

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

IJB(M)2018-01

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, 24<sup>th</sup> January 2018

**PRESENT:****VOTING MEMBERS**

Cllr Ken Andrew	Councillor, Glasgow City Council
Bailie Ade Aibinu	Councillor, Glasgow City Council
Jeanette Donnelly	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 (Vice Chair)
Cllr Jennifer Layden	Councillor, Glasgow City Council
Cllr Kim Long	Councillor, Glasgow City Council
Trisha McAuley	NHSGG&C Board Member (Chair)
Anne Marie Monaghan	NHSGG&C Board Member
Cllr Jane Morgan	Councillor, Glasgow City Council

**NON-VOTING MEMBERS**

Jonathan Best	Interim Chief Operating Officer, NHSGG&C
Patrick Flynn	Head of Housing and Regeneration, Glasgow City Council
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 & Commissioning / 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
Shona Stephen	Third Sector Representative
David Walker	Assistant Chief Officer, Corporate Strategy
Sharon Wearing	Chief Officer, Finance and Resources
David Williams	Chief Officer

**IN ATTENDANCE:**

Fred Beckett	Project Leader, North East Carers Support Team
Allison Eccles	Head of Business Development
Duncan Goldie	Planning and Performance Manager
Jackie Kerr	Assistant Chief Officer, Adult Services
Sheena Walker	Governance Support Officer (Minutes)

**APOLOGIES:**

Simon Carr	NHSGG&C Board Member
Jean Honan	Carer Representative (substitute)
Rev. John Matthews	NHSGG&C Board Member
Rona Sweeney	NHSGG&C Board Member

## 1. DECLARATION OF INTERESTS

There were no declarations of interest raised.

## 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 8<sup>th</sup> November were approved as an accurate record subject to the amendments raised by Dr Richard Groden on page 3, item 6 and by Cllr Morgan on page 4, item 6.

Members discussed the format of minutes and agreed these would be streamlined to capture the substantive discussion on papers of particular importance; and once circulated members would advise of any corrections within two weeks. This would then ensure that at the subsequent meeting, the process of confirming accuracy of the previous minute becomes a formality to note.

## 4. MATTERS ARISING

### a) Treatment Foster Care Service Review and Employment Tribunal Judgement

Susanne Millar informed the IJB that there was ongoing discussion with Council legal services; and that discussions would then take place with Trade Unions and individual carers representing themselves. It was reported that the implications were beyond the case; and that there were risks to the fostering service for the HSCP and fostering across the UK.

## 5. INTEGRATION JOINT BOARD ROLLING ACTION LIST

The Rolling Action List was noted by the IJB and members were advised that there were a number of reports detailed that would be presented to the IJB Finance and Audit Committee on 7<sup>th</sup> February 2018.

## 6. ADULT SERVICES TRANSFORMATIONAL CHANGE PROGRAMME 2018-2021

Susanne Millar presented a paper to seek IJB approval for the HSCP's Adult Services transformational change programme for the 3 years 2018-21, including associated savings and efficiencies.

The report provided detail of the proposals across Adult Services for 2018/19, with table 3 providing reference to reports presented previously to the IJB. Risk was featured in the report and the proposals were driven by the priorities and vision of the Strategic Plan. The proposals were to move to providing intensive support when needed and then withdraw when this was no longer required. The service reform programmes were outlined to members and the IJB was informed of timescales for reports to be presented on the specific programmes at future meetings.

The IJB discussed the proposals and raised the following:

- Members discussed the importance of EQIAs being conducted and that this should take place at the very earliest stage possible of service transformation programme in order that the IJB could make informed decisions on the impacts of service change proposals. It was also questioned if the EQIA was modelled on the assumption that decisions regarding proposals would be agreed. Concern was

- raised from members that there would be additional responsibility on carers and also of the impact this would have upon women.
- The distribution of the resource allocation was questioned and if this would be allocated on a care group basis or levelled across all groups.
  - The IJB felt that detail regarding the financial consequences and risk in achieving the proposals was required and requested that more detail be provided for clarity and assurance of savings going forward.
  - Also to ensure that there was appropriate evaluation in place from the beginning of the programme, as these were areas of substantial change; and to link with academics.
  - The Staff-side Representative (GCC) advised that Trade Unions were opposed to cuts and that cuts were concerning for staff.
  - Members requested more detail of what other models of care may be; and would be concerned if there was a move to institutional care likely to happen as a consequence of the recommendations in the paper.
  - It was questioned if LD day care services were required; and if an options appraisal could be conducted to establish if these services could be integrated into mainstream services.
  - Concern was also expressed regarding the recovery community and the resource; and also of prison health care, that there was no service specification and that the care needs of the prison population could be greater than other health care users.
  - It was requested and agreed that on page 15 of the report, section 4.9.2 Personalisation, bullet point 2; that '*robust approach*' would be amended to '*sensitive approach*'.

