

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

At a Virtual Meeting of the East Renfrewshire Integration Joint Board held at 10.00 a.m. on 27 March 2024.

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow & Clyde Board (Chair)
Lynsey Allan, Independent Sector Representative
Mehvish Ashraf, NHS Great Glasgow & Clyde Board
Lesley Bairden, Chief Financial Officer (Integration Joint Board)
Councillor Caroline Bamforth, East Renfrewshire Council
Jacqueline Forbes, NHS Greater Glasgow & Clyde Board
Dianne Foy, NHS Greater Glasgow & Clyde Board
Anne Marie Kennedy, Third Sector Representative
Geoff Mohamed, Carers Representative
Julie Murray, Chief Officer (Integration Joint Board)
Councillor Owen O'Donnell, East Renfrewshire Council
Councillor Katie Pragnell, East Renfrewshire Council (Vice-Chair)
Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)
Lynne Siddiqui, Lead Allied Health Professional, HSCP
Julie Tomlinson, Chief Nurse, HSCP

IN ATTENDANCE

Claire Blair, Health Improvement Lead – Mental Health and Recovery, HSCP
Lesleyann Burns, Assistant Democratic Services Officer, East Renfrewshire Council
Tracy Butler, Lead Planner (Recovery Services), HSCP
Pamela Gomes, Governance and Compliance Officer, HSCP
Tom Kelly, Head of Adult Services, Learning Disability & Recovery, HSCP
Margaret Phelps, Strategic Planning, Performance & Commissioning Manager, HSCP
Andrew McCready, Staff Representative (NHS)
Lee McLaughlin, Head of Adult Services: Communities and Wellbeing, HSCP
Kirsty Ritchie, Senior Communications & Campaigns Officer, HSCP
Barry Tudhope, Democratic Services Manager, East Renfrewshire Council

APOLOGIES FOR ABSENCE

Dr Claire Fisher, Clinical Director

1. APOLOGIES FOR ABSENCE

Apologies for absence were noted.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES OF INTEGRATION JOINT BOARD HELD ON 31 JANUARY 2024

The Minutes of the meeting of the Integration Joint Board held on 31 January 2024 were agreed subject to an amendment at Item 8 on page 3 - include the word “not”.

*“The Chief Financial Officer also reported that when you look to 2024/25, it is fair to say that it is expected to be another difficult year and whilst the Health and Social Care Partnership are facing similar levels of pressures to colleagues across the country this does **not** make the local decisions we will need to take any more palatable”.*

4. MATTERS ARISING

The Integration Joint Board considered a report by the Chief Officer on matters which arose at the meeting of the Integration Joint Board held on 21 January 2024:

a) Children’s Vaccination Programme

Children’s vaccination rates are good, surpassing both NHS Glasgow and Clyde and NHS Scotland averages. For children in the 4 age cohorts between 12 months and six years, uptake ranges from 95% to 99%, with an average of 97% across primary immunisations like MMR, Meningitis, and Diphtheria.

Secondary age vaccination rates are also positive, with an average uptake of the HPV vaccination being 90% and 85% for meningitis vaccinations and the tetanus, diphtheria and polio booster.

It was highlighted that information on Flu and Covid vaccination uptake across Health and Social Care Partnerships in Greater Glasgow and Clyde has been shared with Board Members.

b) Adult Carers Strategy

The foreword for the Adult Carers Strategy has been jointly written by the Chair, Chief Officer and Carers representative. The final version will be published once a designed version is available. An easy read version of the Strategy is also being developed.

Board Members expressed gratitude for the collaborative effort in co-writing the foreword in the Adult Carers Strategy, emphasising that this helped to demonstrate the effective partnership working taking place.

The Integration Joint Board agreed to note the report.

5. ROLLING ACTION LOG

The Chief Officer provided an update on the tasks listed in the Rolling Action Log:

- The action around children's vaccinations would be closed as it was shared earlier in the meeting.

- The action regarding Charging for Services is closed as it is covered as part of the budget reports later in the meeting.
- The deadline for creating the easy read version of the Adult Carers Strategy will be changed to June.
- The report on neurodivergent activity will be discussed at the June meeting of the Integration Joint Board.

