

**NOT YET APPROVED AS A CORRECT RECORD**

**GLASGOW CITY INTEGRATION JOINT BOARD  
PERFORMANCE SCRUTINY COMMITTEE**

**IJB-PSC (M) 18-04-2018**

Minutes of meeting held at the Boardroom, Commonwealth House  
32 Albion Street, Glasgow, G1 1LH  
at 9.30am on Wednesday, 18<sup>th</sup> April 2018

**PRESENT:**

**VOTING MEMBERS**

Jeanette Donnelly	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)
Trisha McAuley	NHSGG&C Board Member (Chair)

**NON-VOTING MEMBERS**

David Williams	Chief Officer
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**IN ATTENDANCE**

Mike Burns	Assistant Chief Officer, Children's Services
Pat Coltart	Service Plan & Commissioning Manager
Allison Eccles	Head of Business Development
Julie Kirkland	Senior Officer (Governance Support)
Stephen McLeod	Head of Specialist Children's Services
Sheena Walker	Governance Support Officer (minutes)

**APOLOGIES**

Margaret McCarthy	Staff Side Representative
Shona Stephen	Third Sector Representative

**1. DECLARATIONS OF INTEREST**

There were no declarations of interests raised.

**2. APOLOGIES**

Apologies of absence were noted as above.

**3. MINUTES OF MEETING HELD ON 21<sup>st</sup> FEBRUARY 2018**

The minutes of the meeting held on 21<sup>st</sup> February 2018 were approved as an accurate record.

**4. MATTERS ARISING**

There were no matters arising raised by the Committee.

**5. ROLLING ACTION LIST**

Allison Eccles advised the Committee that all actions previously reported were closed and no new actions had been added to the rolling action list. The actions detailed in the previous minute were on the programme for the meeting schedule and would be monitored by officers.

**ACTION**

## 6. CLINICAL AND PROFESSIONAL QUARTERLY ASSURANCE STATEMENT

Ann-Marie Rafferty presented a paper to provide the IJB Performance Scrutiny Committee with a quarterly clinical and professional assurance statement.

The background to the report was outlined to the Committee and members were informed of the work of the Integrated Clinical and Professional Governance Board. The group had proposed the establishment of an Adult Clinical and Care Governance Leadership group, with the first meeting due to take place over the next month. Officers referred to section 4 of the report which outlined ongoing significant case reviews (SCR). The Committee were previously informed of a Child Protection SCR undertaken in 2015/16; officers advised that the case was still ongoing and the learning was unable to be shared as permission to do so had not been granted by the Procurator Fiscal. In response, the Chief Officers Group had commissioned an independent report to establish if there were any processes that could have been different to allow learning to be shared timeously. Receipt of the independent report was imminent and this was expected to assist with the case referred to in section 4.3 of the report, a child fatality SCR; this investigation could not proceed until further negotiation with the Procurator Fiscal had concluded. This had been discussed at the Chief Officers Group and the Council Chief Executive was considering inviting the Procurator Fiscal to meet with the group to discuss how this can be progressed.

Members discussed the report and raised concern that learning from cases was unable to be shared and implemented. Officers provided reassurance to the Committee that immediate learning had been implemented where possible. Learning was more effective and meaningful when this could be related to a specific case within the city; however, whole system learning was not able to be implemented at present as cases were still ongoing. The concerns raised by members were a national issue and would be discussed at a national leadership event the following week.

The Committee agreed that the concerns raised by members would be noted and that the outcome of the discussion at the national leadership event would be awaited before considering further steps. Officers would also report back to the Committee on the outcome of the independent commission report on processes.

Members questioned if a report on duty of candour would be presented to the IJB. Officers advised that duty of candour did not apply to the IJB; however, the Council and NHS were required to establish guidance and processes; which were being progressed. A paper would be presented to the next Committee for information and to provide assurance of the HSCP management responsibility in following the guidelines appropriately.

***The IJB Performance Scrutiny Committee:***

***a) considered and noted the report.***

## 7. IMPROVING ACCESS TO CAMHS (CHILD AND ADOLESCENT MENTAL HEALTH SERVICES) FOR VULNERABLE CHILDREN AND YOUNG PEOPLE

Stephen McLeod presented a paper to demonstrate the improved access to CAMHS for those children across Greater Glasgow & Clyde and in particular,

**Ann-Marie  
Rafferty**

**David Williams**

to demonstrate work identifying local need with a focus on areas of high deprivation to eradicate health inequalities at a community level.

Members were informed that following an extensive redesign and improvement process, NHS GGC CAMHS have delivered increases in productivity and improved access and outcomes for children. Systems and process had been implemented to increase capacity and to also make efficiencies. It was reported that case holding levels were 4800 and were now at capacity; there had been no increase in referrals, therefore the levels were likely due to a delay in discharge. Officers would conduct a review to establish why the rate had increased and establish a response to this.