Officers responded to the concerns raised by members, advising that work would be undertaken in a coproduced approach with carers, to establish what the implications are. An EQIA would also be undertaken with a particular focus on carers and women; there was a group within the HSCP to support the programme, managed by the equalities department. EQIAs are also published and available on the website. It was agreed that officers would explore how EQIAs could be undertaken at earlier stages, preferably prior to Board decisions. IJB were also reminded that important as the EQIA process is, it is only one element of a complex set of arrangements and factors that contribute to a change programme and recommendations being made for decision by the IJB, and that the EQIA is not the deciding factor in decision making.

Susanne Millar

In relation to resource allocation a draft policy statement would be developed to establish the allocation, which would then go to consultation and be reported back to the IJB in Spring. The resource would be managed alongside the needs of individuals, which would be determined on an individual basis with professional consideration and discussion.

Officers stated that the risks were not explicit in the report but reassured members that these were managed with significant monitoring in place; risks were reviewed on a fortnightly basis by officers at the Integration transformation Board chaired by the CO. A report on risks would be presented to the IJB Finance and Audit Committee in June 2018 for scrutiny.

Sharon Wearing

Evaluation would take place on the model and impact on carers with clinicians and managers; officers would explore options of evaluation with academics from Glasgow University and University of Strathclyde. Evaluation was part of all transformation programmes and took place when reports were created. A paper could also be produced on the approach to evaluation and presented to one of the committees.

Susanne Millar

Officers stated that the HSCP has no plans nor a policy that would see wholesale moves to institutional care; however there is a need for a case by case assessment of need. Such an assessment may very well highlight the need for residential or hospital based care for some individuals and the HSCP could not justify maintaining a position of

care in the community in some individual circumstances when it is unsafe or excessively costly to do so.

In relation to LD day care, an options appraisal is underway to review mainstream opportunities and how this might be able to be managed.

Officers advised that engagement with women in the recovery community had improved and were well evaluated and there are opportunities in place for women and these resources are protected. In relation to prison health care, issues were being addressed and the Cabinet Secretary for Health and the Cabinet Secretary for Communities, Justice and Education have commissioned a collaborative approach to change and improve health care in prisons.

The Chair thanked members for the valuable contributions to the paper and asked that officers review these issues as well as the impact on models of care and individual consequences; process issues of EQIA; evaluation and monitoring of programmes and clarity regarding financial consequence and risk.

Susanne Millar

***The Integration Joint Board:***

- a) noted the vision for Adult services for 2018 - 2021, in line with the HSCP's strategic plan;***
- b) noted the ongoing Adult service reform programme; and***
- c) considered and approved the Adult savings and efficiency programme for 2018/19.***

**7. A FIVE YEAR STRATEGY FOR ADULT MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE 2018-2023 (DRAFT)**

Dr Michael Smith presented a report to advise and seek approval from the IJB on the future strategic direction for mental health services for the next five years as part of an overall strategy for Greater Glasgow and Clyde.

The plan presented was a draft albeit no radical changes are expected to the draft, however, it is expected that some changes would be made following the presentation of the strategy to each of the Partnerships. The strategy is also aligned to the Health Board's Moving Forward Together Programme and would be concluded in May/June following feedback from the six HSCP IJBs. The strategy is a whole system approach and a board wide function.

Members were informed that the adult mental health strategy would work in parallel with older people's mental health to allow these to be aligned later in the year. The resource that would be taken from inpatient beds would be substantially reinvested into community services. There was also the requirement to clarify the budget settlement for 2018/19 and a financial framework to be developed. A risk management framework would also be developed to ensure that officers were aware of assessed risks. An implementation plan would be developed over the forthcoming months and this would be aligned to the Health Board Moving Forward Together Programme by June 2018.

Members welcomed and praised the strategy, with the Independent Sector Representative informing the IJB this was the best mental health strategy that he had seen produced; that promoted mental health and would be a cultural shift in giving people power by reframing their view of themselves; and providing peer support.

Members discussed finance for the strategy questioning where this would be funded from; also that the financial commitment and implications should be included in the report.

Officers explained that once commitment for the strategy was received a financial framework would be developed by the Chief Finance Officers from the six Partnerships as part of the implementation plan and would be presented to the IJB in June. There was also earmarked reserves, from mental health underspend last year, that would be used to allow the strategy to progress, whilst Officers are awaiting the announcement of the budget settlement of 2018/19.

