there was evidence that the current North West model is working. Members also asked where most of the referrals are coming from in the current North West model.

Officers confirmed that there has been engagement from young people involved in past models and there are opportunities in working with various youth networks and young people once in service. There is also opportunity for online feedback. It was noted that

communication plans have still to be developed. The current referrals are mostly coming from health and social care practitioners and from third sector services.

Officers confirmed that interface with third sector includes North West Youth Networks and organisations across the local community; and there are regular email correspondence and meetings. There are opportunities for broader networks of support that cover many aspects. Young people may present with clinical conditions however may require different support e.g. via employability and young carers groups.

Members raised concern around the target age group of 11-18 years, as 18+ young people are more likely to be involved in risk taking behaviours. Members also questioned if gender specific intervention would be considered.

Officers reiterated that the service is designed for 11-18 age group and highlighted that older age groups may not relate to a service targeted at an 11 year old. The support however will not be closed to older age groups. They would be redirected to a more age appropriate service that best meets their needs. The majority using the service within North West are 13-16 year olds.

In relation to gender specific intervention, there are current services that cater to this. Officers highlighted that some young people do not identify with either gender and therefore young people would be assessed on a needs basis.

Members requested more clarity around the risks in funding highlighted in the report and the likelihood of additional funding being available over the 3 year period. Officers confirmed that if external funding is not available then funding has been agreed from Children's Services and Health Improvement.

Clarity was sought on whether a new model was required. Officers highlighted the clear level of unmet need in the city. There are on-going issues relating to relationships, mental health, sexual health and risk taking behaviours and some young people would benefit from a mental health aspect. There are however wider social benefits. The current service in North West is showing benefits to young people e.g. a number have stayed in education, further education or employment.

Officers further advised that there is evidence that young people are not buying into existing services and it would be beneficial to implement a service that meets a wide range of needs; as per the North West service. Young people from all areas of the City are travelling to access the North West service and there is a clear recommendation from the review to extend the service to the North East and South, to ensure the service is accessible for all young people.

The Chief Nurse proposed that a future report is presented that outlines how everything links together, i.e. school nursing, third sector, and how core services are maximised.

The service was welcomed and members felt that it was long overdue. It was noted that case studies would have been beneficial to outline the examples of the types of service available to young people and of the benefits. Officers confirmed that case studies are available but were not circulated with the report as young people could be identified. Officers outlined examples in a general sense, however highlighted that cases are unique to each young person. It was agreed that anonymised case studies could be made available.

Fiona Moss

The Health Service User Representative questioned how long it will take to get results in the North West before moving into the North East of the city; and suggested that sex education within schools needs to be reviewed. There are also a lot of young people who would not buy into the service. The Health Service User Representative asked to be kept informed on developments in the North East of the city.

Fiona Moss

Officers reiterated that the service will be completed in stages and advised that the North West model took around 1-2 years to be developed fully however indications would be that further models would have a quicker turnaround.

The Integration Joint Board:

a) approved the proposal to develop youth health services available to young people in each of the three localities.

12. IMPLEMENTING THE CARERS SCOTLAND ACT 2016

Susanne Millar presented a paper to update the IJB on the Adult and Young Carer Strategies consultation process, provide a summary of the responses to the consultation, outline how the issues raised will be addressed and to propose further spend in services to support carers.

Officers reported on the feedback received from adults and young carers during the consultation. There is intention to develop links with mainstream youth services to create opportunities for children with a caring role; and work has taken place within Education Services to attempt to increase Young Carer referrals and making the school environment more supportive for children with a caring role. Officers also reported that it is recognised that many of the GCHSCP workforce, and female employees particularly, will have caring responsibilities and have to balance work with their caring role. This will be addressed in the Learning and Development plan for the HSCP.

Officers outlined the proposed investment for 2019/20 including investment in community based services to support older carers and service users in line with shifting the balance of care. It was acknowledged that more support was required to assist older people to remain living in their own home by offering a range of supports to meet the individuals' needs and support carers at a point of crisis.

Investment in new Family Support Models were also highlighted and additional investment in Health Care Liaison Workers to increase the number of Anticipatory Care Plans being offered to carers or the person they care for.

In order to strengthen capacity to deliver on young carer statements, an additional investment for 3rd sector Carer Centres of £210,000 is being proposed to fund 6 Family Support Workers to support families and alleviate any inappropriate caring roles being undertaken by children. Officers reminded members that this is in addition to the £1,663,000 annual investment in 3rd sector following the carer support services tender.