The Integration Joint Board agreed to note the update.

6. REVENUE BUDGET 2024/25

The Integration Joint Board considered a report by the Chief Financial Officer on the proposed budget for the coming financial year 2024/25.

The Chief Financial Officer reported that the HSCP is facing a particularly difficult and challenging year ahead with the level of cost pressures and associated savings required being broadly in line with that previously reported to the IJB and discussed at Budget Seminars.

She then recapped the key messages from the Scottish Government budget settlement:

- a commitment to fund the NHS pay award but no uplift for non-pay costs; and
- Policy funding to support the £12p/h living wage for care providers and to fund the increase to free personal and nursing care rates.

She highlighted that in addition the superannuation gain against our council employed workforce is factored in, with non-recurring benefit to 2024/25 and also to 2025/26.

Paragraph 9 of the report confirms that the budget offer from both partners is compliant with the conditions set by the Scottish Government i.e. flat cash plus a pass through of policy funding.

The Chief Financial Officer also highlighted that previously agreed multi-year savings from the Savings, Recovery and Renewal Programme are included within the proposals and given the extent and focus on savings monitoring in the coming year this will now be reported through our financial monitoring and that the recovery and renewal programme reports presented to the Board will focus on key projects and areas of change.

She reminded Board Members of the extensive budget engagement exercise as part of planning for 2023/24 and beyond and highlighted that as little has changed in both the local and the national outlook this exercise has not been repeated. Instead the focus has been on conversations with wider partners. She also confirmed that she would bring a refreshed Medium Term Financial Plan to the June meeting of the IJB.

The Chief Financial Officer explained that the proposed budget for 2024/25 takes into account cost pressures relating to pay, inflation and the population's demand for care. The budget allows for the implementation of policy funding for the living wage for care providers and the increase to free personal and nursing care. The legacy savings and

service challenges being faced in 2023/24 are also included so that the IJB can take decisions on the totality of the challenge in 2024/25.

The table at paragraph 26 of the report demonstrates the cost pressures expected for the year at just over £17 million and the funding we have to offset those pressures at £7.2 million. Neither figure includes the NHS pay award, however the expectation is this will be fully funded.

This leaves unfunded cost pressures of £9.8 million in total and when we look at this by partner contribution this is £5.9 million against our council contribution and £3.9 million against our health contribution.

The Chief Financial highlighted that Paragraphs 28 to 45 in the report provide detail on the costs pressures and this includes:

- Pay; against our ERC costs we have modelled 3% in line with council assumptions. For NHS this cost and the associated funding expected will be confirmed during the year.
- Inflation; allows for the national care home contract, including the living wage element that is part of the policy funding for care providers to ensure £12 p/h is paid. The increase of 7% to free personal and nursing care rates is included and fostering and kinship rates increased in line with policy. All other inflation costs need to be contained within existing budgets.

Demand for care has been allowed for and adjusted to reflect the full implementation of the Supporting People Framework.

The unachieved legacy savings from 2023/24 are included at just over £3.8 million. We expected to bring forward a legacy challenge of up to £1.9 million based on planned use of reserves, however the shortfall in the current year is clearly significant.

This is a risk factor to the proposed budget, however the scrutiny reviews that have taken place suggest that a further 26% saving is achievable. The original modelling was based on 25%.

The Chief Financial Officer confirmed that for this proposed budget she has built in a 5% buffer and there she has modelled savings from the Supporting People Framework at 20%, which equates to £4.6 million.

A detailed timetable of reviews is being finalised and this, along with levels of capacity, will inform the profiling of this £4.6 million across 2024/25 and 2025/26. This will also inform the progress reporting we will provide and are developing a dashboard to support continuous monitoring of progress. In the meantime the saving has been split 50/50 over the next 2 years.