The referral process, rates and detail of those accepted and rejected were outlined to members. An audit would take place to establish if referrals of children with mental health problems had not been seen and identify reasons why. Most of the referrals to the service were from GPs and the highest number of rejected referrals were due to there being no mental health problem detailed in referral forms. There was a requirement to work with GPs regarding the completion of the e-form and to be explicit in stating if the child had a mental health problem. Work would also take place with education colleagues and the Children's Services Planning Group to ensure that options were available for the 32.9% who would benefit from support from another service.

The findings also presented detail of CAMHS did not attend appointments; further analysis would take place to establish what could be done to improve rates.

Members discussed the referrals from GPs being rejected and questioned if this was consistent across the city. Officers advised that an audit was being carried out to review the answers to questions on the referral form and to establish if this was consistent amongst GPs. It was also highlighted that the problem may be officers' interpretation of data on the forms and that the result of the audit would be awaited before reaching a conclusion on issues.

The number of missed appointments was also raised as a concern and the waste of resource. Officers responded that there could be a number of factors effecting attendance and that the audit would explore this and also identify if this applied to other services such as education and oral health. There could be a number of factors impacting upon attendance, and officers reported that there can also be low attendance rates when people were referred to a service in their local area.

The Committee discussed the low number of referrals in Govanhill and questioned if there was any analysis on the reasons for this. Officers advised that they were also reviewing this as part of the audit. Members and officers discussed the ROMA community and the importance of engaging with people and ensuring that they were aware of services available. A presentation had been delivered to the IJB Public Engagement Committee on cultural competence with the Black African community; members had praised this work and the engagement with the community; there were a lot of lessons learned from this work and good practice that could be applied to the ROMA community. Officers recognised this and also the requirement to be responsive to people's needs. The importance of working with education was also highlighted; and family support and positively supporting the community.

In relation to section 2.1 of the report, that no more than 90% of children and young people who are waiting for CAMHS intervention should wait longer than

18 weeks, members sought clarity that this was not that 90% of patients see someone at 18 weeks. Officers confirmed that people will be seen after 4-5 weeks and that some are seen within a few days. Members were reassured that treatment commenced earlier than 18 weeks.

The paper and the work carried out by officers was welcomed by the Committee. The Committee agreed that the outcome of the audit and the action plan would be presented at a future meeting when complete.

Stephen McLeod

***The IJB Performance Scrutiny Committee:***

***a) considered the levels of performance in balancing demand and capacity over recent years in relation to increasing the access to CAMHS; and***

***b) considered the approach used to highlight health inequalities at neighbourhood level as a method of identifying vulnerability.***

## **8. PROOF OF CONCEPT UPDATE AND FURTHER PROGRESSION**

Allison Eccles presented a paper to the Committee to provide an update on progress made since reporting on the outcome of the Proof of Concept, and to outline how it will continue to be taken forward.

The background of 'proof of concept' was outlined to members; the Partnership worked with five provider organisations over an 18 month period to establish a 'proof of concept' that would assist them to pay all their staff the New National Minimum Wage and make future savings based on planning assumptions. The group looked at how services were commissioned to establish if these could be leaner. The challenge of bringing the group together and initial thinking was outlined; there had been a substantial amount of work involved by the group and a significant level of input from providers.

Officers reported the outcome of proof of concept and the areas that had been progressed, as per section 3.6 to 3.9 of the report. The transformative principles and how these would be progressed were further detailed. It was reported that co-production and joint service planning with the voluntary and independent sectors had been firmly established within homelessness service; this had been further enhanced with the development of Glasgow Alliance to End Homelessness; and the lessons learned from proof of concept would be applied here.

Pat Coltart added that the proof of concept approach helped inform the development agenda. Officers worked closely with providers to deliver support to service users. There was a good partnership approach and service users had been involved in all parts of the process. This was crucial to the success, as was the commitment of providers. A provider event was scheduled for 24<sup>th</sup> April and the outcomes from the proof of concept work would be discussed.

David Williams advised that the proof of concept work had now concluded and the work was now mainstream practice. There was a cultural shift required for the transformation agenda and there was also a shift in thinking in delivering services in the current financial climate. There was a requirement to do more on a partnership basis and to also challenge our way of providing services to deliver support to the city's most vulnerable people. The proof of concept work had also encouraged and promoted a degree of thinking of providers working together, out with the proof of concept group.

Members praised the work and thanked officers, providers and stakeholder's engaged in the process.

***The IJB Performance Scrutiny Committee:***

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

**9. NEXT MEETING**

The next meeting will be held at 9.30am on Wednesday 1<sup>st</sup> August 2018 in the Boardroom, Commonwealth house, 32 Albion Street, Glasgow, G1 1LH.

The meeting ended at 10.50am