A budget is required to fund short breaks. Funds could be provided as Self Directed Payments to carers. The additional short break spend would be used to respond to crisis situations and support carers in the community.

Members discussed the paper and queried how the proposals are being advertised to carers. Officers confirmed there will be an on-going communications plan and discussions with carers on what this will look like. There will also be a commitment to a social media plan for young carers.

Members acknowledged that Carers representatives have previously been part of the IJB membership but found the commitment difficult due to them having active caring responsibilities. Work is now ongoing to recruit a Carers Champion, on a job share basis, with carers experience but not necessarily an active carer. It was highlighted that the Carers Reference Group is still on-going and there are carer representatives on

various groups, including the strategic planning groups. It was also acknowledged that there are members currently on the IJB who have caring responsibilities.

Members welcomed the paper and commented on the high quality report. Members advised that they are looking forward to the future benefits of this proposal.

The Integration Joint Board:

- a) noted the feedback from the consultation and how this will be actioned;***
- b) approved the proposals for further investment of funding in services to support carers.***

13. ANNUAL PERFORMANCE REPORT 2018-19

Susanne Millar presented and sought approval of the Annual Performance Report for the Health and Social Care Partnership for the year 2018/19.

The report highlights the performance against agreed local Key Performance Indicators, as well as the 9 National Wellbeing Indicators. Feedback from case studies are demonstrated within the report in terms of performance, setting out where there has been improvements and also further challenges.

Officers reminded members that the quarterly performance reports are scrutinised at the IJB Finance, Audit and Scrutiny Committee.

Members commented on the large population with complex needs and questioned if performance reports by other partnerships/organisations have been reviewed. Officers confirmed that the Scottish Government Framework will be used to look at other aspects of Annual Performance Reports and be used to approve the final strategy.

The Chair commended the report and the tremendous work that has been undertaken.

The Integration Joint Board:

- a) approved the attached Annual Performance Report;***
- b) noted that some final year-end figures will be included once available;***
- c) approved that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Interim Chief Officer;***
- d) noted that a Summary Version will also be produced and published.***

14. GLASGOW CITY IJB MEMBERSHIP UPDATES

Allison Eccles presented a report to update on and seek approval for a number of appointments to the IJB and its committees.

The IJB in May was advised that David Williams was leaving his post as Chief Officer of Glasgow City Integration Joint Board/Health and Social Care Partnership to take up a secondment at the Scottish Government for 12 months. In addition changes are required to the membership of the IJB and its Committees to reflect the resignation or retirement of IJB Members

Cllr Ken Andrew and Bailie Ade Aibinu have resigned from their posts as IJB Voting Members of the IJB, and subsequently the IJB Finance, Audit and Scrutiny Committee.

Cllr Kim Long has resigned as a Voting Member and Vice Chair of the IJB Public Engagement Committee.

Susanne Millar has been appointed as Interim Chief Officer, replacing David Williams for the duration of his secondment and Gary Dover replaces David Walker on the IJB following his retirement. It was also highlighted that Heather Molloy replaces Elaine Rae as Independent Sector substitute.

Following discussion the following appointments were agreed:

Bailie Annette Christie will join the membership of IJB Public Engagement Committee.

Councillor Tony Curtis and Councillor Archie Graham will join the membership of IJB Finance, Audit and Scrutiny Committee.

Members queried why the appointment of Interim Chief Officer was for noting only. As a Section 10 public body the Chief Officer should be appointed by the Board. The Chair proposed a change to the recommendation to approve the appointment of Susanne Millar as Interim Chief Officer. This was agreed by members.

Cllr Kim Long confirmed that this will be her last IJB meeting and thanked members on the high quality of debate.

The Integration Joint Board:

- a) noted the appointments to the IJB outlined in section 3 and approved the appointment of Interim Chief Officer; and***
- b) discussed and approved replacement appointments to Committees as outlined in section 4.1 and 4.2.***

15. SELF-EVALUATION OF INTEGRATION ARRANGEMENTS 2019

Susanne Millar presented a report to update the Integration Joint Board on activity to carry out a self-evaluation of integration arrangements in Glasgow City and to develop an improvement Action Plan for the IJB based on the views of IJB members, NHS Greater Glasgow and Clyde and Glasgow City Council.

