

**Minute of Meeting of the East Renfrewshire Integration Joint Board held on
Wednesday 20 November 2024 at 10.30 a.m. in the Council Chamber, East
Renfrewshire Council, Eastwood Park, Rouken Glen Road, Giffnock.**

PRESENT (*indicates online)

Councillor Katie Pragnell, East Renfrewshire Council (Chair)
Mehvish Ashraf, NHS Greater Glasgow and Clyde (Vice Chair)
Lesley Bairden, Chief Financial Officer (Integration Joint Board)
Martin Cawley, NHS Greater Glasgow and Clyde
Cath Cooney, NHS Greater Glasgow and Clyde
Councillor Paul Edlin, East Renfrewshire Council
Dr Claire Fisher, Clinical Director (HSCP) *
Dianne Foy, NHS Greater Glasgow and Clyde*
Annemarie Kennedy, Third Sector Representative
Catherine Lister, Staff Representative (ERC) *
Andrew McCready, Staff Representative (NHS)*
Geoff Mohamed, Carers Representative*
Julie Murray, Chief Officer (Integrating Joint Board)
Councillor Owen O'Donnell, East Renfrewshire Council
Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)
Julie Thomlinson, Chief Nurse (HSCP)

IN ATTENDANCE (*indicates online)

Lesleyann Burns, Assistant Democratic Services Officer, East Renfrewshire Council
Pamela Gomes, Governance and Compliance Officer (HSCP) *
Tom Kelly, Head of Adult Services: Learning Disability and Recovery (HSCP)
Lee McLaughlin, Head of Adult Services: Communities and Wellbeing (HSCP)
Margaret Phelps, Strategic Planning, Performance and Commissioning Manager (HSCP)
Steven Reid, Policy, Planning and Performance Manager (HSCP)
Lynne Siddiqui, Community Rehabilitation Team Lead
Barry Tudhope, Democratic Services Manager, East Renfrewshire Council

APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth

1. WELCOME

- 1.1 The Chair welcomed everyone to the meeting of the East Renfrewshire Integration Joint Board.

2. APOLOGIES FOR ABSENCE

- 2.1 Apologies for absence were noted.

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest intimated.

4. MINUTE OF PREVIOUS MEETING: 25 SEPTEMBER 2024

- 4.1 The Minute of the Meeting of the Integration Joint Board held on 25 September 2024 was approved subject to an amendment in terms of the spelling of Dianne Foy's name.

5. MATTERS ARISING

- 5.1 The Integration Joint Board considered a report by the Chief Officer on progress regarding matters arising from the discussion which took place at the Integration Joint Board meeting on 25 September 2025.
- 5.2 The Chief Officer highlighted that the Local Child Poverty Action Report (Year 6) was approved by the NHS Great Glasgow and Clyde Population Health and Wellbeing Committee on 22 October 2024, and that the Chief Social Work Officer's Annual Report 2023-24 was approved by East Renfrewshire Council on 23 October 2024.
- 5.3 The Chief Officer further highlighted that the Annual Audited Report and Accounts were signed and submitted to Ernst and Young immediately following the Integration Joint Board meeting on 25 September 2024.
- 5.4 The Integration Joint Board noted the report.

6. ROLLING ACTION LOG

- 6.1 The Integration Joint Board considered a report by the Chief Officer providing details of all open actions and those that had been completed, or removed from the log, since the last meeting.
- 6.2 Commenting on the report, the Chief Officer advised that a short video in relation to the Adult Carers Strategy 2024-2027 has been produced and was being edited and that a link would be circulated to Board Members when available.
- 6.3 The Integration Joint Board noted the report.

