

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

IJB(M)2017-07

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, 8th November 2017

PRESENT:**VOTING MEMBERS**

Cllr Ken Andrew	Councillor, Glasgow City Council
Simon Carr	NHSGG&C Board Member
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
Trisha McAuley	NHSGG&C Board Member (Chair)
Rev. John Matthews	NHSGG&C Board Member
Cllr Jane Morgan	Councillor, Glasgow City Council
Rona Sweeney	NHSGG&C Board Member

NON-VOTING MEMBERS

Jonathan Best	Interim Chief Operating Officer, NHSGG&C
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
Chris Sermanni	Glasgow City Staff Side
Ann Souter	Health Service User Representative
Shona Stephen	Third Sector Representative
Sharon Wearing	Chief Officer, Finance and Resources
David Williams	Chief Officer

IN ATTENDANCE:

Mike Burns	Head of Strategy & Operations, Children's Services
Jim Charlton	Principal Officer, Business Development
Allison Eccles	Head of Business Development
Stephen Fitzpatrick	Head of Strategy & Operations, Older People
Rhoda MacLeod	Head of Adult Services (Sexual Health)
Sheena Walker	Governance Support Officer (Minutes)

APOLOGIES:

Bailie Ade Aibinu	Councillor, Glasgow City Council
Jean Honan	Carer Representative (substitute)
Patrick Flynn	Head of Housing and Regeneration, Glasgow City Council
Cllr Kim Long	Councillor, Glasgow City Council
Anne Marie Monaghan	NHSGG&C Board Member

1. DECLARATION OF INTERESTS

Jeanette Donnelly declared an interest in item 9, Treatment Foster Care Service Review and Employment Tribunal Judgement, as she was previously a foster carer within this group.

2. APOLOGIES FOR ABSENCE

Apologies for absence were noted.

Trisha McAuley welcomed Cllr Jennifer Layden to the IJB advising members that Cllr Layden was the proposed replacement for Bailie Elaine Ballantyne on the IJB and also the IJB Public Engagement Committee. Members agreed with these nominations.

3. MINUTES

The minutes of the meeting of the Integration Joint Board held on 20th September 2017 were approved as an accurate record subject to the amendments raised by Cllr Jane Morgan under item 1, Declaration of Interests and amendments raised by Anne Marie Monaghan in relation to item 21, Consultation Responses – Free Personal Care.

4. MATTERS ARISING

Shona Stephen queried if the link to the Health and Sport Committee report on Integration Authorities engagement with stakeholders had been circulated to members. Trisha McAuley confirmed that this had been circulated.

5. INTEGRATION JOINT BOARD ROLLING ACTION LIST

Alex MacKenzie provided an update to the IJB in relation to rolling action reference number 20, informing members that the information had been received from GCIL and a meeting had taken place; it was agreed that funding would continue this year and that an evaluation framework would take place regarding Housing Options over the next 6 months, which would be agreed with GCIL.

6. TRANSFORMATIONAL CHANGE PROGRAMME – CHILDREN'S SERVICES 2018-21

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

Susanne outlined the background to the review; that since the establishment of the HSCP there had been an on-going review to Children's Services transformation, specifically, but not exclusively to Social Work Services. The HSCP had a budget of £136m in Social Work Services and £4.5m in children's health services. Progress had been made over the years to shift the balance of care and spend to invest in community based services; and substitute family foster care over the last number of years.

Section 5 of the report outlined the detail of the service reform programme; work was taking place to reduce the number of high cost care placements out-with Glasgow and targets were set for the next 3 years. The resource would be redirected to community based family support, and the intention was to bring children back to Glasgow, in their own communities, with the support of the HSCP and a range of other agencies including education services. There was also family group decision making work taking place with extended family members to empower them to keep children safe.

Officers were also working with North Lanarkshire on a foster care model for adolescents where outcomes were particularly poor. Other reform programmes included a family support framework tender with the third sector which was expected to be in place May 2018; and further work was to be conducted to assist families of looked after children for disability and personalisation. There was also the desire and opportunity to replicate the neighbourhood teams approach to children's services.

To implement transformation partnership with other agencies was critical as well as risk enablement; there was a real support for this approach to working. Susanne informed members that there had been strong support amongst staff towards the new direction of travel and that a series of sessions/discussions had taken place with 1500 frontline staff.

Trisha McAuley thanked officers for the presentation and the vision for children services outlined at the development session, which was well received and useful to members. There had been a consensus from members that the paper was welcomed for the children's services transformation programme and of the family support commitment.