The results of the survey were the subject of discussion at the IJB Development session on 17 April 2019, facilitated by the Improvement Service. The output from the Development Session, alongside the data from the survey completed by Board members and the inputs from the Health Board and Council Corporate Management Teams were used to develop an interim Action Plan that was agreed by the respective Chief Executives and submitted to the Scottish Government on 15 May 2019.

Following submission to the Scottish Government, IJB members were invited to review the improvement actions and timescales within the draft Action Plan. An updated Action Plan has been developed and circulated for comment and further work will be completed to agree a final Improvement Action Plan to be approved by the IJB and re-submitted to the Scottish Government in September 2019.

A letter was circulated from David Williams, Director of Delivery of Health and Integration in the Scottish Government. David has been asked to work with the six partnerships in Greater Glasgow & Clyde with a specific remit to look at Review of Integration Schemes. He will support work in Review of Integration Schemes in context of self-evaluations. Officers confirmed that there are no specific timescales as yet. More information will be provided at the IJB in September 2019 however any further information will be circulated prior to this if available.

Susanne Millar

Members welcomed the report and advised that they are looking forward to further engagement. The Health Sector User Representative stressed the importance of

involving the general public to obtain information from the local community. Officers confirmed a review of the participation and engagement strategy is about to commence.

The Integration Joint Board:

- a) noted the interim Action Plan submitted to the Scottish Government on behalf of the IJB, Glasgow City Council and NHS Greater Glasgow and Clyde; and***
- b) noted the intention to complete a revised Action Plan for approval by the IJB in September and re-submission to the Scottish Government.***

16. TENDER FOR A SPECIALIST CARE HOME SERVICE TO SUPPORT PEOPLE WITH LEARNING DISABILITIES REQUIRING COMPLEX CARE - UPDATE

Jackie Kerr presented a paper to update the Integration Joint Board on the activity undertaken since the previous IJB report in November 2018.

The report updates on activity for a specialist Learning Disability unit in the city and on service specification and procurement plan. The proposal will focus on service users with complex needs and challenging behaviour, many of whom have failed placements. A multi-agency group has been established, inclusive of stakeholders who work in learning disability. A multiagency service design group has been coordinated by the Disabilities Commissioning team on a fortnightly basis throughout 2019. The focus of the group had been to develop the draft proposals for the service design, aspects of which will be subject to wider consultation.

Officers updated on work with The Advocacy Project on a proposal for the co-ordinated engagement and involvement of key stakeholders in the development of the residential service. The draft service specification details the provision of a service divided into three distinct areas.

Feedback from the consultation and engagement activity will be used to review and, where appropriate, develop the proposed service model.

Members acknowledged that more information has been provided within this report since November 2018 however felt there were inconsistencies around describing what the service actually is and the direction the IJB collectively asked for. Concern was raised regarding the references to “a building” and the requirement for this to be more flexible.

Officers confirmed that it was clear that a residential social care service would be commissioned. There are references to a building however there will be on-going discussion on how this will be configured to meet a range of needs.

The Chair reminded members that this item was just for noting.

A statement was provided by Anne Marie Monaghan, NHS Non Executive, and read out in her absence, which outlined her disagreement with the model of care. The statement referred to significant research evidence on the best range of support arrangements for people with this level of need and highlighted recent examples of abuse in institutional care. The member requested that expert external advice is sought and further consultation takes place with them regarding this model of support.

The Interim Chief Officer referred to the earlier discussion on whether the statement should be read out and advised that the decision on this should be the responsibility of voting members on the IJB. She highlighted the opportunity for debate is not possible when a statement is read out and referred members back to when the original report was debated, when the absent member was present, and the significant exchange that took place.

Officers confirmed that the report responds to a small number of people affected by a learning disability who would remain in hospital or experience a high number of placements. It was reiterated that the report is for noting. As Chief Social Work Officer, concerns were expressed regarding the references to abuse in residential care. There is clear professional evidence that the biggest vulnerability is in individual support situations. Residential care is inspected and regulated and the suggestion that the risk of abuse exists only in residential care is misleading.

Members confirmed that they did not wish to undermine the work completed by the team. The Chair commented on the thoughtfulness of approach that officers have taken to address the Board's reservations.

The Vice Chair confirmed that there has been intensive discussions around the concerns around institutionalising people and highlighted that many are in institutions already in hospital or care homes miles from Glasgow. The proposal outlined is to deal with a very clear level of need and the IJB agreed to this but requested details on the type of service model. The Vice Chair provided reassurance for those who weren't present at earlier discussions that the proposals were discussed in a great deal of depth.

