

**Minute of virtual meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00 am on 12 August 2020**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Heather Molloy	Scottish Care representative
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
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)
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Aimee Macdonald	Audit Scotland
Fiona McBride	Assistant Director - Children 1 st
Kay McIntosh	Strategic Services Development Manager, East Renfrewshire Council
Lee McLaughlin	Head of Recovery and Intensive Services
Candy Millard	Head of Adult Health and Social Care Localities
Gayle Smart	Localities Intensive Services Manager

APOLOGIES FOR ABSENCE

Ian Smith	Staff Side representative (ERC)
Councillor Jim Swift	East Renfrewshire Council

INTRODUCTORY REMARKS

1. Councillor Bamforth welcomed Jacqueline Forbes and Amina Khan who had replaced Susan Brimelow and John Matthews as two of the four NHSGGC Board representatives on the IJB, and Lee McLaughlin the recently appointed Head of Recovery and Intensive Services, who were attending their first meeting. She also suggested that the Board write to Susan Brimelow and John Matthews to thank them for their contribution during their time as members. This was agreed.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETINGS

3. The Board considered and approved the Minute of the meeting held on 24 June 2020 subject to the following.

- That it be clarified that the Board was meeting “virtually” at present; and
- Item 9 – Revenue Budget Monitoring Report 2020/21 – that in the second last paragraph “finding” be replaced with “funding”.

MATTERS ARISING

4. The Board considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

Having heard the Chief Officer explain that depending on progress it was possible that the draft Unscheduled Care Strategic Commissioning Plan would be presented to the November meeting, the Board noted the report.

ROLLING ACTION LOG

5. The Board considered a report by the Chief Officer providing details of all open actions, and those that had been completed or removed since the last meeting.

Referring to the draft Unscheduled Care Strategic Commissioning Plan and to the comments in respect of the engagement process, Ms Monaghan sought further details of the engagement strategy to be used and whether there was a plan in place.

In reply it was explained that the Strategic Planning Group would resume in September with development of the engagement strategy to be part of the group’s work. In addition it was explained that work was taking place across the 6 partnerships in the Greater Glasgow area to ensure there was a high-level consistency of approach to engagement.

The Board noted the report.

EAST RENFREWSHIRE FAMILY WELLBEING SERVICE – ANNUAL REPORT 2019-20

6. The Board considered a report by the Head of Public Protection and Children’s Services (Chief Social Work Officer) presenting the 2019-20 Annual Report for the Family Wellbeing Service (FWS).

The report explained that the Annual Report related to the delivery and expansion of the FWS to support children and young people who presented with a range of significant mental and emotional wellbeing concerns.

The report further explained that Children 1st had delivered the service as a two-year pilot project, commencing in September 2017, originally taking direct referrals from two predetermined GP practices. This had expanded to six GP practices during Year Two of the project and from June 2019, with increased investment from both the HSCP and the Robertson Trust, a phased implementation across all remaining GP practices in East Renfrewshire had started. At the time of the report being written it was noted that 12 GP practices were part of the project with work ongoing with the remaining three practices not yet involved.

Having set out the background to the establishment and development of the service including details of the staff structure, and having referred to the support provided by the service during lockdown, the Annual Report, a copy of which was appended, provided a range of statistical information relative to the operation of the service including the ages and genders of those using the service; education/employment status; and referral outcomes.

The Annual Report also contained some of the positive feedback received from families as well as information from the external evaluation of the service carried out by the Scottish Recovery Network, and concluded by providing details of the future development proposals for the service.

The Head of Public Protection and Children's Services was heard further on the background to the establishment of the service in East Renfrewshire including project funding, highlighting that this report covered the first year of funding from the Robertson Trust. She paid tribute to the way in which the staff in the service had mobilised during the COVID-19 pandemic and had continued to support children in challenging circumstances.

Councillor Bamforth then welcomed to the meeting Fiona McBride, Assistant Director, Children 1st, who was heard further on the information contained in the Annual Report. She explained how lockdown had been a period of significant concern and challenge for the service. Maintaining contact with service users had been a key objective and this had been achieved not only for those existing service users but also those on the waiting list, staff taking advantage of not spending time travelling to make online contact with new service users.

Examples of the variety of support methods and details of some of the partnership working that had taken place having been provided, comment was also made on the reduced number of referrals it being noted that whilst GP referrals during lockdown had reduced with possible reasons being given, the easing of lockdown had seen an increase.

Ms McBride also commented on progress against success criteria explaining that data collection was still ongoing, suggesting that a supplementary report be submitted to the Board once the data had been gathered and collated. She also made reference to the positive impacts of support expressed by service users and reflected in the report, before providing examples of some group support arrangements in place and commenting on moves to reintroduce in-person meetings and the imminent restart of the volunteer recruitment programme.

