

Minute of Meeting of the East Renfrewshire Integration Joint Board held on Wednesday 14 August 2024 at 10:00 a.m. in Civic Room 2, East Renfrewshire Council Offices, 211 Main Street, Barrhead, G78 1SY.

PRESENT

Councillor Katie Pragnell (Chair)
Mehvish Ashraf, NHS Great Glasgow & Clyde Board
Lesley Bairden, Chief Financial Officer (Integration Joint Board)
Councillor Caroline Bamforth, East Renfrewshire Council *
Martin Cawley, NHS Greater Glasgow & Clyde Board
Martin Cawley, NHS Greater Glasgow & Clyde Board
Councillor Paul Edlin, East Renfrewshire Council
Dr Claire Fisher, Clinical Director*
Dianne Foy, NHS Greater Glasgow & Clyde Board *
Anne Marie Kennedy, Third Sector Representative
Andrew McCready, Staff Representative (NHS)
Geoff Mohamed, Carers Representative *
Julie Murray, Chief Officer (Integration Joint Board)
Councillor Owen O'Donnell, East Renfrewshire Council
Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)

CHAIR

Councillor Katie Pragnell

IN ATTENDANCE

Lesleyann Burns, Assistant Democratic Services Officer, East Renfrewshire Council
Ruth Gallagher, Chief Executive, Voluntary Action East Renfrewshire.
Pamela Gomes, Governance and Compliance Officer, East Renfrewshire HSCP *
Noleen McCormick-Heart, Self-Directed Support Implementation Manger, East Renfrewshire HSCP
Anne McMillan, Primary Care Transformation Manager, East Renfrewshire HSCP
Lee McLaughlin, Head of Adult Services: Wellbeing & Communities, East Renfrewshire HSCP
Craig Menzies, Barrhead Locality Manager, East Renfrewshire HSCP
Adam Orr, Service Manager, East Renfrewshire HSCP
Kirsty Ritchie, Senior Communications and Campaigns Officer, East Renfrewshire Council
Barry Tudhope, Democratic Services Manager, East Renfrewshire Council

(*) indicates remote attendance.

1. OPENING REMARKS

- 1.1. The Chair welcomed everyone to the meeting of the Integration Joint Board and introduced Martin Cawley and Cath Coonie, who had been appointed by NHS Greater Glasgow and Clyde as Voting Members of Board. The new Board Members shared brief introductions, along with insights into their prior work experience.
- 1.2. The Chair also reminded the Board that Mehvish Ashraf would also now be responsible for Chairing the Integration Joint Board Performance and Audit Committee.
- 1.3. The Integration Joint Board extended a warm welcome to the new Board members and noted the appointment of Mehvish Ashraf as the Chair of the Performance and Audit Committee.

2. APOLOGIES FOR ABSENCE

2.1 There were no apologies for absence.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest intimated.

4. MINUTE OF PREVIOUS MEETING: 26 JUNE 2024

4.1 The Minute of the Meeting of the Integration Joint Board held on 26 June 2024 was approved subject to an amendment to the spelling of Geoff Mohamed's surname.

5. MATTERS ARISING

5.1 The Chief Officer confirmed that there were no matters arising from the meeting of the Integration Joint Board held on 26 June 2024.

6. ROLLING ACTION LOG

6.1 The Integration Joint Board considered a report from the Chief Officer detailing all ongoing actions and those that had been completed since the previous meeting of the Integration Joint Board on 26 June 2024.

6.2. The Chief Officer highlighted that payment of revised fees for Foster Care, Kinship and Adoption, initially set for mid-August 2024, had now been postponed until mid-September 2024.

6.3 The Chief Officer also informed the Board that an Easy Read version of the East Renfrewshire Adult Carers Strategy 2024 – 2027 had been created, a link to which would be provided to Board Members when the document was published.

6.4 The Integration Joint Board agreed to note the report.

7. MINUTE OF PERFORMANCE AND AUDIT COMMITTEE: 26 JUNE 2024

7.1 The Integration Joint Board agreed to note the Minute of the Meeting of the Integration Joint Board Performance and Audit Committee held on 26 June 2024.

