# Inverclyde Integration Joint Board Monday 20 September 2021 at 1pm

# PRESENT:

# Voting Members:

Voting members.	
Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Jim Clocherty (Vice	Inverclyde Council
Chair)	
Councillor Lynne Quinn	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Simon Carr	Greater Glasgow and Clyde NHS Board
Dorothy McErlean	Greater Glasgow and Clyde NHS Board
Paula Speirs	Greater Glasgow and Clyde NHS Board
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# Non-Voting Professional Advisory Members:

Interim Corporate Director (Chief Officer) Inverclyde
Health & Social Care Partnership
On behalf of Sharon McAlees, Chief Social Worker,
Inverclyde Health & Social Care Partnership
Chief Finance Officer, Inverclyde Health & Social
Care Partnership
Chief Nurse, NHS GG&C
Registered Medical Practitioner

# Non-Voting Stakeholder Representative Members:

Gemma Eardley	Staff Representative, Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Heather Davis	On behalf of Hamish MacLeod – Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Christina Boyd	Carer's Representative

# Additional Non-Voting Members:

Inverclyde Housing Association Representative, River Clyde Homes
Service Manager, Primary Care, Inverclyde Health
& Social Care Partnership
Legal Services Manager, Inverclyde Council
Interim Head of Health & Community Care,
Inverclyde Health & Social Care Partnership
Interim Head of Homelessness, Mental Health &
Drug & Alcohol Recovery Services, Inverclyde
Health & Social Care Partnership

Andrina Hunter	Service Manager, Corporate Policy, Planning and Performance, Inverclyde Council
Diane Sweeney Lindsay Carrick George Barbour	Senior Committee Officer, Inverclyde Council Senior Committee Officer, Inverclyde Council Corporate Communications Manager, Inverclyde
	Council

#### Chair: Alan Cowan presided

The meeting took place via video-conference.

## 58 Apologies, Substitutions and Declarations of Interest

Apologies for absence were intimated on behalf of:

Sharon McAlees	Chief Social Worker, Inverclyde Health & Social
	Care Partnership (with Anne Glendinning
	substituting)
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care
	Partnership
Hamish MacLeod	Service User Representative, Inverclyde Health &
	Social Care Partnership Advisory Group (with
	Heather Davis acting as proxy)

Councillor Clocherty declared an interest in agenda item 10 (Covid-19 Recovery Plan 2020 Health & Community Care Older People's Day Service).

Prior to the commencement of business the Chair acknowledged that this was Dr McCormick's last meeting and thanked her for her contribution to the IIJB. The Chair also advised that agenda item 6 (CPC Annual Report 2018-2020) should now be considered as a noting report after discussion with Mr Stevenson.

# 59 Minute of Meeting of Inverclyde Integration Joint Board of 21 June 2021

There was submitted the Minute of the Inverclyde Integration Joint Board of 21 June 2021.

The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

**Decided:** that the Minute be agreed

# 60 Minute of Meeting of Inverclyde Integration Joint Board of 17 August 2021

There was submitted the Minute of the Inverclyde Integration Joint Board of 17 August 2021.

The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

The Chair made the following comments on the Minute:

Paragraph 56 – Appointment of Interim Chief Officer – the Chair advised of the following correction:

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'There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership confirming the *appointment* of the Inverclyde Integration Joint Board's Interim Chief Officer...' this should read

'There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership confirming the *selection* of the Inverclyde Integration Joint Board's Interim Chief Officer...', this being in compliance with the remit of the IIJB. Paragraph 57 - Future Meetings - the Chair advised that he had agreed with Mr

Stevenson that any consideration of returning to face-to-face meetings was premature given the current public health situation and that, for the time being, meetings would continue to be held by video-conference.

**Decided:** that the Minute be agreed, subject to the correction of Paragraph 56 as detailed above.

# 61 Financial Monitoring Report 2021/22 – Period to 30 June 2021, Period 3

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 3 to 30 June 2021.