Members acknowledged that it is a credit to the IJB that vulnerable people are being supported and it is important that as well as the building being right, the culture, staff and expertise were also important. The need to be close to good local infrastructure was also highlighted.

The Integration Joint Board:

- a) noted the contents of this update report; and***
- b) noted that an updated service specification/service model for the new Specialist LD Care Home will be developed following consultation and engagement activity with key stakeholders. This will be presented to the IJB in September.***

17. MENTAL HEALTH STRATEGY AND IMPLEMENTATION

Jackie Kerr presented a report to advise the Integration Joint Board on the further development and implementation of the Mental Health Strategy across the City.

The Integration Joint Board:

- a) noted the progress outlined in this report; and***
- b) requested a further report in June 2020 on the progress of the implementation plan.***

18. ANNUAL RISK MANAGEMENT REVIEW 2018/29

Allison Eccles presented a report to provide an annual summary to the Integration Joint Board on the risk management activity and risk registers maintained within the Glasgow City Health & Social Care Partnership during 2018/19.

It was noted that the Quarterly Risk report is presented to IJB Finance, Audit and Scrutiny Committee.

The Integration Joint Board:

- a) noted the content of this report, and;***
- b) noted the attached Integration Joint Board, Social Care and Health risk registers contained in Appendix A.***

19. MAXIMISING INDEPENDENCE IN GLASGOW CITY

Susanne Millar presented a paper to the Integration Joint Board to outline emergent HSCP thinking in relation to maximising service user and patient independence in Glasgow City, with a particular focus on demand for and access to adult and older people community health and social care services; and, to seek appropriate challenge and guidance from IJB members regarding next steps.

Officers advised there was a presentation at the IJB Development Session on 3 June 2019 however attendance was low so there was not a lot of discussion or debate. It was felt that this should be presented to the IJB at an early stage. Officers acknowledged the challenge of coming in early when there is no plan or blue print yet and how this could cause exposures however the HSCP Leadership Team felt that the level of debate and challenge within the IJB is helpful.

Officers reported that there is a real sense of people wanting to be more involved in the services and how they are delivered. It is felt that technology has not been optimised and community empowerment and community budgeting need to change quite significantly. There is a link within the report to the three-year strategic plan and in the medium term financial outlook.

Officers acknowledged that GCHSCP are going through a transformational change over the next couple of years and enabling more risk. The tolerance of the system is reducing and officers will continue to identify efficiency opportunities. For this change to succeed it will require more sustained commitment to early intervention and prevention approaches.

Officers confirmed there are real opportunities in PCIP that have similar principals. Engagement with Community Planning Partnerships and involvement in the development of the new community hubs is important. Officers stressed that there needs to be further conversations with families, communities and the third sector to be clear that that this not a shift in responsibilities. It is proposed that general reserves are used for the short term transition.

Officers highlighted the work around pathways and how to mitigate the need for formal health and support; or to minimise the level of support where it is needed. There is a requirement to respond to the resource challenge but it needs to improve outcomes.

Shared care, kinship care and other potential models that might enable families and carers to sustain the caring role for longer, in a manageable way, will be explored. For example, the model used in Family Group Decision Making (FGDM) could be used for Adult Services. There is also potential to develop a Carers Academy to provide carers with practical caring skills

Officers updated on the recent visit to Coventry where they are looking at the third sector model as first point of contact. Strong learning points were gathered from the Coventry model and there is strong evidence that this is making a difference to health and care outcomes.

Challenges and risks were highlighted and the need for a shift in culture across the whole system. There is opportunity for a significant shift with the general public if this can be achieved. The result would be a self-sustaining health and care model embedded in communities, collaborative, collegiate and improving outcomes.

Officers confirmed they are looking to establish a programme board approach with programme managers who have expertise in the field. They will also continue to work with the colleagues in Coventry, Leeds and Thurrock.

Members welcomed the report and stated that the GCHSCP need to be ambitious and also looks into models outwith the UK.

Members noted that the paper realistically assumes that money will not be taken out of Acute and suggested further discussions are required around the increased demand within existing budgets, enabling risk towards the end of life and realistic medicine. There needs to be a more national conversation around this and how to address the people at the end of life who are in and out of hospital.

Officers confirmed that there is a gap in the paper around community planning and Moving Forward Together. The work on Moving Forward Together will have a realistic medicine work stream. There will be on-going discussion with Greater Glasgow and Clyde and it is recognised that national permissions are required for some of the work.