She confirmed that she has also built in the services pressures we are seeing in the current year with the three key areas:

- Care at home at £1.5 million based on current service pressures

- Special observations within our Learning Disability in-patient units, at a reduced level recognising the service redesign will mitigate to some extent.
- Prescribing pressures for 2024/25 are currently estimated at c£3.3 million, up from £2.1 million in the current year. This reflects the current profile of price and demand. The Scottish Government settlement not including any non-pay uplift means there is no funding to offset this pressure. Therefore savings to the equivalent value of this pressure need to be identified, whilst recognising the volatility in the cost of prescribing. The Clinical Director will be leading on a programme of savings both locally and system wide to mitigate as far as possible, with £0.8m identified so far.

The Chief Financial Officer confirmed that the HSCP need to achieve just over £9.8 million savings to close the funding gap. The proposals we have so far total just under £9.8 million and the table at paragraph 49 of the report summarises the savings, as discussed in detail at the last budget seminar, by type and also using a ranking criteria from 1 to 5, where 1 is the easiest to implement and 5 being the most difficult. At present for the IJB to meet the savings needed we need to go to prioritisation level 4.

She asked the Board to note that there is a further £2.1 million savings options being worked on and that £0.9 million of savings are already completed from work undertaken this year.

When we look at the savings requirement by partner against our council contribution we need £5.9 million and we have identified £7.9 million.

Against the health contribution we need £3.9 million and we have £1.9 million identified, with a further £2.1 million being worked on.

Different staff terms and conditions give us far less flexibility when looking at redesign within our health employed workforce and to achieve the required level of redesign savings we are exploring any shared opportunities with partners and other HSCPs. Again we are mindful that the prescribing pressure is the key cost driving the level of savings we need to make.

The Chief Financial Officer highlighted that it also fundamentally important that the savings challenge we set recognises that not everything will go to plan, there will likely be slippage or changes against some proposals and there needs to be enough flexibility to allow for this and to allow us to plan ahead with confidence for 2025/26.

Whilst the proposed budget for the coming year shows a balanced position the risks to implementation of the savings and ensuring financial sustainability cannot be underestimated.

The workforce will be further impacted and we will continue working closely with our trade union colleagues and our partners as the year progresses.

Detailed monitoring of the budget will continue to take place through the revenue budget monitoring reporting, with an emphasis on delivery of savings. Any in year changes to funding will also be reported through this route.

The indicative financial direction amounts to partners was included at Appendix 3 to the report and subject to any decision taken by the IJB the direction letters will be issued in due course.

The Chair thanked the Chief Financial Officer for her comprehensive report and noted that the consistent budget reporting and budget seminars had meant that there were no surprises for the Integration Joint Board.

Board Members noted that Integration Joint Boards throughout Scotland were experiencing similar challenges. They inquired whether management could provide assurances regarding achieving savings and avoiding a repeat situation in the future.

The Chief Officer emphasised that achieving savings would be very challenging, but confirmed that detailed budget monitoring reports will continue to be presented to the Integration Joint Board. The budget is also a recurring topic at both the Senior Management Team and the Extended Senior Management Team meetings. The Chief Officer expressed gratitude to the Council for their support during the current financial year, and mentioned upcoming meetings with NHSGCC to discuss service planning and redesign for the next year and to explore more opportunities for savings. Partnership working with the third sector and other partners is also being considered.

The Integration Joint Board agreed to:

- a) accept the budget contribution of £72.794 million from East Renfrewshire Council;
- b) accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding;
- c) accept the delegated budget for aids and adaptations of £0.530 million;
- d) accept the indicative budget contribution of £85.091 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board;
- e) accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde;
- f) agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget;
- g) agree the continued implementation of the Real Living Wage uplift to our partner providers; and h) agree to receive charging proposals at a future meeting of the IJB, resulting from the working group.

7. REVENUE BUDGET MONITORING REPORT

The Integration Joint Board considered a report by the Chief Financial Officer on the Revenue Budget position as at 31 January 2024.

The Chief Financial Officer reported that the current projected overspend for the year is £4.674m and that this reflects the full extent of the under achievement of savings in the current year. This is the position after allowing for use of all reserves and after applying the £0.687m in-year from East Renfrewshire Council.

