

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 17 March 2021**

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
Councillor Alan Lafferty	East Renfrewshire Council
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
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

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Irene Brown	Carers Lead
Tracy Butler	Lead Planning, Alcohol and Drugs Partnership
Ailsa Cook	Matter of Focus
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Morven Fraser	Audit Scotland
Pamela Gomes	Governance and Compliance Officer
Candy Millard	Head of Adult Health and Social Care Localities
Isabel Murray	Penumbra
Eilidh Nelson	Audit Scotland
Steven Reid	Policy, Planning and Performance Manager
Cindy Wallis	Senior Manager, Recovery Services

APOLOGIES FOR ABSENCE

Heather Molloy	Scottish Care representative
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Urgent Item of Business

Councillor Bamforth reported that she had agreed to take an urgent item of business in order to expedite a change in the ERC staff side representative on the Board (Item 12 refers).

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 3 February 2021.

ROLLING ACTION LOG

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

BUDGET 2021/22

4. The Board took up consideration of a report by the Chief Financial Officer proposing a budget for the 2021/22 financial year subject to agreement with and directions to East Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC).

The report referred to the unique and challenging circumstances in which the budget had been prepared, and to the need to adopt an evolutionary approach to financial planning and service delivery during 2021/22. This would require a move away from longer-term planning to short term scenario plans informed by recovery and emerging issues. This approach would also allow for some capacity to adapt and react to a changing environment. Furthermore a flexible transformation programme would be pivotal to providing a framework and governance structure to work through the challenges in a controlled and informed manner.

The report explained that the Scottish Government had announced their draft budget on 25 January 2021 when the main headline relating to the IJB was the transfer of £72.6 million from the health portfolio to local authorities to support the Living Wage uplift; uprating of free personal care and nursing care, and the implementation of the Carers Act. Local funding was £1.394 million.

The Scottish Government had confirmed its budget on 9 March 2021 with there being no changes to the levels of funding previously announced. East Renfrewshire Council had confirmed its budget, including its contribution to the IJB on 15 March 2021, whilst NHSGGC had also confirmed its opening budget contribution based on the 1.5% uplift it had received in line with the Scottish Government budget. These contributions were compliant with the Scottish Government conditions.

The report referred in particular to options open to the IJB in terms of the hourly rate uplift for partner providers. The report outlined the 3 available options, recommending a 2.2% increase to headline hourly rates in recognition of the partnership working with care providers.

The report also referred to ongoing savings challenges facing the IJB. Reference was made to legacy savings of £2.394 million to be brought forward from 2020/21, it being explained that events over the preceding year had meant that the majority of savings identified in the 2020/21 budget had not been progressed.

Taking account of the cumulative savings challenge the report set out a summary of cost pressures, the funding available to meet them and the savings challenge to close the funding gap.

It was explained that in addition to the legacy savings brought forward, within each partner contribution there were a number of cost pressures totalling £9.257M these being summarised. Also outlined was the funding of £4.877M available to meet the pressures and the proposals to close the £4.380M funding gap. Savings of £0.522M had been identified leaving a remaining funding gap of £3.858M to be met from care packages, and revised individual budgets to reflect prioritisation based on national criteria. Taking into account the application of budget phasing and In Year Pressure Reserves the In Year gap to fund was £2.439M.

Further detailed information on pay and inflation cost pressures was provided, in addition to which the local demographic and demand pressures, as well as prescribing cost pressures and proposals to address these, were outlined.

In addition it was explained that there may be a need to unhypothecate other earmarked reserves and use £0.272M general reserve. In the event the delivery of the full savings required during the year through a combination of recurring and non-recurring actions could not be delivered, or the IJB was in a position where it was unlikely that full year effect savings would be in place in place by 31 March 2022, it may be necessary to invoke the financial recovery process included within the Integration Scheme.

Referring further to the savings challenge the report clarified that the magnitude of savings required would require a radical transformation programme. A proposed detailed programme would be submitted to the meeting of the IJB in May at which time it was also hoped that there may be some clarity on Scottish Government policy following the elections in May, which may also bring changes to the financial position.

Having highlighted that both the Chief Officer and Chief Financial Officer recognised the funding constraints and pressures that partners were facing and along with the IJB were fully committed to continued partnership working to support whole system financial planning, the report set out the various implications and risks the most significant risk continuing to be sustainability and the delivery of a balanced budget in 2021/22 and beyond.

