

**Minute of virtual meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00 am on 24 June 2020**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Anne Marie Kennedy	Third Sector representative
Heather Malloy	Scottish Care representative
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Paul O’Kane	East Renfrewshire Council
Kate Rocks	Head of Public Protection and Children’s Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Michelle Blair	Chief Auditor, East Renfrewshire Council
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Aimee Macdonald	Audit Scotland
Candy Millard	Head of Adult Health and Social Care Localities
Steven Reid	Policy, Planning and Performance Manager

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
John Matthews	NHS Greater Glasgow and Clyde Board
Ian Smith	Staff Side representative (ERC)

INTRODUCTORY REMARKS

1. Prior to the start of the meeting, Ms Monaghan extended the thanks of the Board to the leadership team and staff in the HSCP for their efforts in dealing with the impact of the COVID-19 pandemic. She suggested it was important to remember those who had sadly died as a result of the virus and to recognise the impact this had on friends and family members.

She explained that much of the focus of the meeting would be on the financial impact of dealing with the pandemic and she highlighted that the financial stability of the HSCP underpinned the work it was able to carry out.

Ms Monaghan also welcomed Dr Claire Fisher, recently appointed as Clinical Director, to her first meeting of the Board.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETINGS

3. The Board considered the Minutes of the meeting held on 29 January and 18 March 2020.

The Chief Officer referred to the weekly updates on activity that had been provided to the Board. As Board meeting arrangements recommenced it was now proposed to stop producing these but the Board would be advised of any matters of significance if necessary.

The Chief Officer also reported that a new Head of Recovery and Intensive Services had been appointed.

The Board approved the Minutes.

EAST RENFREWSHIRE HSCP RESPONSE TO COVID-19

4. The Board took up consideration of a report by the Chief Officer providing an overview of the work of the HSCP and partners to date in responding to the COVID-19 pandemic.

Having referred to the onset of the pandemic and the Board's decision on 18 March to grant extended delegated powers to the Chief Officer, the report outlined the steps taken to alleviate pressure on Acute NHS services. It was noted that despite the significant challenges, delayed discharges in East Renfrewshire remained low.

The report then set out details of activity across a range of services either provided by or supported by the HSCP.

Details of the responses of GP practices to tackling the outbreak were set out, including the development of new patient pathways and increased use of technology to allow patients to be dealt with remotely. The challenges that had been faced by pharmacies and how these were addressed were also explained.

Comprehensive information was then provided on the support arrangements that had been put in place across services for different client groups including vulnerable people; vulnerable children and families; families with children with complex needs; unpaid carers; care homes and mental health and wellbeing services for children and young people.

Details of the arrangements that had been put in place for testing and assessment were also provided, reference being made in particular to the testing arrangements relative to care homes. It was also noted that due to a fall in demand, the Community Assessment Centre set up in Eastwood Health and Care Centre had been decommissioned.

Information was also provided on the arrangements in place for the control and distribution of personal protective equipment (PPE) it being noted that the HSCP was responsible for the distribution of PPE to external providers including personal assistants and unpaid carers.

The report also outlined some of the collaborative working that had been taking place between the HSCP and other agencies and noted that all costs related to the HSCP response to the pandemic were being tracked.

The report concluded by reminding the Board of the frontline nature of work undertaken by HSCP staff supporting vulnerable residents at home and in residential settings. Despite significant staffing constraints due to the virus, staff teams had established and adapted to new ways of working and had continued to maintain and deliver safe and effective services to local residents. Across services innovative approaches had been taken and provision adapted to focus on the most vulnerable residents during the emergency phase of the crisis.

Having heard the Head of Adult Health and Social Care Localities comment further on the report, referring in particular to the initial response and ongoing commitment of staff in responding to the pandemic, the Board noted the report.

EAST RENFREWSHIRE HSCP COVID-19 RECOVERY PLAN

5. The Board took up consideration of a report by the Chief Officer regarding the HSCP's approach to the transitional, post-emergency phase of the COVID-19 pandemic.

The plan, a copy of which accompanied the report, set out the key principles and priorities for the recovery period and outlined the wide-reaching planning approach and the arrangements being put in place to oversee recovery.