Councillor Bamforth having welcomed the suggestion for a supplementary report to be submitted, Ms McBride was then heard in response to questions from members of the Board.

Responding to Ms Monaghan she highlighted the close working relationship between FWS and the Child and Adolescent Mental Health Service (CAMHS) explaining that one of the reasons for establishing FWS was to reduce pressure on CAMHS. However she confirmed that if people referred to FWS were recognised as requiring to be referred to CAMHS this would happen.

NOT YET ENDORSED AS A CORRECT RECORD

In respect of data gathering and analysis the Head of Public Protection and Children's Services explained that due to recent service delivery changes in CAMHS the service access evaluation criteria in place had changed.

Ms Tudoreanu suggested the need for more emphasis on the benefits for parents from their children accessing the service. She also referred to the project funding and questioned the longer-term sustainability of the project. In reply the Head of Public Protection and Children's Services explained that all potential funding opportunities were being explored.

Ms Forbes questioned what happened when families did not respond to contact in response to which it was explained that these contact attempts were both repeated and long-term but that in the event they proved to be unsuccessful the referring GP was notified to allow them to follow up with the family. If other statutory agencies were involved with the family then they were also notified.

Ms Khan also questioned the reasons why three GP practices had not engaged with FWS and what was being done; whether the innovative contact methods introduced would continue, and also sought clarification on the upper age limit for service access. In reply, Ms McBride explained that the lack of participation by three practices was primarily to do with their capacity but that work to support the practices to engage with the project was ongoing. She confirmed that virtual contact methods would be retained and developed and explained that the upper age for service access was 18 but that once an individual was involved with the service access and engagement would continue until the service was no longer required, even if the person was above the service access age limit.

Councillor Buchanan welcomed the report. He recognised the need for data but suggested that the lack of it should not prevent the need for services where it was clear they were needed. He suggested that the information in the report clearly showed that the service was a success and that due to the nature of the service it could in some cases be several years before the preventive benefits of access to the service became apparent.

The Board noted:-

- (a) the Family Wellbeing Service 2019-20 Annual Report;
- (b) the increasing numbers of children and families accessing the service during that period and the positive progress made against the agreed success criteria;
- (c) the further expansion and upscale activity undertaken;
- (d) the service's response to the COVID-19 pandemic; and
- (e) that a supplementary report with further data gathered from GPs would be presented to a future meeting.

LOCAL CHILD POVERTY ACTION REPORT

7. The Board took up consideration of a report by the Chief Officer seeking approval and publication of the second East Renfrewshire Local Child Poverty Action Report (LCPAR).

The report referred to the targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030 as set out in the Child Poverty (Scotland) Act 2017. It explained that the Act also placed a duty on health boards and local authorities to work together to develop, produce and deliver LCPARs. The reports were expected to represent a step change in action to address child poverty at a local level, describing both work already under way as well as outlining future plans to tackle child poverty.

It was explained that the first LCPAR had been published in June 2019 with the Year 2 report, a copy of which accompanied the report, anticipated to have been published in June to comply with the 30 June publication deadline. However in view of the COVID-19 pandemic the Scottish Government and COSLA had issued joint guidance in May recognising that a delay in publication was likely as officers normally involved in preparing the report would be engaged in other more immediate matters.

Having referred to the work of community planning partners to address child poverty locally which was seen as being integral to the visions for young people set out in the Community Plan, and to the various plans and strategies of which tackling child poverty was a key element, the report highlighted some of the notable key successes in the LCPAR. These included the design by the Local Employability Partnership of an employability programme specifically focussed on low-income in-work parents. The programme would also provide financial wellbeing support, childcare advice, training and other support to support parents to increase their household income. Other successes included over 700 successful Best Start Grants payments to parents in East Renfrewshire equating to over £222,000 of payments, and a successful pilot 'Grab and Go' breakfast initiative at Barrhead High School which saw free breakfasts provided to all pupils.

Some of the areas for development and proposed next steps were also highlighted in the report, including continued work towards real Living Wage Accredited Status for both East Renfrewshire Council and NHSGGC; further awareness raising of available social security and benefits available to parents and to frontline staff working with parents in order to maximise uptake of all entitlements; and the establishment of a partnership approach to a sustainable community-led response to food poverty.

Commenting on the report, the Chief Officer referred to the ongoing work across community planning partnerships to establish high-level objectives and to the view that the numbers of children in poverty would increase due to the impact of the pandemic.

Acknowledging the likely impact of the pandemic on levels of poverty, Ms Monaghan enquired if an easy read version of the report would be produced. She also emphasised the importance of involving at the early stage in the preparation of the report those experiencing poverty and making sure that their views on the services they wanted were taken into account in service planning.