7. REVENUE BUDGET MONITORING REPORT 202/25

- 7.1 The Integration Joint Board considered a report by the Chief Financial Officer providing financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.
- 7.2 The Chief Financial Officer reported that the projected position to the end of the financial year shows an overspend of £1.784m or just over 1% of the total budget. This is an increase in projected cost of £0.097m since the last budget monitoring report was presented to the Board, and paragraph 5 of the report sets out the key reasons for this increase, namely a reduction in prescribing savings of £0.412m and operation spend reductions of £0.315m.
- 7.3 She highlighted that the projection by partner contribution showed an overspend of £2.497m against NHS funded activity and this is still driven by prescribing costs. Prescribing itself is projected to overspend by £2.706m based on the latest projection and the table at paragraph 31 of the report shows the components are savings shortfalls against identified plans of £0.187m, savings gap still to be identified of £1.841m against

the original estimated pressure and £0.678m new pressure since the budget was set. This is after £0.638m of savings from operational budgets for other services have offset some of the pressure.

- 7.4 The Chief Financial Officer also reported that work is ongoing with the NHS Greater Glasgow and Clyde Central Prescribing Team to help identify further savings opportunities. A Board wide session on prescribing was held on 19 November 2024, and focused on savings required by the end of the year. Further actions were agreed and subsequent revisions will be reported to the next meeting of the Board.
- 7.5 The Chief Financial Officer highlighted that, following a previous request from the Board, two tables had been included at paragraph 36 of the report. The first shows the top 10 drugs across NHS Greater Glasgow and Clyde and the East Renfrewshire percentage relating to these. The second table shows the cost of the top 10 most expensive drugs for East Renfrewshire. She further highlighted that the cost per item has reduced slightly from last year, however, volumes are still sitting at 3% higher.
- 7.6 The Chief Financial Officer advised that the position against social work and social care funded activity was projecting an underspend of £0.713m after offsetting the expected savings shortfalls and operational pressures.
- 7.7 The table at paragraph 9 of the report, shows that a savings target of £7.892m was set against the social care budget for the year, despite needing at the time £5.913m savings to balance the pressures as part of the budget.
- 7.8 She highlighted that just under 62% of savings had been achieved so far against the target and this equates to just over 83% of the minimum savings required to break even at the point of setting the budget.
- 7.9 The Chief Financial Officer advised the Board that the rationale for the planned over recovery was twofold - to ensure sufficient recurring savings by 206/27 to allow for the impact of the end of the non-recurring pension gain and to build in flexibility to ensure any in-year shortfalls or changes to savings could be managed within the budget.
- 7.10 This means there is a £1.473m shortfall against the higher savings with the key reasons set out at paragraph 13 of the report. With this shortfall, £0.668m relates to the Supporting People Framework. Given this is such a key element of HSCP savings, additional information was provided at paragraphs 14 through to 18 of the report.
- 7.11 The Chief Financial Officer advised that while she was reporting a shortfall of £0.668m this year, assuming plans to March 2025 remain on track, the recurring full year position shows that for next year the full £4m saving should be in place, with a potential £0.342m further savings. She confirmed that she would continue to monitor this and all savings as the year progresses.
- 7.12 The Chief Financial Officer further advised that within the report the operational position by service is set out with explanations for main varies from paragraph 23 onwards. Paragraph 42 of the report shows the local impact for the reduction in Mental Health bundle funding and how the HSCP will continue each of the three services impacted.
- 7.13 Paragraph 43 of the report shows that the HSCP has been advised of a £0.131m reduction in terms of multi-disciplinary teams which is a significant change from the funding last year of circa £0.840m. The Chief Financial Officer advised that lobbying is taking place nationally and at the Chief Officer had written directly to the Scottish

Government regarding this matter. To allow for a prudent assumption, this shortfall is included in the projected outturn for the current year.