8. PRESENTATION: ADULT SERVICES FRONT DOOR AND PROFESSIONAL AND PEER REVIEW GROUP

8.1 The Integration Joint Board received a presentation on the Initial Contact Team (The Front Door) and the Peer Professional Review Group (PPRG).

8.2 The Initial Contact Team (ICT), comprising social work, occupational therapy and third sector professionals, served as the front door for support. Its primary roles included providing social work and Occupational Therapy (OT) support, aiding individuals with appropriate adaptations, and signposting to relevant services based on needs. The

team employed the Signs of Safety and Good Conversation models to assess individual circumstances and foster a supportive environment.

- 8.3 Referrals to the Team were received via SCI Gateway, telephone, email, and professional referral or self-referral. Each referral received was screened by Business Support and Duty Workers, the Team involved in this first contact having had appropriate training and access to professional support.
- 8.4 The Team Manager screened each referral and made a decision within one working day of receiving the referral on the appropriate action to be taken. It was the responsibility of the Team Manager to decide how the referral should be progressed, applying the Supporting People Framework.
- 8.5 Currently, the ICT included a Team Manager, an Advanced Practitioner, four Social Workers, and two Social Work Assistants, though they faced staffing challenges due to a vacant position. High demand required two Social Workers to be on duty daily to handle calls and visits, while referrals were managed through a thorough screening process.
- 8.6 The OT Team, led by a Team Manager and consisting of two Occupational Therapists and five OT Assistants, addressed requests for aids and adaptations to help individuals remain in the community. They performed various assessments, including functional and palliative care assessments.
- 8.7 The Service had developed over the last two years, but it was acknowledged that the Health and Social Care Partnership was evolving. As the service sought to improve and navigate ongoing pressures with capacity and demand, issues to be looked at included:-
 - Renaming the team to Initial Response Team, rather than Initial Contact Team, to better reflect its role;
 - Enhancing data capture to better illustrate the Team's activities;
 - Increasing throughput of cases for assessment by the recruitment of a Social Work Assistant to help improve protected time for staff; and
 - Building resilience within the ICT in light of recent changes to Talking Points.
- 8.8 The Supporting People Framework promoted a strengths and assets-based approach to assessment and care management, using a Strengths-Based Case Management approach.
- 8.9 This approach combined a focus on individuals' strengths with three other principles:-
 - Promoting the use of informal supportive networks;
 - Proactively facilitating access to the community for the support people needed to live a good life; and
 - Emphasising the relationship between the client and case manager.
- 8.10 It could help to prepare for the Resource Enablement Group, showing that all other options had been explored and applied to the person's overall assessment. It allowed high standards of service delivery to be maintained by informing, building networks, supporting a strengths and assets based approach and delivering a consistent, equitable and fair service to the people who were supported.
- 8.11 Working with the Supporting People Framework (SPF), it allowed professionals to be consistent in their practice. For both the panel and the professionals using PPRG, it expanded learning, bringing it to life. It supported a broader view across all discipline areas of health and social care, really knowing the people who were supported and what they were experiencing.

- 8.12 It also supported professionals to identify gaps within the community of resources, organisations, networks and assets available and where more or less of these were needed. It was considered challenging to shift resources to those areas that needed it most, when what was available was not known. PPRG supported this monitoring and the impact of people supported using the SPF.
- 8.13 The national Self Directed Support (SDS) Guidance highlighted 'Involvement and Co-production', with there being commitment to building on the skills of people. A human rights based approach was taken to social care delivery, one of the key principles of this being participation. People who used services had unique insights into their successes and failures. Using this knowledge and working together meant services could be delivered that truly met the needs of the people using them.
- 8.14 PPRG allowed services to follow the four principles of Involvement and Co-production- Review, Do, Analyse and Plan, leading to the co-production of services through public social partnership. Bringing the panel of experts from across the partnerships within the community together brought this to life and supported good practice.
- 8.15 This also supported the Social Work profession to be creative with their professional assessment. The PPRG did not look to criticize the assessment, it supported the worker by providing opportunity for creativity, doing things differently and creative listening. It was known that our teams in the HSCP had good discussions as part of their team meetings and this did not replace this.
- 8.16 This was a different forum with a varied panel of partners, both internal and external. The Social Worker was responsible for taking the advice, direction, sign posting, ideas etc. away from PPRG and informing their assessment and using the information to support the individual.
- 8.17 It was known that this supported time for social workers allowing them to explore options in one space. It put into practice 'what good looked like' within the standards of SDS and the SDS national guidance.
- 8.18 The Board were provided with examples of Case Studies supported by the PPRG and it was highlighted that feedback from staff on the PPRG was exceptionally positive.
- 8.19 Board Members sought, and were provided with, clarification on how the Supporting People Framework assisted practitioners in decision-making. The Chief Officer reported that a session for East Renfrewshire Elected Members regarding the Supporting People Framework was scheduled for September. Additionally, Board Members expressed their encouragement upon hearing various case studies and staff feedback.
- 8.20 The Integration Joint Board unanimously agreed to acknowledge the presentation.