Cllr Graham raised the referral of young people to CAMHS, advising that recent reports showed that there were issues with young people accessing the service and not being referred to other agencies if CAMHS was not suitable for them. Cllr Graham asked that officers be mindful of this in discussions.

Susanne informed members that there was evidence nationally that CAMHS was under pressure but that in relation to benchmarking in Scotland and the UK, Glasgow was performing well against waiting times, referrals, and access within SMID areas. Significant work was taking place with CAMHS to reconfigure and ensure best use of resource. The focus was on intervention and outcomes. Referrals were also made elsewhere including the Notre Dame Centre which received HSCP funding and young people were redirected there. Susanne added that training was provided to staff who worked with looked after children in care centres as there was evidence to support that this was best suited to those children's needs.

Dr Richard Groden added that there were challenges within CAMHS and that young people were being referred back to GPs at the suggestion of schools; advising that young people could self-refer to the Children's Services Psychology Service within schools and that there had to be better connection with education and understanding the referral routes and processes. Susanne advised that officers would involve GPs in the work regarding CAMHS, adding that work had taken place with schools and the Director of Education to ensure that they understood referral routes.

The IJB agreed that a detailed report on how the HSCP was performing in relation to CAMHS would be presented at a future meeting and that Dr Richard Groden would be involved in the CAMHS work.

Jacqueline Forbes asked for clarification regarding the children settled out-with Glasgow; would those children have a choice to remain there, and also if discussions took place with Local Authorities regarding those placements. Shona Stephen added that if it was the best option for a young person to remain in the placement would this then take place.

Susanne explained that officers had contact with other authorities as part of national groups, but that the children looked after were placed within the independent sector. As part of the discussions regarding children's placements the children were involved and central to the process at the children's hearing system who must agree any recommended move; and confirmed that a child would remain in the placement if this was the best option.

Susanne Millar

Cllr Morgan asked if the EQIA would look at the impact on parents and carers, highlighting that there would be differing impacts to men and women and that officers should be cautious of this in work and try to address this.

Susanne advised that the terminology officers used in the report was 'mum' and 'dad' and that this was explicit and staff were encouraged to work with parents, even when estranged. The EQIA would cover the impact on mums and dads and be reported back to the IJB.

Susanne Millar

Simon Carr indicated that there was lack of detail within the report regarding the financial framework and the £6.7m being removed from the service for the next 3 years; more detail was required about what was expected to be achieved. It was requested that future reports set targets to allow the IJB to assess if officers had achieved these and to allow governance around this. Ross Finnie agreed with Simon's comments and added that more detail was required around risk and the risks in achieving financial savings. Members felt that the report was outlined at a strategic level but not operationally.

Susanne reported that the savings referred to the reduction in high cost placements and this was the target officers were working against. Targets were to reduce the number of young people in high cost placements from 84 to 71, then 67, and then 64 over the next three years. Risks would be bringing the children back to their families in Glasgow and not being equipped to manage the challenges faced; including the risk of offending, drug use and anti-social behaviour; this would be managed through providing support to families.

Trisha stated that for governance of transformational projects and scrutiny of the programmes there should be an appropriate balance between strategic and operational reporting; and that this should be incorporated in to future reports and areas of risk highlighted. The scrutiny of programmes would take place through the Committees.

Chief Officers

Jeanette Donnelly stressed the importance of listening to the feedback provided from young people regarding the design of residential units, and also that there is support to foster carers regarding mental health.

Susanne indicated that there was significant engagement with young people in the design process and officers had worked closely with the Champions Board; there was now a process to establish a Young Persons Champion Board, in which officers would listen to the experiences of young people and respond to these. It was reported that there was significant investment in the last ten years to support foster carers and officers were committed to this.

The IJB agreed that a report on the support provided to foster carers would be presented at a future meeting or development session.

Susanne Millar

Cllr Andrew asked that of the £6.7m efficiency savings, some of this is reinvested to support people in chaotic circumstances. Susanne reported that building resilience in young people and communities was critical; the Corporate Parenting Event managed by young people was testament to this and showed the resilience in those young people.

Rona Sweeney referred to the staff engagement events and staff being committed to the change programme and direction of travel; questioning the percentage of staff within the field had attended the events. Mike Burns reported that seven sessions had taken place and that every Social Worker, Health Visitor, School Nurse, CAMHS and Health Improvement staff had attended. There were also representatives from Adult Services, Primary Care, Education and a Psychologist representative from the third sector. The sessions covered the strengths and challenges of the joint children's inspection and

established the vision for the future. There was also the opportunity for staff to feedback and reflect on comments.

