



Minute

IJB Clinical and Care Governance Committee

10.00am, Monday 28 June 2021

Microsoft Teams

Present:

Richard Williams (Chair), Councillor Robert Aldridge, Helen FitzGerald, Councillor George Gordon, Martin Hill and Allister McKillop.

In attendance: Nikki Conway, Tom Cowan, Helen Elder, Jon Ferrer, Deborah Mackle, Katie McWilliam, Sarah Stirling and David White.

Apologies: Jacqui Macrae and Ian McKay.

1. Minutes

Decision

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 16 March 2021 as a correct record.

2. Rolling Actions Log

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted)

3. Work Programme

Decision

To note the work programme.

(Reference – Work Programme, submitted)

4. Self Directed Support Update

An update was provided on the delivery of the Self Directed Support (SDS), including information on the legal duties and responsibilities of local authorities to assess and identify where a person may be in need of social care services. Once a person requiring support had been identified, they would be offered four options for support from the local authority, and this would be determined in collaboration with the person. The breakdown and financial value of the four options were included in the report.

Members raised questions on the levels of risk and oversight with officers providing assurance that Edinburgh Health and Social Care Partnership (EHSCP) policy set out the detail of the four criteria and that robust conversations would be held with the individual under consideration, focusing on a person-led approach to fit the individual's needs. 650 assessors had been trained on how to hold conversations and eligibility criteria was broad to ensure that as many people as possible would have access to this support. Initial contact with the individual, through a phone call to the service, would determine whether they met the baseline criteria so that they could then be brought for assessment to sort them into one of four categories of risk: critical, substantial, moderate or low, with the former two being supported by EHSCP policy.

Concerns were raised regarding the lack of evidence of effective outcomes which members felt were particularly important for a clinical governance committee to have sight of in order to be able to provide assurance to the Edinburgh Integration Joint Board (EIJB). Going forward, it was felt that the committee required sight of the policies mentioned in the report and evidence that outcomes were being met, with Richard Williams agreeing to meet with officers to determine the best method for reporting this back.

Decision

- 1) To note the report.
- 2) To agree that Richard Williams would meet with Nikki Conway to determine the method of reporting back effective outcomes to the committee.
- 3) To agree that Councillor Gordon, Tom Cowan and Nikki Conway would meet to discuss his personal experience as a carer.
- 4) To provide benchmarking data comparing Edinburgh to other local authority areas on the proportion of uptake of the four support options.
- 5) To provide sight of the relevant policies as referred to in the report.

(Reference – Report by the Head of Operations, EHSCP, submitted).

5. Edinburgh Joint Carers' Strategy 2019-2022: Strategic Key Performance Indicators

In August 2019 the EIJB approved the Edinburgh Joint Carers' Strategy (EJCS) 2019-2022. To deliver enhanced carer supports, contracts were awarded by the City of Edinburgh Council's (CEC) Policy and Sustainability Committee in August 2020 to four lead providers, over a period of eight years, with a value of £17m. Information was provided on the implementation of the carer priority areas through the contract awards, focused work streams, and the development of the outline performance and evaluation framework, which would be key to measuring the impact of the additional investment to enhance carer supports.

Concerns were raised on the governance and oversight demonstrated in the report as it was felt that more on outcomes was required, as had been discussed at the previous meeting. Richard Williams acknowledged that more work was to be done on ensuring report authors understood how information should be presented but felt that assurance had been provided in the report through the outline of procedures for the awarding and the evaluation of contracts, the focused workstreams and the development of outcome and evaluation frameworks. Going forward, a statement was required on the level of governance the author felt was demonstrated in their report to provide assurance to the committee. The relationship between the Care and Clinical Governance Committee and the Performance and Delivery Committee was highlighted to be crucial in ensuring this reporting process was robust.

Decision

- 1) To note the report.
- 2) To provide the EIJB briefing from January on providers within the contract award.
- 3) To provide an explanation of Community Benefits as at para 21 of the report.
- 4) To agree that Richard Williams would consider the presentation of reports going forward to ensure they would meet the committee's assurance needs.

(References – Edinburgh Integration Joint Board of 24 August 2019 (item 4); Policy and Sustainability Committee of 20 August 2020 (item 17); Report by the Head of Operations, EHSCP, submitted).

6. Care Homes Update

Decision

To note that an update would be provided to the next meeting of the Care and Clinical Governance Committee.

7. Health and Safety

Decision

To note that an update would be provided to the next meeting of the Care and Clinical Governance Committee.

8. Annual Assurance Statement

Decision

To note that the draft assurance statement would be presented to the Audit and Risk Committee after the Care and Clinical Governance Committee.

9. Flu and Covid Vaccination Programme Update

The committee agreed to consider an additional update on the flu and covid vaccination programme.

David White provided a verbal update which outlined that the flu campaign had been expanded to include covid-19 booster vaccines. As a result, the timescales had changed and the initial target group had increased from approximately 130k with an expected uptake of 60%, to 230k with an expected uptake of 90%, marking a significant difference. To manage these numbers substantial delivery of vaccines was required with a planned seven days a week programme to be run at the Lowland Hall Showground, augmented by 11 walkthrough clinics using covid vaccination venues and two drive by venues.

Two major uncertainties flagged were that the government had not yet confirmed whether covid and flu vaccines would be delivered together – the service was currently working on the assumption that they would – and that the dates of the campaign remained uncertain, although a certain degree of uncertainty was expected with the flu campaign. Moderate assurance was given to members as planning was underway to fully understand the process and challenges to arise from the logistics and delivery of vaccines, while awaiting confirmation of timescales and NHS support. A formal paper on the Edinburgh implementation of the national plan would be provided in due course.

A question was raised on the large proportion of transient population due to Edinburgh being a university city and whether there were any major problems or slowdown of programme that would result from connecting with these students. David White provided assurance that, while the student population was approximately 60k, roughly 30k more than the average for a population of Edinburgh's size, the campaign was aware that a large number of these students came within the university practice and the Riccarton practice. This would be another logistical challenge but would not impede implementation of the programme.

Decision

To note the update.

10. Edinburgh Alcohol and Drugs Partnership Update

The committee agreed to consider an additional point on the Edinburgh Alcohol and Drugs Partnership.

Martin Hill raised that there had been changes to the governance of the Edinburgh Alcohol and Drugs Partnership which had been outlined in a helpful briefing note by Tony Duncan. He felt that it was reasonable for the committee to request care and clinical governance arrangements for the Edinburgh Alcohol and Drugs Partnership so that these could be reviewed in light of perceived poor performance in relation to a client group as this would sit under the committee's remit.

Decision

To request that Linda Irvine-Fitzpatrick and Colin Beck would provide an assurance framework for mental health services to a future meeting of the committee.

11. Date of Next Meeting

The date of the next meeting was noted to be 5 August 2021 via Microsoft Teams.