The report was presented by Mr Given and noted that the Covid-19 pandemic had created significant additional cost pressures across the HSCP and that the figures presented included projected Covid costs offset against confirmed Covid funding. The report advised that at Period 3 there was a projected overspend of £0.554m in Social Care core budgets and that this, with the IJB financial commitments, mean that the IIJB reserves are forecast to decrease in year by a net £5.772m.

The Board referred to the statement at paragraph 5.3 of the report 'The SMT are currently carrying out a detailed review of all care packages with the aim to provide the most accurate commitments in each instance' and sought reassurance that this was not being done with the specific aim of reducing care packages. Officers assured that this was not the purpose of the review as it was necessary to ensure that care packages were set at the correct level, and that any resultant evidence-based changes would be made in consultation with clients and their families.

The Board requested an explanation on the statement at paragraph 6.5 of the report '*The Set Aside functions and how they are used and managed going forward are heavily tied in to the commissioning/market facilitation work that is ongoing*'. Mr Stevenson provided an overview of the work of the Market Facilitation Group to improve relationships across the third sector and with partners, and the tendering process for contracts. Mr Stevenson advised that there would be a future report presented to the IJJB on Unscheduled Care and the work that Inverclyde HSCP are undertaking in that regard.

The Board sought further detail on the overspends detailed at paragraph 5.3 of the report relating to Children's Residential Placements, Foster, Adoption and Kinship and Criminal Justice, which was provided by Mr Given. Mr Stevenson advised that 'spend to save' options were being developed for pressure areas within the service, and that an update would be given at a future meeting. The Chair requested that future reports contain greater detail on overspends, and Mr Stevenson and Mr Given agreed to this.

The Board sought reassurance that all PPE equipment supplied to Invercive HSCP was of a good standard and that there was a procedure in place for dealing with faulty equipment. Mr Stevenson confirmed that he could recall only one instance of staff receiving sub-standard equipment and this was dealt with in a timeous and efficient manner, and advised that PPE was obtained through a national procurement framework.

There was discussion on the set aside monies and Earmarked Reserves noted in the report and Mr Given provided reassurance that they were being managed.

The Chair requested that Mr Given issue a guidance note to Board members briefly explaining the financial terms commonly used in the finance report.

## Decided:

(1) that the current Period 3 forecast position for 2021/22 as detailed in the report at appendices 1-3 be noted and that it be noted that the projection assumes that all Covid costs in 2021/22 will be fully funded by the Scottish Government;

(2) that it be noted that in the event that there are any gaps in funding for Covid costs then the IJB will review the reserves to meet this shortfall;

(3) that the proposed budget realignments and virement as detailed in appendix 4 to the report be approved and that officers be authorised to issue revised directions to Inverclyde Council and/or the Health Board as required on the basis of the revised figures as detailed in appendix 5 to the report;

(4) that the planned use of the Transformation Fund as detailed in appendix 6 to the report be approved;

(5) that the current capital position as detailed in appendix 7 to the report be noted;

(6) that the current Earmarked Reserves position as detailed in appendix 8 to the report and the addition of £0.164m worth of funding transferring from Inverclyde Council for Autism Friendly be noted;

(7) that the key assumptions within the forecasts as detailed in paragraph 11 of the report be noted; and

(8) that it be remitted to Mr Given to provide IIJB members with a guidance note explaining the financial terms commonly used within the finance reports.

## 62 Annual Performance Report

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Inverclyde Health and Social Care Partnership Annual Performance Report 2020-2021 (the Report) and providing an update on the overall performance of Inverclyde Health & Social Care Partnership.

The report was presented by Ms Hunter and advised that the Public Bodies (Joint Working) (Scotland) Act 2014 required that an Annual Performance Report is produced and presented to Integration Joint Boards, highlighting performance on delivering the nine National Wellbeing Outcomes and the National Children & Families and Criminal Justice outcomes. Ms Hunter provided an overview of the data contained within the report, highlighting that work is now underway to develop a performance scorecard which will embed a range of both national and local targets into reports, and that it is planned to report on this biannually to the IIJB.