Trisha summarised that members supported the proposal and the direction of travel; and to support effective scrutiny going forward this would take place through an appropriate committee and future reports would have an appropriate balance between operational and strategic delivery, with areas of risk, including all those raised today, highlighted and monitored.

The Integration Joint Board:

a) noted the paper;

b) noted the ongoing children and young people's service reform programme; and

c) considered and approved the children and young people's transformational change programme, including associated savings and efficiencies.

7. OLDER PEOPLE'S TRANSFORMATIONAL CHANGE PROGRAMME 2018-21

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

The report had been presented at the IJB development session on 25 October 2017 and feedback from members had been incorporated into the report. The programme was in line with the Strategic Plan and strengthened the approach to older people and the direction of travel, which was to shift the balance of care over the next 5 years from institutional care to care in the community. There would also be risk enablement to support the choice of older people who wanted to stay in their homes and communities.

The vision for 2021 was outlined and how success would be measured. There would be a focus on working with Acute colleagues to work more efficiently and effectively in the use of Acute Care. Neighbourhood teams were being progressed and the HSCP was engaged in partnership working with the third sector, housing providers and communities. There would be a focus on continued support to families and carers and targeting the frail population.

In relation to the service reform programme and unscheduled care, significant progress had been made particularly in bed days lost and the focus was on hospital admission avoidance with work taking place at the front door with multi-disciplinary teams. It was outlined that there would be a £10m yearly reduction in budget over the next three years and also the requirement to manage the 10% reduction in demand on the Acute system.

The proposed savings and efficiency programme for 2018/19 and beyond was provided at section 5 of the report; these were ambitious to improve the outcomes for older people and to utilise a risk enabled approach, as none of the proposals outlined at 5.6 of the report were risk free.

Susanne advised that Stephen Fitzpatrick had met with the Chief Executives of the hospices, Prince and Princess of Wales and Marie Curie, to discuss the intention to achieve one year efficiency for 2018 and a level of protection for the subsequent two years. In terms of prevention and early intervention there would be no cuts to third sector services as it was identified that all these services enabled the shift in the balance of care.

The IJB was asked to approve the specific proposals for 2018/19 outlined in table 1, section 5.8 of the report.

Trisha McAuley outlined the recommendations to the IJB and that there would be further work regarding the set aside budget; this would be discussed nationally with IJB Chairs in December and there was continued work at a local level to resolve the set aside proposal.

John Matthews questioned if the IJB should be concerned about the impact of reducing purchased care homes places, would this impact add pressure to delays; and also asked if officers had seen the briefing note shared with non-executive members from the Health Board.

David Williams responded that officers had not seen the briefing note issued to non-executive members, he only saw it immediately prior to the start of the meeting; and informed the IJB that over the last 4/5 years purchased beds had been reduced by 25% but the budget had not reduced due to annual fee increases. Simultaneously, the reduced number of bed days lost and delayed discharges at an exceptional level provided confidence that the further reduction could be managed. David added that there could always be further improvement, but highlighted there would always be risk.

Trisha requested that the unintended consequences of this, and all other risks be added to future papers.

Officers

Shona Stephen raised that the proposals in the report emphasised the shift from formal to informal care and family support, asking what this statement meant. Shona also commented that in relation to the EQIA assessment there may be financial implications for women and how would this be managed. She also suggested that there was a requirement to look at transforming Cordia services to allow the overall transformation of services; and raised concerns that organisations could not continue to deliver services with the revised change criteria to the Transformation Fund.

Susanne responded that in relation to informal care, funding had been granted to establish the carers implementation group to create an opportunity for the implementation of the Act; and also provide support for carers of people living with dementia. A report on the EQIA would be presented to the IJB or appropriate committee at a future date. Susanne provided reassurance that Cordia were involved and engaged in transformation and was a frontline service for transformation and reform; adding that a rehabilitation model had been implemented, using a technology enabled approach. Stephen Fitzpatrick reported that the transformation fund was delegated to organisations and that funding provided was not on a permanent basis; if there was a particular issue Shona wanted to discuss a meeting could be arranged with the lead.

Susanne Millar

Stephen proposed to members that Cordia attend a future meeting to present on the work they had conducted and to allow an opportunity to ask questions. The IJB agreed with this proposal.

Stephen Fitzpatrick

Cllr Andrew, as Chair of Cordia, welcomed this and added that members should be aware that Cordia were experiencing recruitment issues and were almost at full capacity.

Chris Sermanni advised the IJB that Unison were concerned with the cuts proposed, especially regarding the partnership with Cordia in relation to capacity and quality of the service; but acknowledged officers' comments and that Cordia would attend a future meeting.