In conclusion the report explained that the 2021/22 proposed budget would allow the IJB to set a budget that was balanced, but predicated on significant savings being achieved through transformation, application of non-recurring funding and possible changes to budget during the year resulting from any policy changes.

There was clearly risk associated with the 2021/22 financial position as it stood and the move to shorter term updates to the current and Medium-Term Financial Plan for the HSCP would allow the IJB to assess progress and to take risk based informed decisions throughout the year.

The Chief Financial Officer having been heard further on the unprecedented challenges that needed to be faced, full discussion took place.

In response to questions from Ms Forbes on levels of collaborative working across HSCPs to share good practice, the Chief Financial Officer explained the collaborative working that took place both within the NHSGGC cohort of Chief Financial Officers and more widely across the country. Chief Financial Officers also worked closely with the Chief Officers' Network. In addition the Chief Officer reported on the collaborative working amongst Chief Officers. She highlighted that as the East Renfrewshire HSCP had been one of the longest established, many of the efficiency and transformation possibilities available to more recently established HSCPs had already been implemented, meaning that making further savings was more challenging. Future sharing of services could not be ruled out, although it would be prudent to await the outcome of the elections in May as this would influence decisions that needed to be made.

The Board:-

- (a) accepted the budget contribution of £53.705 million from East Renfrewshire Council;
- (b) accepted the £0.614 million for Community Justice expenditure funded by grant via East Renfrewshire Council;
- (c) accepted the delegated budget for aids and adaptations of £0.400 million;
- (d) accepted the budget contribution of £73.504 million from NHS Greater Glasgow and Clyde;
- (e) accepted the opening set aside budget contribution of £32.642 million from NHS Greater Glasgow and Clyde;
- (f) agreed that directions be issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget;
- (g) agreed the Living Wage uplift to our partner providers at 2.2% on the total hourly rate thus allowing for other cost increases

REVENUE BUDGET MONITORING REPORT

5. Under reference to the Minute of the previous meeting (Item 7 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 31 January 2021.

As in previous updates the report 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 current COVID-19 related expenditure assumptions were c£9 million. These costs were reviewed monthly, with cost projections being continually revised as the service responded to the pandemic. The current estimated costs were included in the overall financial position with the bottom line being a nil impact as the current planning assumption remained 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, and it was noted that since the last meeting it had been confirmed that this support had been further extended from March to June 2021.

The report explained that projected costs and confirmed funding in relation to remobilisation activity totalled c£9 million. Mobilisation funding confirmed and received to date was £9.327 million leaving a potential balance of £0.278 million. It was clarified that the reduction in projected costs of £0.617 million from those reported previously was due to lower than estimated costs for Community Assessment and Treatment Centres and the Mental Health Assessment Unit, combined with continued updates of all cost projections. National discussions in relation to the technical treatment of balances were ongoing, but the appropriate guidance in relation to the balances would be followed.

Furthermore, in addition to confirmed funding, a further £0.261 million of funding had been received to support mental health and emotional wellbeing for children, young people and their families impacted by the COVID-19 pandemic. Collaborative work was ongoing with the Education Department to fully use this funding. A further £0.037 million to support the work of Chief Social Work Officers during the pandemic was also expected along with £0.020 million for work to support care homes.

Thereafter it was reported that against a full year budget of £138.5 million there was a projected operational underspend of £0.232 million. This was an increase in projected costs of £0.112 million since the previous report, with the increase being due mainly to increased staff and care package cost projections.

Details of the main projected operational variances as well as ongoing financial risks were set out.

The Chief Financial Officer was heard further on the report. Particular reference was made to the prescribing budget. Whilst earlier financial information had suggested an underspend of around £0.530 million, it was explained that data for January showed increased spending. Taking account of this increase it was proposed to add an assumed £0.200 million to the prescribing reserve with the actual sum to be determined at year end. This would allow management of any increased activity post COVID-19 through the smoothing reserve until the base position re-stabilised.

Having heard Councillor Bamforth welcome that COVID related costs had been reimbursed in full the Board:-

- (a) note the projected outturn for the 2020/21 revenue budget; and
- (b) agreed the approach to the proposed in-year addition to reserves

INDEPENDENT REVIEW OF ADULT SOCIAL CARE

6. The Board received a presentation from the Chief Officer on the Independent Review of Adult Social Care.

The Chief Officer explained that the review, the principal aim of which was to consider how to improve adult social care support for people who use supports and services, their families their carers and the workforce, had been announced in September 2020 as part of the Programme for Government

The review, which was chaired by Derek Feeley, a former Scottish Government Director-General of Health and Social Care and Chief Executive of NHS Scotland, had published its report on 3 February 2021. The report set out the findings of the review and made 53 recommendations.