9. HEALTH AND CARE EXPERIENCE SURVEY – ACCESS TO PRIMARY CARE RESULTS

- 9.1 The Integration Joint Board considered a report by the Clinical Director on feedback from East Renfrewshire residents through the Scottish Health and Care Experience (HACE) survey 2024, specifically in relation to primary care.
- 9.2 It was noted that the return rate in East Renfrewshire exceeded the national average, with respondents rating their experience as either more positive or comparable to that of 2022. Key findings for East Renfrewshire included:-

- 75% of respondents rated the overall care provided by their GP practice positively;
- 75% expressed satisfaction with the opening hours of their GP practice;
- The return rate surpassed the national average, with 75% of respondents indicating happiness with their experience;
- 93% of respondents understood the information they received;
- 90% felt they were listened to during their consultations; and
- 89% believed they were treated with dignity and respect.

9.3 The Clinical Director also pointed out some negative responses:-

- Only 68% of respondents reported being able to make an appointment with their doctor three or more days in advance; and
- Only 45% felt they could arrange to see a Mental Health Practitioner at their practice.

9.4 Board Members inquired about the availability of data on exclusions, specifically regarding East Renfrewshire residents who were not served by local services. The Chief Officer confirmed that there were more individuals registered with East Renfrewshire practices than actually resided in the area, and future reports could include some analysis on this.

9.5 Additionally, Board Members asked whether data was available at a practice level. It was confirmed that a link to the performance dashboard was included in the report, and future reports could, where feasible, provide a breakdown by clusters.

9.6 The Chief Officer assured the Board that further investigation would be conducted to understand why 45% of respondents felt they were unable to arrange appointments with Mental Health Practitioners at their practices.

9.7 The Clinical Director indicated that demand for GP services had increased significantly in recent years, with most practices reporting a busier environment than before the pandemic. GPs and the newly established multidisciplinary practice teams would continue to explore innovative approaches to care delivery in order to address these challenges.

9.8 The Integration Joint Board agreed:-

- (a) to note the report; and
- (b) that where possible, future reports should include a breakdown of GP clusters.

10. PRIMARY CARE IMPROVEMENT PLAN COMMUNITY TREATMENT AND CARE SERVICE: BLOODS AND GO

10.1 The Integration Joint Board considered a report by the Clinical Director providing an overview of the newly developed 'Bloods and Go' phlebotomy service as part of the East Renfrewshire Primary Care Implementation Plan, Community Treatment and Care service.

10.2 The service operated on a drop-in clinic model, eliminating the need for a booking or appointment system. It also allowed patients to receive blood tests on the same day and leave immediately. The 'Bloods and Go' service focused solely on phlebotomy, with no other clinical interventions provided.

- 10.3 This service was available at the Eastwood and Barrhead Health and Care Centres, utilising repurposed consultation spaces at both. The service catered for individuals aged 16 and over from all 15 GP practices, operating Monday to Friday from 8:30 a.m. to 4:30 p.m.
- 10.4 The 'Bloods and Go' service had been piloted in both Centres with several GP practices during the first two weeks of June 2024 before being fully implemented across all 15 GP practices. To date, the service had successfully served over 2,000 patients across both Health and Care Centres, feedback from patients, staff and GPs having been positive.
- 10.5 Board members enquired whether the new service had affected the standard phlebotomy service. It was confirmed that the standard service dealt with mainly hospital sites, with the 'Bloods and Go' service being a completely separate one.
- 10.6 Additionally, Board members expressed their congratulations to the staff involved in the development of the 'Blood and Go' service.
- 10.7 The Integration Joint Board agreed to note the report.