Peter Millar questioned the logic behind the cuts each year to purchased care homes and the contradiction at section 5.3 that high cost supported care packages may go to

care homes. He also sought reassurance that there would be genuine choice to support older people in the community and self-directed support.

Susanne informed members that there was a shift to purchased care homes to provide a mixed economy; the high cost care packages to care homes would be determined on a case by case basis. Regarding choice and self-directed support there are on-going discussions regarding this and people receiving a home care package are offered choice of provider at review.

Peter also queried the decision to close one service and retain others.

David stated that there was an aspiration to move beyond former types of residential care and maximise integration and the opportunity to provide services in alternative ways to provide better care for older people.

Anne Scott indicated that it was important that carers were informed of the new Carers Act 2016 and asked if carers would be involved in the implementation group. Susanne confirmed that carers would be involved in this process.

Susanne Millar

Margaret McCarthy expressed content with the paper and asked that staff-side be involved and sighted going forward in the clinical redesign outlined at section 5.6 and 5.7 of the report. Susanne advised that Stephen Fitzpatrick and his team had met with staff-side and officers' commitment was on-going.

Cllr Ferns highlighted that there had been repeated admissions to hospitals due to adaptations not being put in place and asked what engagement and forward planning was in place to address delays. Susanne explained that there were multi-disciplinary teams at the front door in hospitals and the reasons for repeat admissions were varied, but that adaptations were provided and if Cllr Ferns wished to discuss further they could do so outwith the meeting.

Cllr Morgan queried the financial savings in shifting the balance of care and that detail was required on the savings to Acute, the impact on the HSCP and the net position. Jacqueline Forbes also expressed concerns regarding financials and added that although there was great progress made on delayed discharges, there was still pressure on Acute and that care homes should be open longer to allow transition and to support this at the frontline.

Trisha summarised that members sought more detail on delayed discharges and the interface with Acute and also finance and connection to frontline services. It was proposed that this be included in the ongoing scrutiny at an appropriate committee and that the committee is provided with comprehensive risk registers for scrutiny.

Chief Officers

Jonathan Best welcomed the Committee also measuring the impact as there was a requirement to look at the flow in to hospitals, as there had been a 4% increase in attendance at A&E this year.

Cllr Layden was supportive of the work and to support people to live longer at home; asking what reassurances there were that the programme would be delivered as this was similar to the previous reshaping care programme. Cllr Layden added that the tone of the paper was systems led and that people should be at the heart of this as it was an opportunity to involve people. Education and awareness was also required in that that people were responsible for their own health and well-being.

Susanne outlined that the strategic planning lead work was based on the original reshaping care group; and apologised if the report felt financial led, but that this was not a financial driven strategy it was a clear cultural shift across the system.

David added that there is a fundamental position currently in place that people are required to adapt to the systems around them and that integration is about shifting that to ensure that systems in future adapt to the needs of people and that the points raised by members would be reflected upon in future.

Rona Sweeney asked if proposals could be approved with the absence of the set aside budget. Simon Carr requested a report on the set aside budget to present the progress and obstacles to members; and that non-executive members request a similar paper from the NHS Financial Planning Committee. Simon also asked for a timeline when the work streams of the older peoples transformation programme would be presented to the IJB and that a report go to the IJB Public Engagement Committee of the implications to service users.

Susanne Millar

David advised that discussions were taking place with teams across the Health Board area to have a resolution locally and nationally and agree a position. If the set aside budget was not resolved then savings would have to be identified from elsewhere in the older people's system for the IJB to deliver a balanced budget. In relation to providing a paper to a future IJB on the set aside, David added that a degree of caution was required as the set aside budget was a national issue.

Trisha informed members that she was aware that dialogue with Acute had been constructive and she did not want this to be interrupted in the preparation of a report, but also understood that members did not want to be in the same position as last year and that there was a need for transparency. Members agreed nevertheless, that a report should be presented to the IJB and Trisha requested that officers share the report, as it is being developed, with NHS colleagues.

Sharon Wearing

Trisha thanked members and officers for their comments and contribution to the discussion, summarising that members were happy with the direction of travel and approved the recommendations, but noted the important issues raised which should be addressed in ongoing scrutiny and monitoring.

She further summarised that, for both of today's transformation papers, as with all other transformation service change programmes, there would be ongoing, more detailed, scrutiny at committee level. This should include a risk register for each programme and monitoring of the risks highlighted, impacts and potential for unintended consequences.