Concern was raised regarding the other previously approved transformation programmes presented to the IJB earlier in this meeting and in November and that these seemed to be 'intensive programmes' rather than low level support such as that set out in the Mental Health Strategy. Officers reassured the IJB that the principles, of early intervention and prevention, guiding the older people, adults and children's services transformation programmes were the same as the mental health strategy; but that officers would review the language of future reports to ensure that there is consistency.

The Chair advised that it was agreed at the IJB development session on 10<sup>th</sup> January that the Strategic Plan would be reviewed and requested that the IJB consider how the long-term view of the strategy link to the mental health section of the Strategic Plan.

The Staff-side Representative (NHS) expressed concern regarding the late circulation of papers and that adequate time was not given to review papers, requesting that all papers be issued two weeks prior to the meeting. Officers explained that due to the process of the paper and the involvement of the six Partnership IJBs and the Health Board this had impacted upon issue dates. Also to ensure IJB members were issued with quality papers and the comments raised at the IJB development session were incorporated in the report. Officers would strive to deliver papers within the two week timeframe, but it was acknowledged that this was not always possible.

***The Integration Joint Board:***

- a) noted the report and approved the draft Adult Mental Health Strategy; and***
- b) authorised the Chief Officer to engage with other HSCPs in the preparation of the implementation plan, through the Programme Board.***

## **8. CARER ACT IMPLEMENTATION UPDATE AND ELIGIBILITY CRITERIA**

Susanne Millar presented a report to provide the Integration Joint Board with an update on the progress towards readiness for implementation of the Carer Act on 1st April 2018; to outline the proposed Eligibility Criteria to ensure fair access to Access to Carer Support; and note the outstanding issues and work still required to be done.

It was reported that there was one outstanding issue regarding young carers and how best to support this group; officers were working with the Scottish Government to develop a 'jargon buster' which would support meaningful consultation. The financial framework was detailed and members advised that there could be a potential increase in demand. Officers further reported that due to the change in legislation there would be technical change to the Integration Scheme. As this was a legislative change there was no requirement for consultation, but stakeholders had been informed.

Members discussed the report and stated that there was further information required on the risk and wider impacts of the Act; also that the third sector should be engaged with the process, given the potential impact on the voluntary sector. Further comments were made from members regarding the number of responses to the consultation; there was concern that response rates were low in comparison to the number of carers in Glasgow.

Officers stated that the third sector were engaged in the process as members of the Project Board. The risk and wider impact was not detailed in the report presented but officers would bring a report to a future meeting providing the detail of this. In relation to consultation responses some responses were received from carers centres which provided a collective response for a group of carers. There was also reassurance provided that the recommended eligibility criteria in the paper has in fact been in place in Glasgow since 2011 and 3000 carers each year had been taken through the eligibility criteria. The experience and feedback of carers involved since 2011 was also used by officers to inform the content of the paper and ensure carers needs were identified and responded to.

Susanne Millar

The Chair stated that the IJB Public Engagement Committee would be engaging with groups, as part of the 2018 programme for meetings, and proposed that the Committee consider carers being one of the groups.

Susanne Millar

The Third Sector Representative advised that she chaired an event last year regarding changes to the Carers Act and would circulate the write up of the event when available.

Shona Stephen

***The Integration Joint Board:***

- a) noted the progress towards readiness for implementation of the Carer Act on 1st April 2018;***
- b) agreed to adopt the proposed Glasgow Eligibility Criteria to ensure fair access to carer supports in line with the intentions of the Act, and note the consultation responses;***
- c) noted outstanding areas of work in relation to Waiving of Charges and Replacement Care and SDS CareFirst processes required; and***
- d) noted the financial framework to support the Act's implementation.***

**9. DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND**

Dr Richard Groden advised the IJB that the purpose of the report is to outline the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland; outline the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards; and outline the requirement for Primary Care Improvement Plans to be developed by 1 July 2018.

It was reported that this was the first time that there had been a Scottish GP contract; and the benefits and aims of the new contract were outlined to members. The IJB was responsible for setting out a Primary Care Improvement Plan for a three year period and this must be agreed and developed by 1<sup>st</sup> July. There was a statutory responsibility for consultation and due to timeframes this would conclude by end April. A poll took place from December 2017 to beginning of January 2018; and 71.5% voted in favour of the new contract; this was accepted on 18 January 2018.

The Chair welcomed the report and the discussion of the role of the GPs; requesting that when the Improvement Plan is presented to the IJB in June this be at the beginning of the agenda to allow full discussion from members.