It explained that recovery activity would follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. With the situation changing week to week, requiring close monitoring particularly in relation to further waves of infection potentially characterised by local outbreaks, it stressed the importance of a local approach to recovery recognising the need for flexibility and the ability to respond quickly to change.

The plan then summarised the response to the pandemic to date, noting that this had been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within services. It explained the challenges of moving from the current position to a return to the more "normal" planned provision of services. This would include looking at the way that services were delivered pre-pandemic and identifying how to re-establish areas of work that had been put on hold or significantly reduced. Alternative methods of service delivery during the pandemic would also be reviewed to ensure new approaches that had worked well would be retained and developed.

Having commented on some of the uncertainties that existed and their impact on recovery planning, the report then set out in detail the recovery principles to be adopted, how the learning from dealing with the pandemic would be built into recovery planning, and how where possible existing structures would be used for the ongoing development of the plan. It was noted that a Recovery Planning Working Group comprising multi-service and staff representatives would support the recovery process.

The Policy, Planning and Performance Manager was heard further on the report in the course of which he explained that the recovery plan would be subject to ongoing review.

Welcoming the detailed nature of the Plan, Ms Tudoreanu questioned if it was clear what impact if any there had been on stopping some services during the response to the pandemic. She also questioned what steps would be taken in the event of a resurgence of the virus.

In reply, the Chief Officer referred to the earlier report where it had been made clear that most services had continued, sometimes in a different form, and care at home was only stopped in agreement with families.

She did acknowledge that many members of the public may have felt uncomfortable accessing primary care services during the pandemic and that this would be discussed further with primary care colleagues.

In respect of a resurgence of the virus, she explained that it was important that services remained as flexible as possible and that service contingency would be factored in to service plans.

Councillor Swift enquired about dental services and expressed concerns regarding levels of mental health support, particularly in respect of young people. In response Mr McCready gave a comprehensive explanation of the dental provision that had been available throughout the pandemic and plans for the resumption of services in local surgeries.

In respect of mental health services the Head of Public Protection and Children's Services outlined some of the work that had been taking place, particularly the collaborative work with the Family Wellbeing Service. She also referred to the work taking place in respect of school counselling services and explained that work was ongoing with the Education Department to embed counselling staff in schools. She further reported that because of the development of tier two mental health services in East Renfrewshire it was well placed to deal with the associated challenges.

Ms Monaghan having welcomed the reassurances given, Mrs Kennedy also welcomed the report but reminded the Board of the important role to be played by the third sector who were keen to engage with the HSCP in the development of plans.

In reply the Chief Officer acknowledged the contribution made by the third sector. She suggested that one of the lessons to come from the pandemic was the importance of maximising the role of the third sector and community groups. In addition the Chief Financial Officer confirmed that third sector representatives would be invited to participate in the Partner Organisations workstream.

Recognising and acknowledging the work of the third sector, Councillor Bamforth questioned the impact of the pandemic on the programme for recruiting care at home staff. In reply the Chief Officer reminded the Board that the programme had started prior the pandemic and that the recruitment of staff had not been significantly impacted.

The Board noted the report.

CLINICAL AND CARE GOVERNANCE UPDATE

6. The Board considered a report by the Chief Nurse providing an overview of how the HSCP was maintaining responsibility for monitoring and improving the quality of health and social care during its response to the COVID-19 pandemic.

The report explained that given the ongoing pressures presented in managing the challenge of COVID-19, it had not been possible to maintain the normal range of clinical and care governance functions. The NHS Strategic Executive Group had approved adaptations to the arrangements for governance of healthcare quality and this had included suspension of the strategically supported Quality Improvement programmes, and revisions to processes for clinical guidelines, audit and clinical incident management. Many of these arrangements were now restarting with meetings of the NHS Acute, Partnership and Board Clinical Governance

Forums being reconvened. It was noted that the Acute Clinical Governance Forum met virtually on Monday 8th June; the Primary Care and Community Clinical Forum met virtually on 17th June; with plans in place for the Board Clinical Governance Forum to meet virtually.

It was further explained that whilst there had been a temporary suspension of some local clinical and care governance meetings, the legal duty of quality and the requirement to maintain health and care quality continued to be standing obligations. As a result, where local arrangements could not be sustained, operational oversight of healthcare quality and clinical governance had been maintained by embedding essential functions in the local management arrangements. Details of the mechanisms in place to support operational oversight at service level were outlined.