The Chief Financial Officer highlighted that she had allowed for just over £3.8m legacy savings along with current service pressures within care at home, learning disability in patient observation costs and prescribing cost and volume pressures as part of the budget proposed for 2024/25.

The position by service along with the movement since the last reporting period was included in the report and the Board were asked to approve the budget virements as set out at Appendix 7.

The Chief Financial Officer further reported that discussions remain ongoing with both partners (NHS Greater Glasgow and Clyde and East Renfrewshire Council) and the final value of the collective financial recovery support will be agreed as part of the respective year-end outturn positions.

Board Members enquired about staffing and agency costs, seeking clarification on efforts to minimise the use of agency workers. Officers confirmed that this issue is under scrutiny, with different work streams addressing it, including re-evaluating shift patterns, implementing some service redesign, and preparing for a recruitment campaign. It was emphasised that any service redesign or changes in work patterns would involve consultations with HR and Trade Unions. The NHS staff representative also mentioned positive relationships with staff engaged in any proposed changes.

The Integration Joint Board agreed to:

- a) note the projected outturn for the 2023/24 revenue budget;
- b) note that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year;
- c) note that East Renfrewshire Council has indicated support to the Integration Joint Board for social care pressure costs on a non-recurring basis this financial year; and
- d) approve the budget virement requested within the report.

8. SAVINGS, RECOVERY AND RENEWAL PROGRAMME

The Integration Joint Board considered a report by the Chief Financial Officer on the HSCP Savings, Recovery and Renewal Programme.

The Chief Financial Officer highlighted that exception updates on a range of projects were detailed at paragraphs 5 to 8 of the report. She also confirmed that a preferred bidder, the Access Group with their system called Mosaic, has been selected for the replacement of the Case Recording System. Work on this project is ongoing with a fairly challenging implementation timetable for the year ahead.

The Chief Financial Officer further reported that project briefs and initial scoping work for telephony and transport projects are now complete and both will be considered in the coming weeks.

She further highlighted that moving forward, the Recovery and Renewal Programme reports will concentrate on key projects and areas for improvement, while the savings aspect will be included in the regular financial monitoring reports.

Board Members expressed their appreciation to officers for their efforts in terms of the Case Recording System and viewed the selection of a preferred bidder as a positive step, especially considering the increased workload offers face at year end. Board

Members also commented that they looked forward to hearing more about the telephony and transport projects when more information is available.

The Integration Joint Board agreed to note the report.

9. EAST RENFREWSHIRE SUICIDE PREVENTION STRATEGY AND ACTION PLAN 2024-2027

The Integration Joint Board considered a report by the Head of Adult Services: Learning Disability and Recovery Services on the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027.

The Head of Adult Services: Learning Disability and Recovery Services reported that following the publication of the national Suicide Prevention Strategy and Action Plan 2022-2032 "Creating Hope Together," local authority areas are required to develop and implement their own strategies.

The purpose of the East Renfrewshire Suicide Prevention Strategy and Action Plan is to outline the HSCP's vision and strategic priorities to reduce suicide rates in East Renfrewshire. It also aims to enhance mental health and well-being by establishing suicide-safe environments with well-informed communities and staff.

The East Renfrewshire Suicide Prevention Strategy and Action Plan closely aligns with the NHS Greater Glasgow and Clyde Mental Health Strategy 2023-2028. The strategy and action plan was created collaboratively with partners such as Scottish Action for Mental Health (SAMH), Education, Police, Carers Centre, and individuals with personal experiences.

During the discussion, there was clarification that suicide deaths did not include those related to drugs and alcohol, with separate reports published annually on drug and alcohol-related deaths.

Board Members inquired about the current number of individuals receiving support. The Chief Officer emphasised that Mental Health Services are actively engaged in suicide prevention efforts, working with around 1,400 individuals at any given time.

Board Members also highlighted that one of the biggest challenges would be encouraging people to talk about suicide and it was suggested that delivery plans should explicitly mention the groups being engaged, such as Men's Sheds and Football clubs.

Suggestions were made by Board Members to include specific timelines or dates against the various actions. The Chief Officer confirmed that a comprehensive Implementation Plan with timelines and responsible officers would be developed and shared with Board Members.