Chief Officers

The Integration Joint Board:

- a) noted the vision for older people's services for 2021, in line with the HSCP's strategic plan;***
- b) noted the ongoing older people's service reform programme; and***
- c) considered and approved the older people's transformational change programme for the 3 years 2018-21, including associated savings and efficiencies, noting that further work is required to confirm the set aside proposal.***

8. WEST GLASGOW MINOR INJURIES SERVICES REVIEW

Alex MacKenzie presented a report on the outcome of the review of minor injuries services in West Glasgow. Members were informed that the work also linked to item 14 on the agenda, the Moving Forward Together: NHS GGCs Health and Social Care Transformational Strategy Programme.

Alex explained to members that following public engagement officers learned that people did not understand the nature of the health care system and did not only use

the facility in their local area, but used the service across the city. The review of the service would be included in the NHS transformation programme to identify how to appraise the service.

The report was outlined the background to the review and that it was agreed that this would be a joint process with the Health Board. A Review and Stakeholder Group had been established to conduct an options appraisal and to devise a public engagement process, which was undertaken by officers. The conclusions of the four option appraisals were detailed at 4.3 of the report; and the status quo, the permanent closure of the unit at Yorkhill, option scored highest with the Gartnavel option second. The public engagement process was also outlined, including themes that emerged including access to the Yorkhill site; location, transport and awareness of the services. A report was presented to the IJB Public Engagement Committee on 27 September 2017 to discuss the public engagement process and it was recognised that there could be better use of social media, which would be developed; and also that public awareness to services be increased.

Alex concluded that the work completed to date had been beneficial and that the preferred option was the retention of a minor injuries service in West Glasgow and preferably at the Gartnavel site. It was recommended that the service be considered as part of the work of the NHS transformation programme.

Jonathan Best added that the Health Board agreed with the direction of travel but reminded the IJB of the winter pressures, advising that the site at Yorkhill would be open during the day during the winter period to respond to pressures. This was an operational solution over this period until there was a long term strategic solution established.

Cllr Andrew expressed concern that there would be no service in the North West of the city and that a facility was required. There were no timescales outlined in the report regarding a facility in the North West and Cllr Andrew was not confident that the service would be developed; and also noted concern that the option appraisal was based solely on the financial aspect and cost saving. Cllr Morgan also expressed the concerns raised.

Alex explained that the recommendation to maintain the status quo would be reviewed through the NHS transformation programme and would be delivered in June 2018. Jonathan added that the review would create an opportunity to look at all services and facilities to ensure that the best clinical service was provided for patients. Issues with transport would be assessed and the aim would be to try and have as many services on as many sites as possible for patients.

Trisha McAuley acknowledged the timescales of June 2018 for the transformation programme and asked that the IJB be kept informed of developments. The IJB supported the recommendations in the report but noted the dissent to this raised by Cllr Andrew and Cllr Morgan.

That the Integration Joint Board:

- a) noted the report;***
- b) noted that the full options appraisal overseen by the Review and Stakeholder Group concluded that the status quo was the preferred option notwithstanding the responses received during the engagement process;***

- c) ***noted the NHS Board's Transformational Strategic Programme, which will take into account further information on activity and demand for minor injuries services in Greater Glasgow & Clyde and develop proposals for the longer term sustainable provision of such services; and***
- d) ***agreed to maintain the status quo and instruct the Chief Officer and delegated officers to be engaged in the Health Board's Transformational Strategic Programme to develop proposals regarding the longer term sustainable provision of minor injuries services across the Board area.***

9. TREATMENT FOSTER CARE SERVICE REVIEW AND EMPLOYMENT TRIBUNAL JUDGEMENT

Susanne Millar presented a paper to advise the IJB on the comprehensive review of Treatment Foster Care (TFC) undertaken by Glasgow Health and Social Care Partnership regarding the financial cost of the service and the impact on outcomes for young people. Also to advise the IJB on the implications of the judgement by the Employment Tribunal (ET) relating to foster carers (the claimants) with the Treatment Foster Care Service.

Trisha McAuley informed members that the report was presented in relation to governance, to focus on the outcomes for children and care. The employment tribunal was a matter for Glasgow City Council and this could not be discussed, but members could acknowledge any changes of a result of this and how this linked with the Children's Services Plan.

Susanne acknowledged that there were some carers present observing the meeting and offered them the opportunity to meet with Mike Burns, Head of Strategy & Operations and Karen Dyball, Head of Children's Services following the meeting to discuss and answer any questions, as this could not take place within a public forum.