In reply the Strategic Services Development Manager confirmed that plans were in place to produce an easy read version of the plan. Furthermore she acknowledged the importance of involving people with lived experience in the preparation of the report highlighting the lived experience feedback sections in each chapter of the report.

Welcoming the report Ms Tudoreanu suggested that as this was the Year 2 report it would have been useful to include reference to the comparator data from the Year 1 report as well as providing trend information. In reply the Strategic Services Development Manager confirmed that trend information could be provided in future years' reports. She also referred to the detailed data annexed to the report.

Councillor O'Kane noted the influence of COVID-19 on the report and that looking towards the Year 3 report it would be important to capture details of and reflect the positive work that had been carried out, particularly that in local communities, to help tackle COVID-related poverty.

In reply the Strategic Services Development Manager confirmed that next year's report would include details of work with local communities and projects initiated by communities themselves.

Welcoming the report Councillor Buchanan suggested that whilst it did not cover the period of the pandemic it did highlight the strength of community planning arrangements in East Renfrewshire which enabled the Council and partners to move quickly to support families when the pandemic struck. He outlined the steps the Council was taking in moving from recovery to renewal and supported the comments about not losing sight of the positive work that had come out of tackling the pandemic.

Councillor Bamforth having referred to the positive work of both existing and newly established community groups during the pandemic and the importance of harnessing this in moving forward, the Board approved the Child Poverty Action Report and its publication to meet the requirements of the Child Poverty (Scotland) Act 2017.

RECOVERY UPDATE

8. Under reference to the Minute of the previous meeting (Item 5 refers) the Board considered a report by the Chief Officer providing an update on the HSCP's recovery planning and remobilisation of services following the emergency phase of the COVID-19 pandemic.

The report explained that the COVID-19 Recovery Plan presented to the Board on 24 June set out the key principles to which the HSCP would work during the recovery phase. It further explained that the Recovery Planning Steering Group was overseeing activity and the 8 thematic workstreams in the plan to support decision-making in relation to cross-cutting issues such as accommodation, workforce issues, PPE and ICT requirements. Furthermore, services had developed and continued to review their own recovery plans setting out local milestones which had been collated into the HSCP-wide Operational Recovery Plan.

Thereafter the report provided a summary position statement for each service as at the end of July including an assessment of the percentage at which services were operating as well as identifying those areas of operation still to restart. In addition a position statement on the 8 supporting workstreams was also included.

The Head of Finance and Resources (Chief Financial Officer) explained that the Recovery Planning Steering Group was meeting on a weekly basis. She clarified that the percentage estimates provided by services in respect of their return to full service delivery was not based on any empirical evidence but on the professional view of the officers. The steering group was trying to revise guidance to make estimates consistent.

In response to questions from Ms Monaghan the Chief Officer confirmed that there were no COVID-19 cases in any care homes in the area, this having been the case for some time.

Responding to Ms Tudoreanu who sought an update on the percentage figure in respect of the PPE workstream, the Head of Finance and Resources (Chief Financial Officer) clarified that plans sat behind each workstream and that some actions taken since the report had been prepared had seen the percentage figure increase. However it had to be borne in mind that in some cases decisions taken at a national level would have an impact on local ability to move forward. She also commented on the low percentage figure for day services. In the circumstances bringing vulnerable people into buildings was not appropriate at the present time and staff had been redeployed to support people at home.

The Head of Adult Health and Social Care Localities also explained that a health board wide group was looking at planning for continued delivery of the flu vaccine at home and that further information on this could be presented to the Board once available.

Ms Monaghan suggested it was important not to lose sight of any potential opportunities for changes in service delivery methods in future, particularly in respect of Self-Directed Support in addition to which Ms Molloy commended the partnership working between the HSCP and local care homes with the sector feeling it had been well supported in East Renfrewshire.

The Board noted the report.

At this point the Chair agreed to reorder the remaining business to facilitate the conduct of the meeting.

REVENUE BUDGET MONITORING REPORT

9. Under reference to the Minute of the previous meeting (Item 9 refers) the Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2020/21 revenue budget as at 30 June 2020.

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 partner providers, sustainability of partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.

It was noted that costs included in the 2020/21 revenue budget were c£9 million and were reviewed monthly. 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.

It was further noted that the HSCP share of the £50 million allocated to date by the Scottish Government was £0.886 million with a further £50 million allocation announced on 3 August.

Thereafter it was reported that against a full year budget of £125.8 million there was a projected overspend of £0.238 million (0.19%), with details of the projected overspend being provided. It was noted that this was a reduction in projected costs of £0.402 million since the very early projection based on the position to 31 May with the movement being as a result of refining staffing and care package cost projections.

The report explained that given the lack of capacity to progress current year savings due to responding to the pandemic, these savings had been included in the COVID-19 cost pressures. The need to commence work as soon as possible on savings delivery was emphasised. To drive this, the change programme would recommence with both the project to support the redesign of overnight support and the establishment of a working group to review the individual budget calculator being key to deliver current year's savings.