It was explained that stakeholder engagement on the review had been significant and there were a lot of groups invested in the outcome of the review and of note was that the nationalisation of care homes which had been widely thought of as being the focus of the review was not one of the recommendations that had been made.

The Chief Officer further explained that the review had found that a paradigm shift was required and that the findings and recommendations within the report were grouped onto 9 headings. These were: a human rights based approach; Unpaid Carers; the case for a National Care Service; A National Care Service – how it should work; A new approach to improving outcomes; Models of care; Commissioning for public good; Fair Work; and Finance.

The Chief Officer was then heard further on the recommendation groups under each of the 9 headings.

Thereafter the Chief Officer commented on how the report had been received. She explained that local government representative bodies had endorsed the principles of empowering people, valuing the workforce and embedding a human rights approach to social care. However concerns had been expressed at the recommendation to remove accountability for social care from local government to Scottish Ministers as this was seen as a removal of local democratic accountability. She clarified that the review, including the creation of a National Care Service, had been strongly supported by disability groups, carers organisations third sector providers and Scottish Care.

Concluding, the Chief Officer explained that whilst the future of the report recommendations would be dependent on the outcome of the forthcoming Scottish Parliament elections in May, there were 10 areas which could be progressed in the short term. Details of these were outlined.

Full discussion then took place. Mr Mohamed explained that the Coalition of Care had met Derek Feeley the previous week and were happy with the report. It was noted that many of the report's recommendations were considered to be interdependent and there were concerns that failure to implement all the recommendations would dilute the overall impact.

Responding to questions from Ms Khan on any lessons to be learned from the report and the recommendations, the Chief Officer explained that the recommendations were very much in line with the aspirations of the HSCP. She explained that recent levels of financial settlement had resulted in a move away from preventative work at levels the HSCP aspired to, and that if more funding was made available further investment in preventative work would be a priority. She also explained that funding levels had not kept pace with demographic shift and this had a significant impact on East Renfrewshire.

Councillor Buchanan was also heard in the course of which he highlighted the overall acceptance of the recommendations but referred to the concerns that had been expressed around local democratic accountability.

The Chief Social Work Officer also commented on the report. In particular she highlighted that the report was silent on what would happen in circumstances where social care and social work was provided on an integrated basis as was the case in East Renfrewshire. This was an area of concern for staff. Also commenting on this issue, the Chief Officer explained that although not commenting specifically, the report did highlight the success of partnerships where Criminal Justice Services and Children's social work had been delegated.

The Board noted the presentation and the additional comments made.

HSCP STRATEGIC PLAN 2021-22

7. Under reference to the Minute of the previous meeting (Item 9 refers), the Board considered a report by the Chief Officer inviting comment on and seeking approval for the HSCP Strategic Plan for 2021-22, a copy of which accompanied the report.

The Board was reminded that it had approved a one year bridging Strategic Plan for 2021-22 in light of the constraints placed on the partnership due to the COVID-19 pandemic.

The report explained that despite the ongoing response to the pandemic, significant work had been undertaken to develop the plan resulting in the development of a consultative draft.

Details of the development work carried out to support the development of the plan and next steps and remaining tasks having been outlined, the report explained that the plan met statutory requirements and was structured in a similar manner to the 2018-2021 plan with content updated to reflect changing priorities including those resulting from the pandemic.

It was further explained that the plan provided an assessment of the HSCP's operating context and recognised the changing strategic planning landscape. In light of the review of performance and the current working context, it was explained that headline strategic planning priorities had been revised, with details of the revisions being summarised. This included an extension of planning priority for mental health to include mental health wellbeing across communities; a change in emphasis of priorities relating to health inequalities and primary and community-based healthcare; and the introduction of a new strategic priority focussing on the role of the workforce. Details of the revised strategic priorities were set out.

The report concluded by referring to the significant engagement work that had taken place in the development of the plan and that this work would inform the development of a full strategic plan for 2022-2025, with a full programme of community and stakeholder engagement taking place during the year, and a full strategic needs assessment being carried out to inform the next plan.

The Board approved the 2020-2021 Strategic Plan.