Having set out the monitoring arrangements in place in relation to care homes as well as listing the various meetings that had taken place, the report provided details of the arrangements in place for the re-establishment of all clinical and care governance groups.

In conclusion the report explained that the Annual Report for Clinical and Care Governance reflected the work of the Clinical and Care Governance Group and preparations to develop and submit the report to the NHSGGC Clinical and Care Governance Forum had been paused due to the current crisis. It was anticipated that the annual report would continue to be required and a draft report had been prepared for circulation to relevant colleagues for their contribution. The annual report would be presented to the next meeting of the Board.

Welcoming the report, Mrs Brimelow referred to a Scottish Government directive for health boards to establish Ethical Advice Support Groups and enquired if HSCPs had been involved in this. She also commented on ethical issues in Acute Services referring in particular to decisions in relation to the provision of ventilators if demand outstripped supply, and enquired if there had been any such challenges locally. Mrs Brimelow also enquired whether there had been any problems in relation to infection control and increases in infection/cross-infection.

Responding to Mrs Brimelow, the Chief Nurse acknowledged the work of Boards in relation to ethical issues it being noted that the Chief Officer had not been involved in any discussions that had taken place. The Chief Nurse also confirmed that there had been no decisions locally in respect of ethical issues such as those referred to by Mrs Brimelow. Finally, she confirmed that there had been no higher levels of infection and that the existing control mechanisms were adequate.

Thanking the Chief Nurse for the information, Mrs Brimelow suggested that one of the main issues to have come to light during the treatment of people with the virus had been around informed consent. It was anticipated that more information on this matter would become available.

The Board noted the report.

AUDIT SCOTLAND ANNUAL AUDIT PLAN 2019/20

7. The Board took up consideration of Audit Scotland's Annual Audit Plan for 2019/20. It was explained that the plan had been scheduled to be considered at the March meeting of the Performance and Audit Committee. However that meeting had been cancelled due to the onset of the COVID-19 pandemic.

Introducing the plan Mr Cornett reminded the Board that it had been written pre-COVID and so made no reference to COVID-related issues. However the plan would be undertaken in the current environment and so COVID-related matters would impact on any of the audits being carried out.

Thereafter Ms Macdonald was heard further on the proposed plan, explaining the audit approach and highlighting a number of key areas.

Responding to a question from Councillor Swift on Audit Scotland's views on whether or not the IJB would be able to close the £3.6 million funding gap, Mr Cornett referred to earlier discussions about response to the pandemic and subsequent recovery activity including new working methods. He explained it would take some time for the financial impact to work through suggesting it would be 6-12 months before the picture became clearer.

In support the Chief Financial Officer explained that COVID-related costs were being considered in great detail with one of the main issues being the impact on the 2020/21 savings plan. She emphasised that the question of additional costs and impact on delivery of savings was a national issue and that challenges to be addressed would be reflected in the regular financial monitoring reports brought to the Board.

Councillor Buchanan referred to the significant efforts by staff over the preceding 3 months particularly those delivering front line services. He commented on the current and ongoing financial impact of the pandemic and the importance of highlighting this and the need for adequate funding to both the UK and Scottish Governments.

The Board agreed the 2019/20 Annual Audit Plan.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2019/20

8. The Board considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2019 to 31 March 2020, as well as outlining legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages. There was a year-end overspend of £0.185 million. This was 0.15% of the annual revenue budget and was broadly in line with the position reported through regular budget monitoring, and was funded as planned from reserves. Drawing from reserves was expected as it had been recognised it would not be possible to achieve all savings required during the year as the individual budget approach would take many months to implement; there was insufficient capacity to work on the digital savings programme; and part-year savings had been achieved from the second phase of the structure review.

Having set out the main variances to the budget, the report explained that £1.763 million of reserves had been used in-year with £1.032 million invested into earmarked reserves.

The report also proposed that in addition to school counselling £0.311 million 2 further new reserves totalling £0.201 million be created, with the amounts and reasons for each of the reserves being outlined. An increase in the existing District Nursing reserve from £0.039 million to £0.1 million to support capacity and training was also proposed.