Comment was then made on the main projected variances, it being noted that 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, this being subject to all COVID-19 costs being fully funded, and explained that discussions regarding the presentation of COVID-19 costs versus income expected were ongoing which may lead to a revision of the format of the next report to the Board.

The Head of Finance and Resources (Chief Financial Officer) having explained that the HSCP share of the second Scottish Government allocation of funds had been confirmed at £0.443million, she was then heard in response to questions. Acknowledging the need for some costs to be realigned and the likelihood of the Scottish Government asking for the HSCP to offset costs, she confirmed in response to Ms Molloy that sustainability/void payments would continue to September and discussions about the form of the payments was ongoing. She also confirmed local payment arrangements.

Councillor Buchanan having commented on the ongoing discussions The Board noted the report.

CARE AT HOME PRESENTATION

10. Councillor Bamforth introduced Gayle Smart, Localities Intensive Services Manager, who made a presentation to the Board on the work both to continue service delivery during the COVID-19 pandemic and also to deliver improvements in the Care at Home service in response to the Care Inspectorate requirements.

Commenting specifically on the service response to COVID-19, it was explained that a risk based approach had been taken to the management of step down services. A total of 167 services had been stepped down or reduced with 47 subsequently restarted. Reference was also made to the transition to desktop care planning and reviews. It was noted that the service had risen to the challenge well with extremely positive feedback from both service users and families.

The Localities Intensive Services Manager was then heard on the significant progress being made in delivering the Care Inspectorate requirements.

Details of the ongoing recruitment of staff were provided it being noted that an additional 52 staff had been appointed.

Responding to Ms Tudoreanu, the Localities Intensive Services Manager explained that good progress was being made in delivering on all 9 Care Inspectorate requirements. Recruitment had initially been challenging but support from the Council's communications team had help achieve a good level of recruitment.

Ms Monaghan was heard to welcome the presentation. She reminded the Board this had been an area of concern for some time now and it was reassuring to see the positive progress that was being made, particularly in such difficult circumstances. In respect of desktop planning and reviews, she questioned how service users and families were involved.

The Localities Intensive Services Manager explained the process that was used in response to which Ms Monaghan suggested that continuing contact and involvement with service users and families was essential. In response the Chief Officer referred to the new weekly welfare calls that had been introduced with every service user being contacted. This new service would continue. Mrs Kennedy welcomed the introduction and continuation of the new welfare calls stating that it was often small things like this that made a big difference for service users.

Councillor Buchanan having welcomed the progress that had been made and the very positive comments made by service users Councillor Bamforth thanked the Localities Intensive Services Manager for the presentation.

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2020

11. The Board considered a report by the Chief Officer submitting for consideration the annual update on the IJB Strategic Risk Register, a copy of which accompanied the report. It was noted that normally the risk register would be considered by the Performance and Audit Committee prior to being considered by the Board. However due to COVID-19 the committee had not met since November 2019 and so the register was being submitted directly to the Board.

The report explained that since the 2019 annual update the Risk Policy and Strategy had been reviewed and endorsed by the Board in January 2020. A review of risk management had been carried out as part of the planned audit work for the Board. This was due to be presented to the Performance and Audit Committee in March. This report would now be presented to the committee in September.

The report then summarised the main changes to the register since last reported to the Board in August 2019. In addition the report explained that those risks that scored between 11-16 on the risk matrix post-mitigation, as well as those the management team considered to be significant, were brought to the attention of the committee by way of an exception report. Thereafter, the report highlighted those risks identified as red (high), these being in relation to the Scottish Child Abuse Inquiry, and financial sustainability, and explained why these risks were considered as red even after mitigation.

Having heard the Head of Finance and Resources further on the main changes and new actions contained in the register, and respond to a point of clarification from Ms Forbes, the Board noted the Strategic Risk Register Annual Update 2020.

AMENDMENT TO MEETINGS CALENDAR AND APPOINTMENT TO PERFORMANCE AND AUDIT COMMITTEE

12. Under reference to the Minute of the previous meeting (Item 12 refers) the Board considered a report by the Chief Officer seeking agreement to amend meeting dates and times to minimise clashes with the Glasgow IJB and also seeking the nomination of a replacement NHSGGC member on the Performance and Audit Committee following the departure of John Matthews from the Board.

The Board:-

- (a) approved the following amendments to the meetings calendar:-

Approved date	Amended date
27 January 2021 at 10am	3 February 2021 at 10am
23 June 2021 at 10am	23 June at 2.30 pm

- (b) agreed that Jacqueline Forbes be appointed to the Performance and Audit Committee

DATE OF NEXT MEETING.

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 23 September 2020 at 10.30 am.

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