Officers

Members questioned what support would be provided for minor mental health illnesses. Dr Groden stated that there was a lot of support in place from the Primary Care Mental Health Teams and the third sector. GPs referred patients to alternative supports, when possible, as patients would receive better outcomes. There was also the 'Beating the Blues' 8 week online cognitive behavioural therapy programme support for patients.

Members discussed the resource allocation to GPs and questioned if this was higher in affluent areas; stating that deprived areas may not receive the same funding allocation

and that this should be based on SMID. Members also discussed the unintended consequences of any differential resource implications between rural and urban practices. In this respect, Dr Groden did not foresee any specific impacts for the NHSGGC board area.

Officers explained that the allocation formula was based on workload and that in 'phase 1' GPs would share workload information to address this for the next phase.

It was also noted by members that there had to be protection of the good work already in place and of the unintended consequences of the new contract and how support was provided to practices to meet the needs of the population. It was agreed that this would be discussed further in June when the Improvement Plan was presented to the IJB.

***The Integration Joint Board:***

- a) noted the report;***
- b) noted that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee (SGPC) met on 18 January 2018 and have accepted the contract on behalf of the profession; and***
- c) instructed the Chief Officer to progress the necessary actions within Glasgow City and jointly with the five other Greater Glasgow and Clyde HSCPs to develop the Primary Care Improvement Plan as set out in section 4, and present this to the IJB in June 2018 for approval.***

## **10. SOCIAL CARE HOUSING NEEDS ASSESSMENT AND INVESTMENT**

Patrick Flynn presented a report to brief the Integration Joint Board on the strategic context and current funding levels for housing investment in the city, and to recommend the development of a joint strategic housing needs assessment to inform future social care housing investment and policy development.

Glasgow City Council is the strategic housing authority for the city; the 5 year housing strategy was developed and approved in November 2017. The programme for new housing in the city was dependent on resource and the resource planning assumptions for 2018-2021 were outlined at section 2.7 of the report. The assumptions had increased substantially from previous years and that this would result in an additional 400-500 houses produced each year; this was welcomed for the city. The SHIP programme was led by the HSCP.

While welcoming the investment and commitment in the report, Members expressed some concern that the timing and planning of this work did not appear to be sufficiently joined up with the work of the HSCP. It was very important that new housing arrangements met the needs of people and it did not make sense for housing investments to be made without due consideration of the health and social care agenda, including models of care, and ensure that this was visible. Also that GP practices should be alerted to new developments to ensure that there was joint planning.

The Chair stated that recommendation 'b' should be considered as a priority in bringing these agendas together and the sub group should be asked to address the IJB's concerns in its agenda.

***The Integration Joint Board:***

- a) noted the strategic context and updated investment picture for housing strategy and housing investment in the city;***
- b) directed NHS Greater Glasgow and Clyde and Glasgow City Council to set up a sub group of the Housing, Health and Social Care Group to scope out the***

*requirements of undertaking a comprehensive social care housing needs assessment; and*

- c) agreed that the Housing, Health and Social Care Group should review the Housing Contribution Statement in light of recommendation b).**

## **11. BUDGET MONITORING MONTH 7 / PERIOD 8**

Sharon Wearing presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 31 October 2017 (Health) and 27 October 2017 (Council), and highlight any areas of budget pressure and actions to mitigate these pressures.

The summary position of net expenditure is £3.479m less than budget to date; and that any underspend would be transferred to reserves. The main change to budget was within Children's and Families with the reduction in Residential School placements, which had decreased by 5 since Period 7 to 84. There was now an underspend position and this was in line with the direction of travel; as previously outlined in the Children's Services Transformation Programme. All other areas were as detailed in the previous report.

Members queried if dialogue continued with the Health Board regarding budget. Officers advised that discussions regarding historic undelivered savings have continued and it is hoped that members would be updated in March.

Officers explained that the underspend within Older People and Physical Disability is in relation to the funding for the prudential borrowing for the new residential and day care services which have slipped to 2019 before they will be completed. A report will be presented to the IJB Finance and Audit Committee on these commitments and future financial planning projections. It was also reported that there had been a 2016/17 saving reduction in continuing care beds and a report would be presented to the IJB Finance and Audit Committee regarding purchased beds. In relation to AWI this would be reviewed and options developed following the sale and change of the provider at Darnley and Quayside.

The Staff Side Representative (NHS) questioned the £1.5m underspend in staffing and if this was due to vacancies or staff turnover. Officers reported that there were over and underspends across the system and that some posts are currently being recruited to. Underspend is £237,000.

