

INVERCLYDE INTEGRATION JOINT BOARD – 30 JANUARY 2018

Inverclyde Integration Joint Board

Tuesday 30 January 2018 at 3pm

Present: Councillors J Clocherty, E Robertson (for J MacLeod), L Quinn and L Rebecchi, Mr S Carr, Dr D Lyons, Mr A Cowan, Ms D McElean, Ms D McCormick, Ms L Long, Ms A McCrea (for Ms S McAlees), Ms L Aird, Mr D White (for Ms R Garcha), Ms D McCrone, Mr I Bruce, Ms C Boyd and Ms S McLeod.

Chair: Mr Carr presided.

In attendance: Ms H Watson, Head of Strategy & Support Services, Mr A Stevenson, Head of Community Care & Health, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Mr A Best, Service Manager, Rehabilitation & Enablement, Ms E Cummings, Programme Manager, Innovation/Primary Care Lead, Ms K Phillips, Head of Service, Glasgow City HSCP, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang (Legal & Property Services) and Mr M Bingham (Corporate Communications).

1 Apologies, Substitutions and Declarations of Interest

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Apologies for absence were intimated on behalf of Councillor MacLeod, with Councillor Robertson acting as proxy, Ms S McAlees, with Ms A McCrea acting as proxy, Ms M Telfer and Dr H MacDonald.

Declarations of interest were intimated as follows:-

Agenda Item 3 (Joint Children's Services Strategic Inspection Findings) – Councillor Robertson.

Agenda Item 15 (Governance of HSCP Commissioned External Organisations) – Ms McLeod.

2 Adult Mental Health Strategy

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There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the development of a whole system 5 year strategy for Mental Health Services.

The Board heard a presentation by Katrina Phillips, Glasgow City HSCP, on the strategy, including issues around prevention and recovery and the challenges in relation to implementation.

Ms Phillips and Ms Gillespie answered a number of questions from Members in connection with the presentation.

Decided:

- (1) that the Board note the report and the strategic direction;
- (2) that it be agreed that the full strategy and implementation plan be submitted to the next meeting of the Board; and
- (3) that the Chief Officer be authorised to engage with other HSCPs in the preparation of the implementation plan.

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3 Joint Children’s Services Strategic Inspection Findings 3

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) on the findings of the Joint Strategic Inspection of Services to Children, Young People and Families in the Inverclyde Community Planning Partnership (CPP) area and (2) providing Members with the improvement actions arising from the findings which required to be submitted to the Care Inspectorate.

Councillor Robertson declared a non-financial interest in this item as a contributor to the process in her previous employment. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence in the Chamber or her participation in the decision-making process.

Decided:

- (1) that the Board note the findings of the report of the Joint Strategic Inspection of Services to Children, Young People and Families in the Inverclyde CPP;
- (2) that the Committee note the contents of the Improvement Plan to address the inspection findings;
- (3) that regular updates on progress against the actions contained in the plan be submitted to the Board; and
- (4) that the Board’s appreciation be extended to all staff involved for the positive findings of the report which identified a number of areas of strength, including sector leading practice and examples of good practice which are considered to be of national significance.

4 Mainstreaming “New Ways Inverclyde” - Towards the New GMS Contract 4

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising the Board on the position in respect of the proposed new General Medical Services (GMS) Contract and (2) asking the Board to consider each aspect of this alongside work in relation to “New Ways Inverclyde” undertaken over the last two years.

The Board heard a presentation on the implementation of the 2018-21 GMS Contract including the local clinical view and the financial implications in 2018/19, 2019/20 and ongoing. Thereafter, Ms Cummings answered a number of questions from Members in connection with the presentation.

Decided:

- (1) that the Board note the progress made in advance of the new GMS Contract and agree to fund all current workstreams;
- (2) that the Board approve the funding of the pharmacy posts set out in the report on a permanent basis;
- (3) that the Board note that HSCP Officers will continue to work with local GPs to implement and deliver the recommendations of the new GMS Contract; and
- (4) that the Board note the implementation of associated workstreams linked to “New Ways”, such as Community Link Workers.

5 Minute of Meeting of Inverclyde Integration Joint Board of 7 November 2017 5

There was submitted minute of the Inverclyde Integration Joint Board of 7 November 2017.

Decided: that the minute be agreed.

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6 Rolling Action List

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There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.