The background to the Treatment Foster Carer service was outlined and the outcomes of the review itself. The review took place over a 9 month period and it was identified that the service was one of three accredited services remaining in operation in the UK. Findings showed that outcomes were not being achieved and there was no additional benefit for young people in these high cost placements. Issues were identified in the move on programme, clinical evidence was clear that if young people were in their placement for over 9 months then the benefits achieved would diminish. The aspiration for the HSCP to bring high cost placements back to Glasgow was detailed; and outcomes were clear which were not being met with the current TFC service. The review identified that there was a need to significantly rebalance care and spend towards prevention and that the TFC service be terminated.

The implications for young people were that there were currently four within the service that would be concluded, not terminated, therefore this would be phased and reassurance of this was provided to the IJB. Work would take place with carers and young people on an individual basis. Susanne advised that the employment tribunal was an issue solely for Glasgow City Council and officers could not comment on legal action. The implications of this were significant and these were reported at section 5.2.

Susanne informed members that there was a communication issue with letters not being sent to carers (although telephone calls were made), and an apology had been provided to carers, but Susanne reiterated this again today.

Cllr Graham asked if there were any implications to the IJB from the appeal and also referred to a case in England where the Council was held responsible for cases of abuse. Cllr Graham expressed concern that there would be implications to the IJB if they were held to account for any misdemeanours.

David Williams informed members that there were concerns; if there were a number of similar employment tribunal cases brought across the country, then this would have to be reviewed and there would be consequences which would be outwith the IJB's responsibility. If at some point following a number of ET decisions giving employee or worker status to foster carers, a national body were to take a decision that led to foster carers nationally being considered employees or workers, this would result in the end of foster care as there is no sector in which employees can work 24/7, 365 days per year. This was a great concern. Members thanked David for outlining the concerns and making them aware of the consequences of such a potential decision.

Jeanette Donnelly questioned if there would be a new service to replace the termination of the treatment foster care service as some aspects of this were extremely positive. Susanne explained that the system had developed and changed since the service was initially implemented in 2009 and there were new ways of working in place already. There was a specific skill set and experience in place and officers would ensure that this was not lost; this would be utilised through a different way of working, and this was a multi-agency system.

Trisha stated that they had to ensure that the right outcomes were achieved for the children of the city. There was a sense of content from members for the paper and the recommendations outlined; it was clear that there would be a phased termination to the service and that the point raised by Jeanette and risks raised by Cllr Graham were understood by members.

Trisha expressed that people had committed their lives to the service for the children of the city and gave her sincere thanks, on behalf of the IJB, to those who had done so.

The Integration Joint Board:

- a) approved the termination of the Treatment Foster Care Service and directed the Chief Executive of Glasgow City Council to resolve the staffing issues therein.***

10. IJB PROPERTY STRATEGY

Sharon Wearing presented a report to seek approval of the final draft Integration Joint Board Property Strategy and action plan following consultation.

It was reported that following the IJB on 20 September 2017 officers had met with Council colleagues regarding the governance arrangements and directions to the Council; Scottish Government guidance was also shared. It was confirmed that it was within the IJBs remit to approve the directions as outlined in the report.

The Integration Joint Board:

- a) approved the Property Strategy and action plan;***
- b) remitted ongoing monitoring and scrutiny of delivery of the strategy and action plan to the IJB Finance and Audit Committee; and,***
- c) directed the Council and Health Board to work collaboratively with Glasgow City HSCP and other key partners to deliver the Property Strategy and action plan.***

Ann Souter referred to the concerns raised at the last meeting regarding Easterhouse Shopping Centre and advised that issues had not been resolved. Cllr Hunter informed Ann that a meeting would be arranged and this would be resolved out-with the IJB.

Cllr Hunter

11. PROVISION OF FORENSIC MEDICAL SERVICES TO PEOPLE WHO HAVE BEEN SEXUALLY ASSAULTED AND / OR RAPED

Rhoda MacLeod presented a report to advise on the current service provision for the delivery of forensic medical examinations for people who have been raped or sexually assaulted; and to request approval to secure £305,000 from the HSCP contingency fund, augmented by £140,000 from the sexual health budget, for one year from March 2018 to run an interim service model for 2018 /19. The funds were requested for a one year period only and this would be used to stabilise the service.

It was reported that there was work taking place with a National Taskforce to develop an action plan for improvements across Scotland and a report was produced this year. Final draft standards had been produced and self-referral would be included within these; the report showed that the Archway service for Glasgow was exemplar, but was critical that the service was not provided for 24 hours. Rhoda explained that funding was a shortfall and also the difficulty of recruiting female medical staff. An improved rate of pay had been agreed by the BMA and it was hoped that this would assist in the recruitment of physicians; a joint nursing post had also been developed.