The Board commented on the figures at National Integration Indicator 8 (page 45 of the Report) 'I feel supported to continue caring', noting that although Invercive was above the whole of Scotland figure there was a persistent and disappointing downward trend, and that the Carers Centre received complaints from clients about the reduction in care packages. It was also noted that the Carers Centre did not receive sight of the report prior to its publication. Ms Hunter provided the Board with reassurance that partner agencies were consulted in the preparation of the report, but that not all information could be captured and she would note the comments when preparing future reports of this nature. Mr Stevenson added that Invercive HSCP and the Carers Centre had a good working relationship and provided a brief overview of the role of the Social Work department in assessing care packages, emphasising that this was not connected to the role of the Carers Centre.

The Board commented that an analysis of the information contained within the Report would have been beneficial, citing the Alcohol Specific Deaths figures (page 64 of the Report) as an example where the work being done in this area was not referenced or examined in the report, and that therefore no conclusions could be made. Officers confirmed that this was the intended direction of travel for future reports and the Chair welcomed this, noting that the data could be used to effectively manage services.

There was discussion on the future usefulness of the performance scorecard and the importance of taking ownership of information.

The Board sought clarity on the roadmap from an analogue to a fully digital service in providing Technical Enabled Care, and the overarching strategy for achieving this, and Mr Stevenson assured that work was ongoing on this matter. Mr Best advised that a report would be brought to the Board on this matter at a future date.

In closing discussion on this report the Chair noted that before submitting the Annual Performance Report to Government, both constituent parties (Inverclyde Council and NHS GG&C) should be consulted and have the opportunity to comment. The Chair further welcomed the officer's ambition to provide greater analysis of information and thanked the author of the report and all staff who contributed.

**Decided:** that the 2020/21 Annual Performance report be noted and its submission to the Scottish Government be approved.

## 63 Update on Implementation of Primary Care Improvement Plan

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on progress and the financial plans associated with the implementation of the Primary Care Improvement Plan.

The report was presented by Ms Cummings and provided updates on (a) the Vaccination Transformation Programme, (b) Pharmacology Services, (c) Community Treatment & Care Services, (d) Urgent Care (Advanced Practitioners), (e) Additional Professionals – Advanced Physiotherapy Practitioners, (f) Additional Professionals – Mental Health, and (g) Community Link Workers.

The Chair commented that the Primary Care Implementation plan was being de-scoped as the resources received were less than expected to run it, and expressed concern about any possible resultant risk, giving the example of the role Advanced Physiotherapists play in preventing hospital admissions. There was discussion on the impact of Covid, and the practicalities of service delivery and using staff in the most efficient way. The need for investment in, and support of, the Primary Care sector was emphasised. The impact on Acute Services was also discussed, with an overview provided on the current state of this service.

The Board sought clarity on the figures provided in the report for Pharmacotherapy Services, and requested detail on the impact on service provision. Ms Cumming provided an overview of the service structure, the impact on the Level 3 Service and the importance of having a practical and pragmatic approach to providing this service. Ms Cumming further advised that a previous request to the Scottish Government for additional funding had been refused.

The Board noted that the changes within the Vaccination Transformation Service would hopefully enable the workforce to be used in the most efficient way.

The Board noted that more information on the impact on outcomes from the measures detailed in the report would be useful. Mr Stevenson provided assurances that HSCP would continue to engage with GPs, and that an update would be provided to the Board in Spring 2022.

# Decided:

(1) that the update and plans for financial balance be noted; and

(2) that the current plans for implementation of the Primary Care Improvement Plan be agreed.

## 64 Child Protection Committee Annual Report 2018-2020

There was submitted a report by the Interim Chief Officer, Inverclyde Health & Social Care Partnership advising the Board of the publication of Inverclyde Child Protection Committee's Annual Report 2018-2020 and to requesting that the Board consider the report's findings in relation to Inverclyde Child Protection Committee's (CPC) duty to provide an annual update of child protection business.