Decided: that the rolling action list be noted.

7 Financial Monitoring Report 2017/18 – Period to 31 October 2017, Period 7

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There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 7 to 31 October 2017.

Decided:

(1) that the Period 7 position for 2017/18 as set out in appendices 1-3 of the report be noted;

(2) that the proposed budget realignments and virement set out in appendix 4 be approved and that Officers be authorised to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures set out in appendix 5;

(3) that the previously agreed use of the Social Care Fund in 2017/18 as set out in appendix 6 be noted;

(4) that the current position of the Integrated Care Fund and Delayed Discharge monies set out in appendix 7 be noted;

(5) that the current Capital position as set out in appendix 8 be noted;

(6) that the current Earmarked Reserves position as set out in appendix 9 be noted; and

(7) that the report to the next meeting of the Board include information on the factors which have resulted in increased administration costs.

8 Redesign of Services for Adults with a Learning Disability (The LD Redesign) – Update January 2018

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There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the progress to date in implementing the redesign of services for adults with learning disabilities in Inverclyde (the LD Redesign) and intended actions to continue to move this forward.

Decided:

(1) that the Board note the progress to date in respect of the LD Redesign;

(2) that the Board endorse the intended actions to fully implement the LD Redesign, most notably the closure of the McPherson Centre in summer 2018, subject to the Council's budget decision making progress; and

(3) that the Board approve the allocation of a budget to the LD Redesign to take forward short term implementation actions, as detailed in the report.

Ms McLeod left the meeting at this juncture.

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- 9 Performance Exceptions Report 9**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership presenting a sample of key Performance Exceptions data which reflects a balanced view of performance across the four Heads of Service areas of the HSCP and which also provides an overview of how people in Inverclyde experience Health & Social Care Services.
- Decided:**
- (1) that the Board note the performance within the report along with the remedial actions suggested where performance is below the expected standard; and
- (2) that a report be submitted to the Board defining the criteria used for selecting performance exceptions data.
- 10 Ministerial Strategic Group Return 10**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval from the Board to submit the Ministerial Strategic Group (MSG) return developed by Officers in collaboration with other HSCPs within the NHS Greater Glasgow & Clyde catchment area.
- Decided:** that approval be given to the submission of the completed template set out in the appendix to the report for submission to the Scottish Government by 31 January 2018, with the caveat that objectives may change depending on further data yet to be received.
- 11 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 12 September 2017 11**
- There was submitted minute of the Inverclyde Integration Joint Board Audit Committee of 12 September 2017.
- Decided:** that the minute be noted.
- 12 Staff Governance Plan 12**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the Staff Governance Plan developed by Officers and staff side representatives through the Staff Partnership Forum (SPF).
- Decided:** that the Board note the Staff Governance Plan appended to the report.
- 13 Update on Augmentative and Alternative Communication (AAC) 13**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board (1) of the position relative to the provision of Augmentative and Alternative Communication aids (AAC), (2) the Scottish Government's recommendations in "A Right to Speak" 2012 in relation to AAC and (3) the potential cost pressure on the future supply, provision and support of AAC equipment.
- Decided:**
- (1) that the Board note the position relative to the provision of AAC equipment and the potential for a budget pressure as demand increases;

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(2) that the Board note that arrangements for the procurement, provision, tracking, maintenance and recycling of AAC equipment require to be improved and to be in a format that can be shared across partners, with detailed information available to inform future planning;

(3) that the Board note that existing costs are masked within local service arrangements and require to become regularised, reportable, equitable, consistent and Health and Safety compliant; and

(4) that the Board note that there is a limited budget for AAC equipment, which is supplied on a first come first serve basis, and that the £7,000 funding allocated from NHS Greater Glasgow & Clyde Central Funding for Inverclyde is not sufficient, requiring £4,000 additional funding to meet demand.

14 Chief Officer's Report 14

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of workstreams which are currently underway.

Decided:

(1) that the Chief Officer's report be noted; and

(2) that the future use of the report format be continued to the March meeting for consideration along with the other items arising from the IJB development session on 20 September 2017.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item of business on the grounds that the business involved the likely disclosure of exempt information as defined in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.

15 Governance of HSCP Commissioned External Organisations 15

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.

Decided:

(1) that the Board note the governance report for the period 15 September to 24 November 2017; and

(2) that Members acknowledge that Officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.