The proposed interim service model was that Archway would provide the service from 9am-12 midnight with forensic cover from 12 midnight to 9am. If the IJB approved the proposal this would enable appropriate standards to be in place to inform the National Taskforce going forward.

Dr Richard Groden encouraged the IJB to support the proposal; and stated that recruitment was an issue and asked if there was confidence that this would be delivered. Rhoda acknowledged this concern and informed members that this was a risk, but that the new pay arrangements would attract applicants and also officers hoped to recruit physicians interested in this type of work. If there were issues following the advertisement then the position would be reviewed.

John Matthews asked whether funding would be available from the regional planning model; and that there be caution that this may not be given if the HSCP was already providing the service. Rhoda explained that it was hoped that funding would be available and confirmed that the funding from the HSCP would be for a one year period only and would not be a recurring resource to provide this service. David Williams stated categorically that the IJB was being asked only to approve a one year interim increase in funding pending the national work being completed.

The Integration Joint Board:

a) noted the contents of the report; and

b) endorsed the development of the recommended interim service model and the proposed funding arrangements to support it.

12. CRIMINAL JUSTICE AND COMMUNITY JUSTICE OVERVIEW

Susanne Millar presented a report to update the Integration Joint Board on; The National Strategy for Community Justice; The Community Justice Scotland Act 2016, Community Justice Scotland and the progress of Glasgow's CJ Outcome and Improvement Plan; Justice in Scotland: Vision and Priorities; Criminal Justice Developments within the H&SCP; and Glasgow's Women's Community Custodial Unit.

Allison Eccles clarified to members that in relation to the direction on the final page of the report, the IJB was asked to approve the continuing involvement in the evolving plans for the Maryhill Community Custodial Unit, as outlined in the report, not to deliver

Criminal Justice and Community Justice services.

The report presented outlined a range of updates regarding the national picture and where the HSCP was in relation to this; the on-going strategic development was welcomed. In relation to the accommodation for the Glasgow's Women's Custodial Unit, officers have been engaged with the Scottish Government in the process; the resource for the HSCP to support this was unknown at this point, but discussions had taken place and there was commitment in principle.

Cllr Morgan stated that she fully supported stakeholder engagement but highlighted that public engagement would be crucial to the success. Susanne confirmed that officers had discussed this with the Head of Public Relations at the Scottish Prison Service, and the HSCP would be engaged as part of public reassurance.

The Integration Joint Board:

a) noted the content of the report; and

b) approved the continuing involvement of the HSCP in the evolving plans for the Maryhill Community Custodial Unit.

13. GLASGOW CITY IJB BUDGET MONITORING MONTH 5 / PERIOD 6 2017/18

Sharon Wearing presented a report to outline the financial position of the Glasgow City Integration Joint Board as at 31 August 2017 (Health) and 1 September 2017 (Council), and highlight any areas of budget pressure and actions to mitigate these pressures.

It was reported that the summary position net expenditure is £1.692m less than budget to date. The main trends to budget changes and budget variances were as previously reported. There would be a change in future to the net expenditure overspend position within Children's and Families following the shift in the number of childcare residential placements reducing; and this would be shown in the report presented to the IJB Finance and Audit Committee in December.

The Integration Joint Board:

a) noted the contents of this report;

b) approved the budget changes noted in paragraph 3; and

c) noted the summary of current Directions (Appendix 2).

14. MOVING FORWARD TOGETHER: NHS GGC'S HEALTH AND SOCIAL CARE TRANSFORMATIONAL STRATEGY PROGRAMME

Susanne Millar presented a paper to advise the Integration Joint Board of work being carried out by NHS Greater Glasgow and Clyde to develop a Transformation Strategy for NHS services within the Health Board area.

It was reported that the paper appended to the report was presented to the NHS Board meeting on 17 October 2017 and identified where the Partnership would fit with the transformational plan. Susanne informed members that the plan was medium-term and that there was a partnership approach to transformation. The report presented would also be presented at the other Partnership IJBs in November.

A Core Transformation Team had been established and there were representatives from the Partnerships on this group, including Susanne and Stuart Donald from Glasgow HSCP. The programme of work was already in place and the work would include how

care was transformed across the six Partnerships. Work was on-going for phase 1 and a report would be presented to the six IJBs and the Health Board for approval in June 2018. This was noted as a challenging timescale.

Susanne Millar

Susanne advised, that as outlined in section 4.3 of the report, a Stakeholder Reference Group would be established with representatives from the six IJBs and engagement would take place with staff-side and core groups between December 2017-February 2018. The IJB was asked to agree the on-going involvement of officers and for the Chief Officer to identify an appropriate member to join the stakeholder group.