- 7.14 The Chief Financial Officer then gave assurances that the Chief Officer and her management team were taking every opportunity to reduce costs, particularly within NHS funded activity to try to balance or at least mitigate pressures come year end.
- 7.15 The Clinical Director confirmed that patients have the option to notify their pharmacist if certain medications are not required. The Chief Officer also highlighted that both the Council and the HSCP have recently launched a communications campaign aimed at reducing waste and increasing awareness about the costs of prescribing, as well as how this affects other services. She advised that more efforts would be made on this campaign in the upcoming weeks.
- 7.16 Board Members enquired about any patterns or reasons behind the top 10 prescribed items, such as the impact of the cost of living or COVID. The Clinical Director stated that patterns would be examined at a future seminar. She highlighted that the population is growing, people are living longer, and chronic diseases are becoming more prevalent, indicating that it is not necessarily a result of COVID.
- 7.17 Board Members stressed the significance of strategic planning in terms of prescribing and suggested that this should be included in the new Strategic Plan for 2025-2028, which is currently under development.
- 7.18 Additionally, Board Members asked if there were any details regarding the potential consequences of changes to National Insurance and whether there would be any Government support to mitigate these effects. The Chief Financial Officer advised that in the past, funding had been provided to assist with costs like the Living Wage, but specifics regarding the impact were currently unclear until the Scottish Budget was set, and such changes could affect all procured items, leading to pressures next year.
- 7.19 The Chair reiterated the Board's thanks for the additional information on prescribing. She also highlighted that she was aware that Councillor Kelly, COSLA's Health and Social Care spokesperson, had also raised concerns about funding for disciplinary teams with the Scottish Government.
- 7.20 Councillor Edlin highlighted that medical practitioners are in a difficult position in terms of prescribing. He advised that these professionals are educated to put the patients first and financial constraints can cause ethical problems in this regard. Councillor Edlin urged the Board to consider that position carefully when considering any financial constraints in terms of prescribing.
- 7.21 The Integration Joint Board agreed to a) note the project outturn for the 2024/25 revenue budget; b) note that the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures in the current year; and c) approve the budget virement detailed at Appendix 7 of the report.

8. CHARGING FOR SERVICES 2025/26

- 8.1 The Integration Joint Board considered a report by the Chief Financial Officer on work to date on the proposed introduction of non-residential charging as well as proposing changes to existing charges for the coming financial year 2025/26.

- 8.2 The Chief Financial Officer highlighted that the background section of the report sets out the charges for the current financial year, approved by East Renfrewshire Council's Cabinet on 3 October 2024, and that these increases for Community Alarms and Bonnyton House take effect from 1 January 2025. The Council has the statutory duty to set charges.
- 8.3 She further reported that as with all existing and proposed charges these are linked to the ability to pay and this is established via a financial assessment.
- 8.4 Paragraph 10 of the report onwards provided an update on the engagement and communication events that have taken place, with further events scheduled.
- 8.5 She further highlighted that a questionnaire had been issued to allow the capture of wider feedback from attendees will assist in the production of an Equalities, Fairness and Rights Impact Assessment that will be provided to the Council's Cabinet on completion, following the last scheduled event.
- 8.6 A draft of the revised Charing Policy will also be presented to the Cabinet on completion of this work. As summary of the feedback captured at the events was attached as Appendix 1 to the report.
- 8.7 The Chief Financial Officer advised that a local petition had been set up and Elected Members had seen an increase in contact and correspondence from local residents regarding Charging for Services.
- 8.8 She further highlighted that since the Integration Joint Board last discussed these proposals, the UK Budget was announced and while there were indications that some funding may flow through to Scotland, she was not yet clear on the impact of this.
- 8.9 The Scottish Government Budget is to be announced on 4 December 2024, this is before the Council's Cabinet will take any decision on the proposed charges for the Health and Social Care Partnership. While she may know of any headline changes on 4 December 2024, she did not expect to see any detail until after 12 December 2024 at the earliest.
- 8.10 The Chief Financial Officer further reported that given the financial challenges the HSCP is facing, the IJB agreed to submit proposals for non-residential charging as the only way to generate the required income target. The Cabinet will consider this along with all proposed charges, as set out in the table of paragraph 18 of the report.
- 8.11 The approach is to add 2.3% inflation in line with Council approach, to then propose any further changes and allow for rounding for each. The rationale for each charge was set out at paragraphs 20 to 27 of the report.
- 8.12 The Chief Financial Officer confirmed that Board members would receive a copy of the Cabinet report including the Equalities, Fairness and Rights Impact Assessment and revised charges to the existing charging policy to incorporate the proposal for non-residential care.
- 8.13 Councillor O'Donnell highlighted that this was an anxious time for service users and carers. While many understand the financial challenges faced by the HSCP, there had been complaints received regarding the timing of consultations and communication provided. He suggested that lessons should be learned on how this is done better in future. He also commented that in terms of paragraph 29 of the report, regarding the maximum amount someone would pay, he was not sure that had been effectively communicated.