The report was presented by Ms Glendinning and explained that one of the key functions of a CPC was to provide an annual business report, and that the two year span of this report was due to a vacancy in the Child Protection Lead Officer role. It was noted that the report had been presented to and accepted by Inverclyde Child Protection Committee on 14 March 2021, Inverclyde Chief Officer's Group on 20 March 2021 and Inverclyde Council's Health & Social Care Committee on 19 August 2021. The report referenced the 'Barnahus' pilot, which is a 'one stop' location providing a safe interview and support space for children, and the Up2U programme, for people who use domestically abusive and unhealthy behaviours in their relationships.

The Board requested clarification on the work of the Up2U programme and Ms Glendinning provided an overview of the referral and assessment process and the focus on child protection in the operation of the programme.

The Chair conveyed his thanks to all staff who are connected with these services, acknowledging the standard of care they provide and the difficult nature of the work, and commented that the figure at page 12 of the CPC report (The Inverclyde Profile) for the number of children on the Child Protection Register was notably higher than previous years. Ms Glendinning provided reassurance that the current figure was 31 and that the anomaly was created by changes in the referral process.

Ms Speirs left the meeting during consideration of this item. **Decided:** 

(1) that the content of the report be noted; and

(2) that thanks be conveyed on behalf of the Board to all staff connected with the provision of Child Protection services within Inverclyde.

# 65 Drug Related Deaths 2020 and ADP Update

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting (1) details from the recently published Drug Related Deaths in Scotland in 2020 figures published by the National Records of Scotland, and (2) providing an update on the Inverclyde Alcohol and Drug Partnership.

The report was presented by Ms Malarkey who emphasised that behind every piece of data are people who have sadly lost their lives and left behind family and friends. The report noted that in 2020 there were 1339 drug related deaths in Scotland as a whole, of which 444 were within the NHS GG&C area, and of that 33 in Inverclyde. The report provided an analysis of these figures and an overview of key services and priorities which will tackle the issue.

There was discussion on tackling drug abuse as a health and not criminal justice issue, and on how to destigmatise addiction, with campaigns and intervention programmes at Court level.

Ms Malarkey advised the Board that Police Scotland now publish suspected drug related death figures quarterly and not yearly, which allowed greater analyses and quicker responses to emerging issues.

There was discussion on collaborative learning with partner agencies and other authorities, and Ms Malarkey advised that ADP co-ordinators meet nationally, and that they work closely with each other and share best practice and learning.

The Board asked for clarification on how prescribed Scottish Government funding was for the HSCP and if there was flexibility in how it could be used, acknowledging that funding was received for specific projects. Ms Malarkey reassured that there was scope for discussion with the Scottish Government.

In concluding discussion on this report the Chair emphasised the importance of working with partner agencies.

# Decided:

(1) that the Drug Related deaths in Scotland be noted; and

(2) the work being driven through the Inverclyde Alcohol and Drug Partnership in relation to drug death prevention be approved.

# 66 Minute of Meeting of IJB Audit Committee of 29 March 2021

There was submitted the Minute of the Inverclyde Integration Joint Board of 17 August 2021

The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

**Decided:** that the minute be agreed

## 67 Minute of Meeting of IJB Audit Committee of 21 June 2021

There was submitted the Minute of the Inverclyde Integration Joint Board of 21 June 2021

The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Councillor Robertson, Chair of the IJB Audit Committee, provided a brief feedback on the main issues discussed at the Committee meeting held at 1pm, and advised that the IJB Audit Committee would soon be progressing with work on risk appetite through a short-life working group, with a provisional conclusion date of January 2022. It was also noted that there had been discussion on the participation of Health Board audit officers on the Committee and that this would be discussed further.