Board Members welcomed the Suicide Prevention Strategy and Action Plan, noting the importance of involving individuals with lived experience. While acknowledging the low number of suicides in East Renfrewshire, they emphasised that every death was

a tragedy. Additionally, they recognised the challenge in measuring success as you may never know how many lives have been saved.

The Integration Joint Board agreed to approve the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027.

10. EAST RENFREWSHIRE ALCOHOL AND DRUG STRATEGY 2024-27

The Integration Joint Board considered a report from the Head of Adult Services on Learning Disability and Recovery Services regarding the East Renfrewshire Alcohol and Drug Strategy for 2024-2027.

The Head of Adult Services: Learning Disability and Recovery highlighted that the goal of the Strategy is to outline the vision and key priorities aimed at reducing and preventing harms associated with alcohol and drug use, such as fatalities. Additionally, it aims to enhance the quality of life for individuals impacted by harmful alcohol and drug consumption, as well as their families.

The Strategy will be delivered in a context of building on the successes of the previous Alcohol and Drug Strategy, continued strengthening of the lived and living experience voice within strategy and services while making a strong contribution to the National Mission. There will be a robust approach to monitoring and reporting on the delivery of actions, outcomes and impacts.

Board Members raised concerns about the potential concealment of drug-related problems; individuals with addiction issues, such as cocaine addiction, may function normally without detection. It was highlighted that a significant aspect of the new strategy would focus on removing stigma and promoting awareness about the available help and support. Additionally, the Alcohol and Drug Partnership (ADP) had been testing other outreach approaches, including using the Turning Point Mobile Van, to eliminate barriers and encourage individuals to seek assistance.

Board Members also mentioned the ongoing collaborations with the East Renfrewshire Licensing Board, Barrhead Housing Association, and other organisations to address gambling addiction. They suggested reaching out to GAMCare for assistance and proposed including gambling addiction in the Strategy. Officers confirmed there is a Gambling Focus Group across HSCPs and noted that this issue is also addressed through the Violence Against Women and Girls (VAWG) partnership.

The Chief Officer noted the progress of the East Renfrewshire ADP and praised the strong collaboration within the group. Acknowledging the IJB for their challenging input, she also outlined plans for the Recovery Hub in Barrhead. The Community Steering Group will stay involved throughout the project, shaping the programming and activities within the hub. The ultimate goal is for the hub to be community-driven. She further highlighted the higher-than-average alcohol consumption in East Renfrewshire and emphasised that while funding is more focused on tackling drug-related issues, the ADP will be flexible.

It was also highlighted that the text in the green bubble on page 12 of the strategy titled "East Renfrewshire and Alcohol and Drugs – Data profile" was cut off. Officers confirmed this would be corrected prior to publication.

The Integration Joint Board agreed to approve the East Renfrewshire Alcohol and Drugs Strategy 2024-2027.

11. PRESENTATION: DELAYED DISCHARGE POSITION

The Integration Joint Board received a presentation on delayed discharges from the Head of Adult Services: Communities and Wellbeing.

It was highlighted that East Renfrewshire's performance in standard delays has dropped, moving from 2nd to 7th place in Scotland. There has been a slight improvement in Code 9 delays.

The key factors affecting performance are housing delays, increased referrals and delays in the court system. However, the service remains focused in improving performance and ensuring patients do not stay in hospital longer than necessary.

Discussion took place on the importance of hospital staff promptly advising family members when a patient is not going home. There was also discussion on the NHSGCC Home for Lunchtime initiative and how participation in the NHSGCC Day of Care Audit would help identify challenges and also areas of good practice.

The Integration Joint Board agreed to note the presentation.

12. CLOSING REMARKS

The Chair thanked everyone for their attendance and the officers for their detailed reports. She highlighted that while the Board had made some challenging and difficult decisions with a very heavy heart, there is still a lot of fantastic work taking place.

13. DATE OF NEXT MEETING

The next meeting of the East Renfrewshire Integration Joint Board will be held on Wednesday 26 June 2024 at 2.30 pm.

CHAIR