- 8.14 The Chief Officer confirmed that there would be reflection on the approach but it was worth noting that due to budget savings the HSCP had lost people who were responsible for engagement and that the HSCP will learn from that. She highlighted that the HSCP had engaged with over 300 people, and as part of their review, they will give more thought to engaging with service users with learning disabilities directly as well as their families.
- 8.15 Anne Marie Kennedy mentioned that the Third Sector Interface could assist with future communication and engagement efforts.
- 8.16 Councillor Edlin suggested that the Council's Cabinet should defer any decisions on the Charging for Services until more information about the Scottish Government budget becomes available. Following discussion, the Chair and Councillor O'Donnell advised that they sit on the Council's Cabinet and had noted Councillor Edlin's remarks.
- 8.17 The Chair thanked the Chief Financial Officer for her report and highlighted that she recognised that charging for services would be of significant concern to many local people and that lessons would be learned in terms of consultation and engagement. She indicated that the Board Members would have hoped that they would never have to charge for non-residential services. However, she was pleased that lobbying in terms of funding continues.
- 8.18 The Integration Joint Board agreed to a) note the update on the implementation of charging for non-residential care; and b) recommend the proposed charges for 2025/26 to be considered by East Renfrewshire Council's Cabinet on 5 December 2024.

9. DRAFT HSCP STRATEGIC PLAN 2025-28

- 9.1 The Integration Joint Board considered a report by the Policy, Planning and Performance Manager on progress in terms of the review of the East Renfrewshire Health and Social Care Partnership Strategic Plan. An initial draft of the Health and Social Care Partnership Strategic Plan 2025-28 was appended to the report.
- 9.2 The Policy, Planning and Performance Manager highlighted that the draft plan builds on existing vision and priorities and sets out key area of focus for the Health and Social Care Partnership in the years ahead and emphasises broader partnership working with third and independent sector partners and communities to meet the full range of needs in East Renfrewshire.
- 9.3. The plan will contribute to priorities and objects set out in East Renfrew's Community planning vision, *A Place to Grow* and NHS Greater Glasgow and Clyde's Clinical Strategy, *Moving Forward Together*.
- 9.4 He highlighted that during October 2024, two in-person stakeholder workshops were held in each locality—Barrhead and Eastwood—along with an online workshop that engaged 45 stakeholders. An online survey was also conducted to gather opinions on strategic outcomes, which contributed to shaping the draft plan.
- 9.5 In terms of the next steps, a comprehensive public and stakeholder consultation will be carried out through a brief questionnaire distributed to designated consultees, as well as promoting the draft on the HSCP website, social media platforms, and staff bulletins.