11. ALCOHOL AND DRUG PARTNERSHIP (ADP) MEDICATION ASSESSMENT TREATMENT STANDARDS

- 11.1 The Integration Joint Board considered a report by the Chief Officer providing an update on the recent national assessment of East Renfrewshire's progress concerning the Medication Assisted Treatment (MAT) Standards.
- 11.2 The Chief Officer indicated that all Alcohol and Drug Partnership areas had been formally evaluated, with East Renfrewshire achieving green ratings for Standards 1 to 5 and provisional green ratings for Standards 6 to 10.
- 11.3 Feedback from service users and staff had been overwhelmingly positive. Continued efforts would focus on promoting the service and reducing associated stigma.
- 11.4 The Integration Joint Board agreed to note the report.

12. AUDIT SCOTLAND REPORT: INTEGRATION JOINT BOARDS FINANCE AND PERFORMANCE 2024

- 12.1 The Integration Joint Board considered a report by the Chief Financial Officer, which provided an overview of and highlighted key messages from the Accounts Commission report published by Audit Scotland on 25 July 2024, concerning the finances and performance of Integration Joint Boards.
- 12.2 The Chief Financial Officer informed the Board that the contents of the report would not come as a surprise, as many of the issues and challenges reflected local discussions. She emphasised that community health and social care were facing unprecedented pressures and financial uncertainty, with rising unmet need.
- 12.3 She indicated for context, that the report was based on financial data from the 2022/23 financial year, looking forward to 2023/24. Given the Board's financial recovery position in 2023/24, the Board benchmarked in a worse position, albeit a number of Integration Joint Boards nationwide were engaged in recovery discussions.

- 12.4 The report outlined seven key messages, beginning at Paragraph 8, accompanied by a brief indicator of the local position. Key message 3 addressed workforce pressures and capacity challenges across the sector, including impacts of the COVID pandemic, the cost of living and the United Kingdom's withdrawal from the European Union.
- 12.5 Key message 5 highlighted financial challenges and the report also detailed where the IJB was referenced in 3 exhibits in the Auditor's report. Exhibit 5 illustrated that, during 2022/23, the IJB had had a modest general reserve, ranking fifth from the bottom when comparing all reserves as a proportion of the net cost of services. The Chief Financial Officer highlighted that the IJB had used a significant portion of reserves throughout 2022/23, and depleted the remainder as part of the financial recovery efforts.
- 12.6 It was reported that one of the most concerning findings in the report indicated that the projected funding gap across the country had nearly tripled for 2023/24, with financial sustainability risk identified in the vast majority of IJBs.
- 12.7 The Chief Financial Officer highlighted that the report presented five recommendations starting from paragraph 21, with her initial thoughts noted after each. While these recommendations were not new for the IJB, setting a balanced budget was increasingly challenging.
- 12.8 Although the report primarily focused on IJBs, it was considered crucial that all bodies collaborated to address the significant and complex challenges facing primary and community health and social care, with IJBs alone being unable to resolve the sector's crisis.
- 12.9 The next version of this annual report would be produced jointly with the Auditor General for Scotland, would adopt a whole system approach, and would make recommendations to the Scottish Government, local councils, NHS boards, and IJBs as appropriate.
- 12.10 Councillor Edlin requested that the Board formally minute their concerns regarding funding pressures, and the Chair highlighted that she had already communicated these concerns in a letter to the Cabinet Secretary for Health and Social Care in May 2024. Board Members also expressed disappointment that the Auditor's report had been published during the political recess period.
- 12.11 The Integration Joint Board agreed to:
- (a) note the contents of the report; and
 - (b) note that the Auditor's report would also be considered by East Renfrewshire Council's Audit and Scrutiny Committee in due course.