### ***The Integration Joint Board:***

- a) noted the contents of this report;**
- b) approved the budget changes noted in paragraph 4; and**
- c) noted the summary of current Directions (Appendix 2).**

## **12. SCHEMES OF DELEGATION FROM THE INTEGRATION JOINT BOARD TO COMMITTEES AND OFFICERS**

Allison Eccles presented draft revised Schemes of Delegation from the Integration Joint Board to Committees and to Officers for approval following review.

It was queried if recommendation 'k' on appendix 2, section 3.1.1 was value per item or total. Officers confirmed that this was per item and would update the report.

**Allison Eccles**

Trisha McAuley also informed members that from March 2018 the chair of the IJB would change and that Councillor Mhairi Hunter would become Chair of the IJB.



***The Integration Joint Board:***

***a) approved the Schemes of Delegation.***

**13. RISK MANAGEMENT POLICY AND REGISTERS REVIEW**

Allison Eccles presented a paper to inform the Integration Joint Board of the work carried out by the Risk Management Policy and Registers Working Group and its recommendations to the IJB Finance and Audit Committee, and the review and update of the IJB Risk Management Policy for its consideration. It was proposed that the IJB Finance and Audit Committee would scrutinise the registers for the 'very high' and 'high' risks. The risks from the care group programmes would also be presented to the Committee for scrutiny.

The Chair thanked the IJB members and officers on the review group for their contribution and work undertaken by them.

***The Integration Joint Board:***

***a) noted the content of this report and supporting documentation, and;  
b) formally approved the updated IJB Risk Management Policy.***

**14. SAFER DRUG CONSUMPTION FACILITY AND HEROIN ASSISTED TREATMENT**

Susanne Millar presented a report to update the Integration Joint Board regarding the legal aspects of establishment of a safer drug consumption facility and heroin assisted treatment service in Glasgow.

The legal position was outlined as per section 3 of the report and the IJB advised that an amendment to prosecution policy would not be sufficient to allow the facility to operate on a legal basis, as this did not preclude the potential for clients or staff to be prosecuted. Officers had met with officials from the Scottish Government to discuss the next steps regarding change in regulation. There was also genuine comfort from officers that the Lord Advocate fully understood the public health case. It was confirmed by the Lord Advocate that a Heroin Assisted Treatment facility could legally operate within the existing law. The proposal remained within the financial plans and the proposal had attracted international interest and support. Stakeholder engagement would continue and reports providing further updates would be presented to the IJB in due course.

***The Integration Joint Board:***

***a) noted this report; and,  
b) noted that further updates will be provided to the IJB in due course.***

**15. HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 2 PERFORMANCE REPORT 2017-18**

Allison Eccles presented the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2017/18. The summary showed the direction of travel and areas of underperformance were detailed, with narrative provided explaining reasons and improvement actions. The full report was presented and scrutinised at the IJB Finance and Audit Committee.

***The Integration Joint Board:***

***a) noted the attached performance report for Quarter 2 of 2017/18.***

**16. BRIBERY ACT 2010*****The Integration Joint Board:***

- a) *noted the content of this report, and;*
- b) *noted the content of the Code of Conduct and the 2010 Bribery Act and their responsibilities therein.*

**17. IJB PUBLIC ENGAGEMENT COMMITTEE – DRAFT MINUTES OF 29 NOVEMBER 2017**

The draft minute of the IJB Public Engagement Committee of 29 November 2017 were noted by the IJB.

**18. IJB FINANCE AND AUDIT COMMITTEE – DRAFT MINUTES OF 6 DECEMBER 2017**

The draft minute of the IJB Finance and Audit Committee of 29 November 2017 were noted by the IJB.

**19. IJB PERFORMANCE SCRUTINY COMMITTEE – DRAFT MINUTES OF 12 DECEMBER 2017**

The draft minute of the IJB Performance Scrutiny Committee of 29 November 2017 were noted by the IJB.

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

The Integration Joint Board noted the future agenda items.

**21. AOB**

- a) Members requested an update on Lightburn Hospital and Parkhead Hub. Officers advised that the services at Lightburn Hospital were the responsibility of the Health Board and that the Scottish Government had requested further detail and more work to be carried out in relation to transport issues and of the day ward. In relation to Parkhead Hub timescales were being developed and these along with the governance process would be reported at a future meeting. The closure of the mental health wards at Parkhead were on track and the future plans were a joint approach for the IJB and Health Board.
- b) Members expressed thanks to Trisha McAuley in her role as chair of the IJB for the last year.

**22. NEXT MEETING**

The next meeting was noted as Wednesday, 21<sup>st</sup> March 2018 at 9.30am in the Boardroom, Commonwealth House, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 1pm