- 9.6 Discussing the draft Strategic Plan, Board Members enquired about the support available for the third sector. The Chief Officer confirmed that extensive work is done with Voluntary Action to assist third sector partners, and there is potential for developing social enterprises, which will be explored further.
- 9.7 Board Members also enquired about digital enablement, questioning whether it was an area of expertise or if it would require time to develop. The Head of Adult Services: Communities and Wellbeing confirmed them that significant progress has been made in transitioning individuals from analogue to digital solutions and there had been a lot of shared learning with other organisations and partners. Work is ongoing with both the Council's Housing Service and Barrhead Housing on digital technologies, the use of artificial intelligence was being explored in some areas.
- 9.8 In light of recent statistics on domestic violence, Board Members asked about the work being taken in terms of early intervention and prevention. The Head of Adult Services: Wellbeing and Communities confirmed that significant work is ongoing in this area, with the Chief Officer of the Public Protection Group currently collaborating with a group of young people. She advised the Board that she would speak with the young people with a view to them attending a future Board meeting to discuss this work.
- 9.9 The Board Members expressed appreciation for the plan's format and layout but noted that it contained a lot of text. They suggested incorporating more infographics in future versions and emphasised the importance of using accessible language, avoiding jargon. The Head of Adult Services: Communities and Wellbeing mentioned that previous Strategic Plans were supported by short videos, and a similar approach could be adopted for the new plan.
- 9.10 The Chief Officer advised members of the Integration Joint Board were welcome to attend the Strategic Planning Group and encouraged them to contact Policy, Performance and Planning Manager if they wished to participate.
- 9.11 The Chair expressed her thanks to all members of the Strategic Planning Group, Barrhead Housing, Voluntary Action, the Carers Centre, and others for their contributions and support in developing the draft strategic plan. She also shared her delight at the involvement of so many individuals from the two localities in shaping the plan.
- 9.12 The Integration Joint Board noted the report and the draft Strategic Plan.

10. CLINICAL AND GOVERNANCE ANNUAL REPORT

- 10.1 The Integration Joint Board considered a report from the Clinical Director regarding the Clinical and Care Governance Annual Report 2023-24 for East Renfrewshire. This report outlines the key elements of safe, effective, and person-centred care, aiming to provide assurance to NHS Greater Glasgow and Clyde.
- 10.2 The Clinical Director explained that the report summarises the work in Clinical and Care Governance covering the period from 1 April 2023, to 31 March 2024. She then took the Board through the report, highlighting the various governance structures in place and how these help mitigate risks. Notable areas of good practice were highlighted, including the Bloods and Go initiative, Pressure Ulcer Prevention, and support for adults with Attention Deficit Hyperactivity Disorder.

- 10.3 Additionally, the Clinical Director pointed out the good practice regarding learning from complaints. The structures and processes for Clinical and Care Governance continue to receive support from the Health and Social Care Partnership, and she praised the HSCP for the level of assurance reflected in the annual report.
- 10.4 Board Members thanked the Clinical Director for her report and enquired about the duration related to certain Significant Adverse Events. They were informed that these are often complex and while immediate clinical actions are taken, and independent reviews examine these events, allowing for further recommendations.
- 10.5 The Integration Joint Board noted the report.

11. CARE AT HOME REDESIGN PROJECT

- 11.1 The Integration Joint Board considered a report by the Head of Adult Services: Communities and Wellbeing which provided an update on progress in terms of the Care at Home Redesign Project.
- 11.2 The Head of Adult Services: Communities and Wellbeing reported that the Redesign of the Care at Home Service (Homecare and Telecare Services) was in response to growth in demand, as well as to improve efficiency, maintain the quality of care provided and achieve cost reductions.
- 11.3 Since the COVID pandemic there has been a national, sector- wide increase in demand for Care at Home Services. The Care at Home Review Project was mobilised in late 2023, to review both the in house service, and deliver optimum market share arrangements in partnership with external partners.
- 11.4 In terms of governance arrangements a Project Board, Chaired by the Chief Officer of the IJB and consisting of key stakeholders, including Trade unions, was established to have oversight of service redesign.
- 11.5 The Head of Adult Services: Communities and Wellbeing highlighted that paragraph 8 of the report set out the service design principles applied in developing the new practice model which includes a focus on reablement to support people at the earliest opportunity, more use of technology as part of day to day operations, changing some of the roles within the service and a stronger focus on staff moral and wellbeing.
- 11.6 She highlighted a range of developments in terms of the project, as detailed in the report, highlighting that new management roles within the service will keep a focus on meeting areas for improvement required by the Care Inspectorate. The introduction of a Community Co-ordinator role will allow the opportunity to develop a place based approach to care, provide greater efficiency with flex resource to cover absence as well as provide a better career path for frontline staff.
- 11.7 The Head of Adult Services: Communities and Wellbeing also highlighted that work had been undertaken to review and move staff to 4 days on/4days off work pattern. New roles with supervisory responsibility for frontline Home Care Teams, Telecare Response staff and the Scheduling and Monitoring Function are being recruited and should be complete by the end of the month.
- 11.8 In terms of next steps for the project, there will be work with the external provider market to achieve best value hourly rates and optimum commissioning model arrangements.