It was noted that normally the draft report and accounts would have been considered by the Performance & Audit Committee prior to the meeting. However due to the suspension of

normal arrangements this had not been possible and the report and accounts were being submitted directly to the Board for consideration.

The Chief Financial Officer was heard further on the report. Having noted that the management commentary contained in the report set out the main messages and referred to the response to COVID-19 and associated steps to recovery, she explained that whilst performance achievements had been reported in the same format as in previous years, in agreement with audit colleagues this section would be amended to reflect the way in which performance was reported during the year. Some further presentational changes were outlined.

The Chief Financial Officer also highlighted that the final revenue overspend of £0.185 million was less than the £0.479 million forecast in January 2020. This higher amount was due to the prudent view that had been taken on winter costs.

Reference was also made to the impact of COVID-19 on longer-term plans, the Chief Financial Officer explaining that she would revise the Medium-Term Financial Plan when this became clearer.

In conclusion, the Chief Financial Officer acknowledged the work of her Finance Team in producing the report and accounts in challenging circumstances.

Having heard Ms Monaghan and Councillor Swift congratulate the Chief Financial Officer and her team for preparing the report and accounts and for their strong financial stewardship, the Board:-

- (a) approved the unaudited annual report and accounts
- (b) approved the creation of the new reserves and the proposed reserves allocations;
- (c) noted that the annual report and accounts was subject to review; and
- (d) agreed to receive the annual report and accounts in September, subject to any recommendations made by the external auditor and/or the Performance and Audit Committee.

REVENUE BUDGET MONITORING REPORT 2020/21

9. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2020/21 revenue budget as at 31 May 2020.

It was explained that the report was being submitted earlier than normal in the reporting cycle. However given the current situation around COVID-19 and associated financial uncertainty, it had been considered important for the Board to have early sight of the financial position and be able to take some assurance from the work taking place.

The report further explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. Detailed estimated and actual costs across a number of categories were provided including; staffing additional hours and absence cover for both the HSCP and our partner providers, sustainability of our partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.

It was noted that costs were c£9 million for the 13 months from March 2020 to March 2021. These costs included many assumptions and scenarios that were estimated at the start of the

emergency response and continued to be revised whilst moving toward what the 'new normal' may look like. These costs would change as there was a move from high level assumptions to more refined estimates as activity became clearer, and through to actual costs incurred. Financial impacts and implications would be reported to the IJB throughout the year. The current estimated costs were included in the overall financial position with the bottom line being a nil impact as the current planning assumption was that all costs would be fully funded by the Scottish Government. The sustainability costs supporting the social care market were supported nationally by an agreed set of principles. Clearly there was a risk should there be any change from all costs being funded in full.

Thereafter it was reported that against a full year budget of £125.6 million there was a projected overspend of £0.640 million (0.5%), with details of the projected overspend being provided.

Comment was made on the main projected variances, it being noted that at these would be subject to change as the year progressed.

It was clarified that the overspend would be funded from the budget savings reserve as required; that the reserves position was still subject to audit and spending plans against reserves would be refined throughout the year; and that the provision 2019/20 outturn overspend of £0.185 million was an improvement from the projected overspend of £0.479 million based on expected costs as at January 2020.

The report also highlighted that the capacity to deliver the savings agreed as part of the 2020/21 budget had been impacted by the pandemic. Progress on savings delivery along with any implications from the recovery programme would be reported throughout the year.

Having explained that the medium-term financial plan would be reviewed once COVID-19 related implications became clearer and that the Scottish Government had recently confirmed additional funding to meet the costs of Fair Work Practices with the HSCP's share of this funding (£157k) offsetting some of the cost pressures of the 3.3% uplift agreed for 2020/21, the report listed a series of potential risks that could impact current and future budget provision.

Commenting further the Chief Financial Officer confirmed that in the event it became apparent that there was to be a shortfall in COVID-related funding she would advise the Board as there may be a need to consider mitigating action.

The Board noted the report.

POSTPONED PUBLICATION OF 2019/20 ANNUAL PERFORMANCE REPORT

10. The Board considered a report by the Chief Officer advising that the publication of the 2019/20 Annual Performance report had been postponed.