The Chief Nurse commented on the quality of the paper and acknowledged that small steps can make a significant difference, and agreed that engagement with Acute and Moving Forward Together is the best approach. There is opportunity to defer tasks to family for patient care and there needs to be a change in culture around this. The Chief Nurse is involved in the test of change in the North East around district nursing and she welcomes being involved in this project.

The Third Sector Representative welcomed the paper and the radical approach and welcomed the opportunities for early intervention and the benefits around this, however raised concerns around the budget pressures and investment that would need to go into third sector and carers.

Members advised that communication and information is key. Promoting independence can be seen as devolving responsibility. The message needs to be communicated to people who are not necessarily service users at the moment on why these changes are being made.

The Independent Sector Representative advised that they are enthusiastic to be involved and commented that it would be important to bring in the Care Inspectorate from an early stage.

The Vice Chair confirmed that this work will happen in parallel with the work across the Council in Integration Grant Fund and Community Planning and agreed that early conversations are crucial for working together.

The Integration Joint Board:

- a) noted the HSCP's emergent thinking in relation to maximising independence for patients and service users; and,***
- b) supported the continued development of this programme with a commitment to return to the IJB with more specific proposals later in 2019.***

20. ALCOHOL AND DRUG PARTNERSHIP: DRUG RELATED DEATHS – STREET DRUGS SUMMIT

Susanne Millar presented a paper to advise the Integration Joint Board on the outcomes of the Alcohol and Drug Partnership's 'Drug Related Deaths: Street Drugs Summit' held on 11th April 2019.

Officers highlighted a range of actions around improving the understanding of the scale and impact. There are challenges in this new activity and limited evidence based on what could stop the use of Benzodiazepam and to reduce drug deaths. It was

acknowledged that there needs to be work undertaken with people who are in chaos situations. A common feature with chaotic people is a lack of self-esteem and disregard for their own life and it can be difficult to engage and implement change with these individuals. It is felt that trauma based intervention will be beneficial for recovery.

The agreed action plan from the Summit will be managed in the Harm Reduction Sub Group of the ADP chaired by Dr Saket Priyadarshi.

Members questioned if prisons were represented at the summit in relation to pre-release work. Officers confirmed that the Scottish Prison Service, Police Scotland and women's institutions were involved.

The Integration Joint Board:

- a) noted the delivery of the summit;***
- b) noted the consultation on the draft report;***
- c) noted the development of an action plan; and***
- d) expect an action plan at a future IJB meeting.***

21. USE OF SHARED ACCOMMODATION BY SERVICE USERS

Jackie Kerr presented a report to provide information to the Integration Joint Board about the use of shared accommodation by service users in Glasgow and the process undertaken when supporting individual service users to access shared accommodation.

The Integration Joint Board:

- a) noted the contents of the report.***

22. DIRECTIONS ANNUAL REPORT 2019

Allison Eccles presented a report to provide a summary of the Directions issued by Glasgow City IJB to Glasgow City Council and NHS Greater Glasgow and Clyde in the period June 2018 to May 2019, and to suggest amendments to the Directions process to reflect learning since establishment of the IJB in February 2016.

The Integration Joint Board:

- a) noted this report.***

23. GLASGOW CITY IJB DIRECTIONS

Allison Eccles presented a report to provide the Integration Joint Board with the summary of current directions.

The Integration Joint Board:

- a) noted the summary of current directions.***

24. IJB COMMITTEES – UPDATE FROM CHAIR OF FINANCE, AUDIT AND SCRUTINY COMMITTEE

Cllr Jane Morgan advised that a number of items are on the agenda today.

Two Audit reports were presented and assurances were reasonable. The performance presentation was on Primary Care and members of the Committee requested that future reports show trend data on progress made; from the baseline, current performance and

future project. Information was also provided to Committee on high cost personalisation packages and it what will mean for the budget in the future.

25. IJB COMMITTEES – UPDATE FROM CHAIR OF PUBLIC ENGAGEMENT COMMITTEE AND IJB PUBLIC ENGAGEMENT COMMITTEE DRAFT MINUTE 29.05.2019

This item was deferred to the next meeting as the Chair was not present.

26. GLASGOW CITY INTEGRATION JOINT BOARD – FUTURE AGENDA ITEMS

The Integration Joint Board noted the future agenda items.

27. NEXT MEETING

The next meeting was noted as Wednesday, 18th September 2019 at 9.30am in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at approximately 1pm.