The estimated project completion date is end of March 2025, to ensure the service can move into the new financial year on a robust footing.

11.9 Board Members thanked the Head of Adult Services: Community and Wellbeing for her update and commented that it was great that the service had a real focus on reablement and that the service was able to find new roles for those whose job had been deleted.

11.10 Board Members enquired if the service utilised logistical software to help with route planning, the Head of Adult Services confirmed that the service does use technology which also makes use of some artificial intelligence which helps to ensure that the right carers with the right skills who are closest to the client are utilised. She further advised that she would be happy to arrange a demonstration of this technology and that if any member of the Board wanted to see this they should contact her.

11.11 The Integration Joint Board noted the report.

12. CARE HOME ASSURANCE REPORT 2024

12.1 The Integration Joint Board consider a report by the Chief Nurse on the Care Home Assurance Report 2024.

12.2 The Chief Nurse informed the Board that representatives from the East Renfrewshire Care Home Assurance Group had conducted visits to care homes throughout East Renfrewshire over a six-week period starting in May 2024. During these visits, they utilised the Care at Home Assessment Tool (CHAT) in collaboration with Care Home Managers and their staff. Prior to the HSCP visit, each Care Home had completed a self-assessment.

12.3 She highlighted that the CHAT Tool evaluates performance across three key themes: Infection Prevention and Control; Residents' Health and Care Needs; and Workforce, Leadership, and Culture.

12.4 The Chief Nurse reported that all care homes in East Renfrewshire had performed well, with solid processes established to ensure effective nursing leadership support and guidance. Additionally, collaborative frameworks are in place to enhance the health and well-being of both care home residents and staff, ensuring their full integration within the health and social care system.

12.5 The Chief Officer expressed the importance of having the Chief Nurse share the results of these findings at the meeting, allowing the Board to have oversight of the operations and activities within care homes. The Chief Nurse then guided the Board through the assessment findings as detailed in the report, highlighting both areas of good practices and areas for improvement.

12.6 Board Members enquired how the HSCP could achieve 100% compliance in care planning within care homes. The Chief Officer responded that this would necessitate constant oversight, but gave assurances that significant efforts are made to share best practices.

12.7 Board Members also enquired about the possibility of private care homes paying for these assessments. The Chief Officer noted that there has been a long-standing statutory duty to undertake assessments, with any potential changes needing to occur at a national level. She also discussed the strong relationships that the HSCP has fostered with private care homes across East Renfrewshire.

12.8 Board Members expressed their thanks to the Chief Nurse for her thorough report and for taking the time to discuss the findings. It was noted that the report provided significant reassurance to those with family members residing in care homes throughout East Renfrewshire.

12.9 The Integration Joint Board noted the report.

13. PRESENTATION: DELAYED DISCHARGE POSITION

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

13.2 It was highlighted that the East Renfrewshire Health and Social Care Partnership was ranked third both nationally and within the NHS Greater Glasgow and Clyde area for delayed discharges. There had been some delays due to legal process which is out with the control of the HSCP and other work is being undertaken to help pinpoint other area that may be causing delays.

13.3 The Integration Joint Board noted the presentation and agreed to receive a further update at the next meeting.

The Chair thanked everyone for attending the meeting.

The meeting ended at: 13.04 p.m.

CHAIR