13. REVENUE BUDGET MOTORING REPORT

- 13.1 The Integration Joint Board considered a report by the Chief Financial Officer on financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.
- 13.2 The Chief Financial Officer highlighted that this was the regular monitoring report for the Integration Joint Board, and the first report of the current financial year.
- 13.3 She highlighted that the financial position at the end of the year indicated an overspend of £1.241 million, equivalent to 0.76% of the total budget.

- 13.4 The table at paragraph 4 of the report outlined the reasons for this overspend:-
- A projected shortfall of £2.713 million against savings plans;
 - A pension gain of £2.067 million; and
 - Operational pressures amounting to £0.595 million.
- 13.5 Additionally, the table detailed the overspend in relation to partner contributions, revealing that the projected overspend regarding NHS-funded activities was primarily driven by prescribing pressures, this being a combination of savings still to find to offset this cost and the continued increase in prescribing volumes.
- 13.6 The Chief Financial Officer confirmed that work with the NHSGGC Central Prescribing Team was ongoing to identify further savings opportunities in this area.
- 13.7 The Health and Social Care Partnership was actively exploring system-wide or shared service options with other Health and Social Care Partnerships to get NHS costs within budget. The required savings directly correlated with pressures in prescribing costs.
- 13.8 In terms of social work and social care funded activity, the Chief Financial Officer reported a projected underspend of £0.692 million after offsetting the expected savings shortfalls and operational pressures.
- 13.9 The table in paragraph 8 reminded IJB members that a savings target of £7.892 million was set against the social care budget, despite there being an initial requirement of £5.913 million savings to balance the pressures as part of the budget.
- 13.10 The rationale for the planned over-recovery was twofold:-
- To ensure sufficient recurring savings by 2026/27, to allow for the impact of when the non-recurring pension gain ended; and
 - To maintain flexibility in managing any in-year shortfalls or changes to savings within the budget.
- 13.11 The £1.187 million shortfall in savings, detailed in paragraph 12, mainly related to care at home, with £0.5 million stemming from Care at Home reviews. The supporting people framework was a vital component of the savings program.
- 13.12 As of 13 August 2024, the latest position indicated that, for all care groups, 676 reviews had been completed, representing 44.7% of the total, with £1.605 million in savings achieved, representing 40.1% of the total £4 million target. Of the completed reviews, 64 individuals had agreed to a reduction, which had yet to be reflected in the savings figures.
- 13.13 The Chief Financial Officer confirmed that work continued on the savings programme. There would be additional capacity from August as a result of the invest-to-save funding provided by the Council to support review capacity, transition planning and income generation. This £700k funding would fund these initiatives along with additional HR and recruitment support over a 24 month period.
- 13.14 The Chief Financial Officer highlighted that detailed progress on all savings initiatives was provided at Appendix 6 of the report.
- 13.15 Furthermore, there was an anticipated full-year effect of approximately £0.4 million from all savings achieved thus far in 2025/26. As usual, the operational position by service was presented, with explanations provided for the main variances.

- 13.16 The Chief Financial Officer confirmed that the HSCP remained committed to exploring every opportunity to reduce costs, particularly within NHS-funded activity, to balance pressures come year end.
- 13.17 Board members inquired about the policies and guidelines related to prescribing and deprescribing. The Chief Officer and Clinical Director confirmed that guidance was provided to General Practitioners (GPs) regarding these practices, and that this would continue.
- 13.18 Additionally, the Chief Officer advised that discussions had been ongoing with the Prescribing Director at NHS, and that training sessions concerning prescribing and deprescribing guidance were being organised by NHSGCC.
- 13.19 It was highlighted that the information presented in Appendix 6 of the report was difficult to read. The Chief Financial Officer confirmed that this would be reviewed for future reports.
- 13.20 The Integration Board agreed to:-
- (a) note the projected outturn for the 2024/25 revenue budget;
 - (b) note that the Chief Officer and her management team continued to work on actions to deliver savings and mitigate cost pressures in the current year;
 - (c) approve the budget virements requested within the report; and
 - (d) note that the Chief Financial Officer would review the style/layout of Appendix 6 (Savings Progress) for future reports.