Anne Scott asked if it was expected that carers would be involved in the engagement process. Susanne advised that officers did expect carer involvement and had informed the lead team of this, but that the responsibility was with Acute.

Trisha McAuley asked that members be kept informed of progress and that the engagement process be reported through the IJB Public Engagement Committee.

Susanne Millar

The Integration Joint Board:

- a) noted this report;***
- b) agreed to ongoing involvement of officers from the HSCP in work to develop the Moving Forward Together Strategy; and***
- c) delegated authority to the Chief Officer to identify an appropriate member(s) to represent the IJB and HSCP on the Stakeholder Reference Group.***

15. STRATEGIC PLAN MID-POINT ASSESSMENT

Allison Eccles presented to the Integration Joint Board a mid-point assessment of the IJB's Strategic Plan 2016-19, and look ahead to development of the next Strategic Plan spanning the period 2019-2022.

Allison explained that following the last development session it was identified that there were some areas that were more relevant now including, finance, the Council Plan and NHS Transformation; and that it was proposed that a development session take place on 10 January 2018 to reflect and review the Strategic Plan. Members agreed with this proposal.

The Integration Joint Board:

- a) agreed the need for a development session to consider the Strategic Plan in detail, and take a view on whether a review of the Strategic Plan should be carried out earlier than required by statute.***

16. GLASGOW COMMUNITY PLAN

Alex MacKenzie presented a report on the development and content of the new Community Plan for Glasgow as required in legislation (Community Empowerment Act 2015).

The Integration Joint Board:

- a) considered and endorsed the Glasgow Community Plan and Locality Plans for the city.***

17. GLASGOW CITY IJB COMPLAINTS HANDLING PROCEDURE

Jim Charlton presented for approval a complaints handling procedure to deal with complaints about the decisions and activities of the Integration Joint Board.

It was reported to members that there was a requirement to implement the procedure and this was based on a model determined by the Scottish Public Services Ombudsman Complaints Standards Authority (CSA). Jim advised that the proposed procedure had been sent to the CSA for approval and that the IJB were asked to approve the procedure with any minor changes from the CSA being approved by the Chief Officer for inclusion in the procedure and that any major changes would be reported back to the IJB for approval. Members were also informed that any complaints regarding the IJB membership would not be presented to the IJB.

The IJB discussed the complaints procedure and noted that as there would now be three complaints processes it would be confusing and complex for the public, and that a simpler process would be beneficial, while acknowledging that this was a national issue which lay outwith the IJB'S remit.

The Integration Joint Board:

- a) approved the procedure for immediate implementation subject to further approval by Complaints Standards Authority;***
- b) agreed that any minor changes to the procedure recommended by the Complaints Standards Authority may be incorporated into the procedure with the approval of the Chief Officer; and***
- c) agreed that the approved procedure may be published on the Website of Glasgow City Health and Social Care Partnership with appropriate summary information referring to the procedure for members of the public.***

18. SAFER DRUG CONSUMPTION FACILITY AND HEROIN ASSISTED TREATMENT

Susanne Millar presented a paper to update the Integration Joint Board on progress towards establishment of a safer drug consumption facility and heroin assisted treatment service in Glasgow.

Susanne informed members that drug related deaths were continuing to rise and this was why there was a requirement for a safer drug consumption facility in Glasgow. It was reported that the property search was on-going; feasibility studies were conducted on a number of locations but none of these were suitable and therefore work was continuing on this with City Property and the Council landlord.

In relation to the legal framework significant material had been sent to the Lord Advocate and a response was expected in due course; officers would then take time to consider and reflect on the response.

Police Scotland had requested that the QC opinion be shared to allow them to produce a police strategy if there was a positive response from the Lord Advocate; QC and the Lord Advocate's office had agreed with this request and the information had been shared with Police Scotland, confidentially.

Susanne referred to the issue raised previously by Simon Carr regarding NHS endowment funds being used for the evaluation process; advising that a briefing had been received from Dr Emilia Crighton at Public Health and that the funds were requested to establish the baseline for evaluation and to ensure that this was as

efficient as possible for the pilot. There would also be the recruitment of as many public drug injectors as possible to the evaluation and public health colleagues were clear that this input would be useful.

Simon stated that he disagreed with the amount of money requested but that this would be a decision for the Endowments Committee.

The Integration Joint Board:

a) noted this report.

19. GLASGOW CITY INTEGRATION JOINT BOARD – FUTURE AGENDA ITEMS

The Integration Joint Board noted the future agenda items.

20. NEXT MEETING

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

The meeting ended at 1.00pm