CARERS' STRATEGY AND HSCP SHORT BREAKS STATEMENT UPDATES

8. The Board considered a report by the Chief Officer providing an update on and seeking approval for the 2021-22 refresh of the East Renfrewshire Carers' Strategy, and seeking approval for an updated HSCP Short Breaks Statement which ensured that information on carers' rights to short breaks and options for these was published, up to date, and readily available. Copies of the updated strategy and statement accompanied the report.

Having referred to the extended and enhanced rights of unpaid carers and obligations to support them, as set out in the Carers (Scotland) Act 2018, the report outlined the methodology used to produce the existing 2018-2021 Carers' Strategy, with details of the 4 strategic carer outcomes contained therein being listed.

The report then summarised how the strategy had been implemented at a local level as well as outlining the steps that had been taken in refreshing the strategy. This had included conducting an online survey of carers. Responses showed that carers wanted more pro-active communication; that the pandemic had impacted on carers; and there was a lack of choice and control over how carers and the people they cared for were supported with carers seeking improved access to Self-Directed Support options.

The report then set out the actions that had been taken in response to the issues that had been raised.

Thereafter, the report set out the guiding principles for planning short breaks with carers. These had been agreed following work with stakeholders and remained key to short break provision. It was noted that the Short Breaks Statement had been updated to ensure all advice and information was accurate and included the development of creative COVID-safe online breaks that met the outcomes of the carer and the cared for person.

Recognising the increased caring responsibilities that had been taken on during 2020-21 as a result of the pandemic and the additional challenges faced by carers due to changes in support services, the report explained that the bridging refresh of the existing strategy would allow time to better understand the post-COVID impact on carers and the actions needed to support their wellbeing. The bridging refresh would also give time to consider the findings of the National Review of Adult Social Care.

Councillor Bamforth introduced Irene Brown, HSCP Carers Lead, who was heard further on the report in the course of which she explained the reasoning behind the preparation of a single year rather than 3-year strategy, and the process used in the development of the strategy.

Responding to questions from Ms Tudoreanu on how the strategy differed from previous versions in terms of approach and what was being offered, the Carers Lead confirmed she would be happy to discuss this in more detail with Ms Tudoreanu offline. In addition the Chief Officer suggested that it may be helpful, particularly for newer members of the IJB for a seminar on the Carers Strategy to be arranged.

Ms Forbes having made comment on possible suggested changes to the section of the strategy on costs, the Head of Adult Health and Social Care Localities explained that this section was agreed collaboratively across all 6 HSCPs in the NHSGGC area and that she would take Ms Forbes' comments back to that group for consideration.

The Carers' Lead was also heard in response to comments from Ms Khan on carers in BAME communities in the course of which she explained that the Carers Centre had recently taken on a multi-lingual worker to work closely with BAME communities.

The Board approved the:-

- (a) one year refresh of the Carers' Strategy for 2021-22; and
- (b) updated HSCP Short Breaks Statement.

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Ms Monaghan joined the meeting at this point.

WORKFORCE PLANNING UPDATE

9. The Board considered a report by the Chief Officer advising of updated Scottish Government guidance for updating workforce plans and the local process to undertake the development of a one-year interim workforce plan for 2021-22.

The report explained that a workforce plan had been produced in 2016. Work to update the three-year plan had started in 2019 pending the release of Scottish Government guidance. However the work was paused in 2020 due to the COVID-19 pandemic.

It was noted that in recognition of the pandemic Scottish Government had revised timescales for the completion of revised three-year plans with plans to be submitted by 31 March 2022. This would align the Workforce Plan with the proposed 2022-2025 Strategic Plan.

However, Scottish Government had indicated that interim workforce plans should be submitted by the end of April 2021. These plans, for the period April 2021 to March 2022 were to be based on a template issued by Scottish Government and follow associated guidance that had also been issued and which accompanied the report.

Having explained the purpose of the guidance and commented on the template, the report outlined the various matters that the workforce plan was required to consider and address. This included provision of ongoing support to promote physical and psychological wellbeing, and short, medium and longer-term transformational staffing and skills changes required. Examples of short-term workforce risk were set out.

Details of the areas that workforce planning as being asked to consider in supporting staff through transformation having been set out, the report set out the proposed approach to be taken by the HSCP to meet the deadline.

The Board noted the report.

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Dr Campbell joined the meeting at this point.

EAST RENFREWSHIRE PEER SUPPORT SERVICE MENTAL HEALTH AND ADDICTIONS – TEST OF CHANGE

10. The Board considered a report by the Chief Officer providing an update on the test of change to deliver an East Renfrewshire Peer Support Service, employing peer workers with lived experience to support individuals in their recovery journeys.