#### **Decided:**

(1) that the minute be agreed

(2) that the feedback provided by the Chair of the IJB Audit Committee in respect of the meeting of the IJB Audit Committee held earlier in the day be noted.

## 68 IJB Directions Annual Report – 2020/21

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IJB to Inverclyde Council and NHS GGC for the period March 2020 to August 2021.

The report was presented by Ms Pollock and advised that a revised IJB Directions Policy and Procedure was approved by the IJB in September 2020, and as part of the agreed procedure IJB Audit had assumed responsibility for maintaining an overview of Directions issued. As part of the review of the IJB Directions Policy, Inverclyde Council's Chief Internal Auditor recommended that the IJB be provided with an annual report summary on the use of Directions and this report was the first such report.

The Chair observed that although content for the report to be noted at this stage that the Board should be mindful of how the report should be scrutinised in the future.

Councillor Robertson, Chair of the IIJB Audit Committee, agreed, advising that this was discussed at their earlier meeting.

**Decided:** that the content of the report be noted.

# 69 Covid-19 Recovery Plan 2020 Health & Community Care Older People's Day Service

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising on the impact of Covid-19 on the delivery of Day Services for Older People and detailing the planned service recovery. Councillor Clocherty declared a non-financial interest in this item as the spouse of an employee within Hillend Day Services. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence at the meeting or his participation in the decision-making process.

The report was presented by Mr Best and advised that all day services have now reopened on a restricted basis, with necessary measures having been taken to minimise risk. Local day services and HSCP assessment teams have worked collaboratively, adopting new models of service delivery to continue to provide support in response to critical and substantial need.

The Chair commented that services resuming was a positive step.

67

## Decided:

(1) that progress within the Recovery Plan for Older People's Day Services while ensuring priority for critical services be noted;

(2) that it be noted that Hillend Day Services has reopened two community groups while continuing an outreach service, the priority for the HSCP continuing to be critical care at home;

(3) that it be noted that commissioned services will continue to re-establish building based service within Government guidance in addition to the current outreach and virtual contact, this being targeted at priority service users to provide a break for carers; and

(4) that day services are now open to accept new referrals.

# 70 Chief Officer's Report

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of areas of work underway across the Health & Social Care Partnership.

The report was presented by Mr Stevenson and provided updates in relation to (a) the Dementia Care Co-ordination Programme, (b) Inverclyde Macmillan Improving the Cancer Journey, (c) District Nursing Workforce, and (d) Unscheduled Care Commissioning Plan.

**Decided:** that the service updates be noted and that future papers will be brought to the IIJB as substantive agenda items.

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 items on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite the heading to each item.

Item	Paragraph(s)
Implementation of Management Review	1
Reporting by Exception – Governance of HSCP Commissioned External Organisations	6&9

#### 71 Implementation of Management Review

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the developments, proposals and finance to support a new management structure for the Senior Management Team within the Health and Social Care Partnership.

The report was presented by Mr Stevenson and advised that HSCP undertook a Management review in 2019 to ensure that services were properly aligned to provide an effective service delivery. Mr Stevenson advised the Board that this report was the conclusive report on the review.

The Board noted the report and approved the staffing issues detailed, all as detailed in the appendix.

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## 72 Reporting by Exception – Governance of HSCP Commissioned External 72 Organisations

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP Governance process for externally commissioned Social Care services for the reporting period 27 March to 16 July 2021.

The report was presented by Mr Stevenson and appended the mandatory Reporting by Exception document which highlighted changes and updates in relation to quality gradings, financial monitoring or specific service changes or concerns identified through submitted audited accounts, regulatory inspection and contract monitoring.

Updates were provided on establishments and services within Older People, Adult and Children's Services.

The Chair requested that officers provide an update to him and Councillor Clocherty on the matter referred to at paragraph 5.1.1 of the report in advance of the next meeting. **Decided:** 

(1) that the Governance report for the period 27 March to 16 July 2021 be noted; and

(2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poorly performing services guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.