It was explained that The Public Bodies (Joint Working) (Scotland) Act 2014 required Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act required publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.

In recognition of the exceptional requirements being placed on public bodies as they responded to the COVID-19 outbreak, the Coronavirus (Scotland) Act 2020 made a number of temporary changes to statutory reporting and publication requirements (as well as Freedom of Information requests). This gave public authorities the temporary power to postpone

publishing reports if they were of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.

The Chief Officer had agreed to delay the publication date for the Annual Performance Report until 30 September as the staff who would have been involved in the preparation of the report had been heavily engaged in supporting the COVID-19 pandemic response.

A draft of the report would be presented to the Board at its meeting on 23 September for approval. Subject to approval, the report would be published on the website by 30 September and promoted through media channels. Public notification of the rescheduling of the report on would be posted on the website before the original publication date of 31 July. This approach was in line with most other IJBs in Scotland.

The Board noted the report.

DRAFT UNSCHEDULED CARE STRATEGIC COMMISSIONING PLAN

11. The Board took up consideration of a report by the Chief Officer on progress in developing the strategic commissioning plan for unscheduled care.

By way of background, the report explained that in partnership with the NHS Board and the Acute Services Division work had been undertaken by all 6 HSCPs within the Greater Glasgow and Clyde area to develop a system-wide strategic commissioning plan. The draft plan, a copy of which accompanied the report, built on the NHSGGC Board-wide Unscheduled Care Improvement Programme and was integral to the Board-wide Moving Forward Together programme.

The report explained that the purpose of the plan was to outline how it was planned to respond to the continuing pressures on health and social care services in GG&C and meet future demand. The draft explained that with an ageing population, and changes in how, and when, people chose to access services, change was required.

It was reported that simply providing more of what existed at present was not sustainable within existing resources, nor did it match the longer-term ambition of providing care closer to where patients lived, reducing the reliance on hospitals. The direction of travel was to meet people's needs in community settings with primary care as the cornerstone of the health and social care system.

It was further explained that the draft plan outlined how it was planned to support people better in the community, and develop alternatives to hospital care so that the over-reliance on unscheduled care services could be safely reduced.

Details of the delivery of an integrated system of health and social care services which would better meet patients' needs were also included in the plan. While this was a strategic plan outlining improvements for patients to be implemented over the next five years, it also included some immediate actions that could be delivered in the short term in response to current imperatives.

The report clarified that the programme outlined in the plan focussed on 3 key themes, details of which were listed, and was based on evidence of what worked and an estimate of patient needs in Greater Glasgow and Clyde.

Having explained that the changes proposed would not take effect immediately or all at the same time but should be fully implemented by 2022/23, the report highlighted some key examples of things that had worked well during the pandemic and that which subject to further testing could be included in the unscheduled care plan.

The report then set out the key next steps in taking the plan forward. This included details of how engagement on the draft plan would take place and the need for further work on the financial framework and key impact measures.

The Head of Adult Health and Social Care Localities was heard further on the report. She highlighted that COVID-19 had delayed progress but there was now an opportunity to reflect on the impact the pandemic had and to look at what changes could be made for the future.

The Chief Officer reported that a special Board-wide team comprising staff from Acute Services and HSCPs had been established to take the plan forward with Kim Campbell, the HSCP's Localities Improvement Manager, having been seconded to the team.

The Board:-

- (a) approved the draft commissioning plan for unscheduled care attached; and
- (b) noted the further work underway to finalise the plan, including the planned engagement process; and that the Board would receive a further update with a finalised plan.

CALENDAR OF MEETINGS 2021

12. The Board considered and approved a report by the Chief Officer with proposed meeting dates for 2021.

DATE OF NEXT MEETING.

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 12 August 2020 at 10.00 am.

CLOSING REMARKS

14. Ms Monaghan reported that in terms of the Integration Scheme her term of office as Chair of the IJB had ended and Councillor Bamforth would take over as Chair. She indicated that her time as Chair had been very enjoyable and she appreciated the support she had received from colleagues.

The Chief Officer thanked Ms Monaghan for her work during her period as Chair and looked forward to her taking over from Councillor Bamforth as Chair of the Performance and Audit Committee.

CHAIR