Having outlined that peer support was a person-centred approach, focussed on wellbeing and based on the key principles of respect, shared responsibility and a mutual agreement of what is helpful, the report explained that peer support for recovery was a key strand of the NHS GGC 5-Year Mental Health Strategy, it being highlighted that recovery did not need to take place in a clinical setting. Central to the approach was the role of lived experience, employing peer workers who had their own experiences around mental health and services, to work with individuals on their recovery.

Thereafter the report explained that locally, the potential of peer support to enhance recovery had been recognised, not only for mental health but also for alcohol and drugs. A 12 month test of change was proposed, with Penumbra, one of Scotland's largest mental health charities with significant experience of delivering peer work, identified as the preferred provider

The report then set out how the project had been rolled out, it being noted that in line with the test of change approach, a robust evaluation model had been built in from the outset. The peer support service took the first referrals in September 2020 and by December 2020 was operating at capacity with 2 full-time peer support workers working with 25 individuals. To date there had been 196 peer support appointments and as at the end of January a small waiting list had been established.

The report clarified that due to implementation delays associated with COVID-19 the test of change and evaluation had been based on 6 months of service operation. Whilst there had

been positive signs, it was too early to measure progress towards recovery outcomes or begin to estimate how long individuals may remain in peer support. Furthermore, the aspect of the test of change looking at embedding peer support in formal services was at an early stage.

Details of the activities that had steered the test of change and the shape of peer support were outlined. These included telephone interviews with service users to better understand what peer support could offer in addition to regular services; virtual workshop sessions with the HSCP, Penumbra and partner organisations; and interviews with individuals accessing the peer support service, amongst others.

In conclusion, having explained the basis for the design and development of peer support in East Renfrewshire, the report highlighted that early findings were positive in terms of benefits for service users, particularly the opportunity to discuss recovery in a safe and supported way with someone with a shared experience.

Councillor Bamforth introduced Cindy Wallis, Senior Manager, Recovery Services who provided some further background to the project before introducing Isobel Murray from Penumbra who spoke on the experience of providing peer support in East Renfrewshire. Thereafter, Ailsa Cook from Matter of Focus explained how the peer review had been carried out.

In response to questions, it was explained that the service was specifically for people with personal challenges and that there were other organisations who could support the family members of these people. However the project was at an early stage and the possibility of extending access to family members was something that could be considered as the project developed.

Ms Forbes having welcomed the report, Ms Monaghan referred to the consideration by the Board of the Alcohol and Drugs Plan in September 2020 when she had expressed her disappointment at the lack of service user involvement in the preparation of Plan. She suggested that the consultation mechanisms used in the review of the Peer Support Service were a model of good practice which it was hoped would be reflected on in the development of future iterations of the Alcohol and Drugs Plan.

The Board noted the report and that the test of change would continue, with further evaluation work to be completed by June 2021, following which a final evaluation report would be prepared and published.

HSCP RESPONSE TO COVID-19

11. 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 current service delivery in relation to the ongoing COVID-19 pandemic.

The Chief Officer, supported by the Chief Social Work Officer was heard at length on the report.

Thereafter, in response to questions, the Chief Officer acknowledged the likely increased demand for services including the Specialist Learning Disability Service. She explained that a lot of cross-system working had been taking place in preparation for the anticipated increased service demand and some additional funding was being made available which allow support levels to be enhanced in the community with the subsequent reduction in in-patient beds.

It was also confirmed that there did not appear to be any pushback from the public to the Astra – Zeneca vaccine following the recent developments in a number of countries where the use

of the vaccine had been suspended due to concerns around the vaccine possibly causing blood clotting. Staff administering vaccines had been provided with information they could share with patients.

Responding to Ms Monaghan the Chief Office also gave an update in relation to the follow up inspection of the Care at Home Service by the Care Inspectorate.

The Board noted the report.

APPOINTMENT OF REPLACEMENT REPRESENTATIVE

12. Councillor Bamforth reported that Ian Smith the ERC Staff Side Representative on the Board had tendered his resignation as a result of which the Board needed to appoint a replacement. It was explained that Mr Smith had been the lead shop steward of UNISON but had stepped down from this position which had been taken on by Lynne Rankin. As such it was proposed that Ms Rankin replace Mr Smith on the Board.

The Board approved the appointment of Lynne Rankin (ERC Staff Side Representative) as a replacement for Ian Smith.

DATE OF NEXT MEETING.

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 12 May 2021 at 10.30 am.

CHAIR