14. CHARGING FOR SERVICES

- 14.1 The Integration Joint Board considered a report from the Chief Financial Officer regarding Charging for Services for the financial year 2024/25 and beyond.
- 14.2 The Chief Financial Officer reported that many Board Members had engaged in a thorough discussion on this report during a seminar held on 29 May, where the findings of the Income Generation Short Life Working Group had been presented.
- 14.3 The purpose of the report was to provide an update from this Working Group, propose adjustments to the charges for community alarms and Bonnyton House, and lay the groundwork for a forthcoming report to be presented to the Board in September, which would outline the proposed implementation of charging for non-residential care services.
- 14.4 The Integration Joint Board had expressed reluctance, but agreed to the proposed in-year increase and the implementation of non-residential charges from 2025/26. However, the timeline had been revised due to the UK General Election. To ensure transparent governance, this report was being presented again, now with a revised timescale for the in-year increases.
- 14.5 The background and rationale had been extensively discussed and was detailed in the report, along with updates from the Working Group. Further detail on the proposed increases in charges for existing services and the introduction of new charges would be provided in September 2024, with the Working Group meeting again soon to review options.

- 14.6 For the 2024/25 fiscal year, the benchmark information for community alarms, as indicated in paragraph 31 of the report, showed that the current charge of £3.25 per week was the second-lowest. The proposed charge, effective from 1 January 2025, would increase this to £4.90 per week, generating an estimated £48k in income this year, rising to £193k in a full year.
- 14.7 It was anticipated that there would be cost implications to consider regarding the analogue-to-digital switchover, with updates to be provided in September regarding proposed charges for 2025/26.
- 14.8 For Bonnyton House, the proposed weekly charge would rise to £960 from the current charge of £913, which was expected to yield approximately £6,000 this year, increasing to around £26,000 in a full year. The benchmarking for Bonnyton was more complex, but the data presented in paragraph 36 of the report indicated that the charges were roughly in the middle range.
- 14.9 It was acknowledged that the current charge for Bonnyton did not fully cover the cost of the service, and various options were being explored for future years. All charges were determined based on the ability to pay and required approval from the Council under existing legislation. A draft report for the Council's Cabinet was appended to the report for information.

The Integration Joint Board agreed to:-

- (a) note the progress on the implementation of charging for non-residential care;
- (b) note the draft report to East Renfrewshire Council's Cabinet for 5 September 2024 that proposed increases to existing charges for Community Alarms and for Bonnyton House, in accordance with the recommendations of the IGSLWG, effective from 1 January 2025;
- (c) increase charges for Community Alarms to £4.90 per week, increased from £3.25;
- (d) increase charges for Bonnyton House to £960 per week, increased from £912.80; and
- (e) receive a detailed report in September 2024 confirming the proposed approach for 2025/26.

15. PRESENTATION: DELAYED DISCHARGE POSITION

- 15.1 The Integration Joint Board received a presentation from the Head of Adult Services: Wellbeing and Communities on delayed discharges.
- 15.2 It was highlighted that the East Renfrewshire Health and Social Care Partnership was ranked second nationally for delayed discharges per 100,000 population, and third within NHS Greater Glasgow and Clyde.
- 15.3 A slight increase had been observed in the four-week average for Adults with Incapacity (AWI), which had emerged as the predominant delay code for the Health and Social Care Partnership. Despite this increase in the four-week average of AWI delays, there had been an overall reduction in AWI delays for the East Renfrewshire Health and Social Care Partnership. As of 13 August 2024, 85% of discharges were completed without delays.

- 15.4 The Chief Officer informed the Board that discussions were ongoing with the Cabinet Secretary for Health and Social Care and Councillor Kelly, the Health and Social Care spokesperson from the Convention of Scottish Local Authorities (COSLA), regarding delayed discharges.
- 15.5 Board members inquired whether there was a seasonal effect influencing delayed discharges. Officers confirmed that while a seasonal effect existed, the current delays were primarily related to AWI legislation.
- 15.6 The Integration Joint Board agreed to note the presentation and to receive a further update at the next meeting.

16. DATE OF NEXT MEETING.

- 16.1 It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 25 September 2024 at 2.30 p.m., the venue for which was to be confirmed.