

**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
held at 10.30 am on 25 November 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 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)
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Aimee MacDonald	Audit Scotland
Angie McGregor	Strategic Planning Programme Officer
Lee McLaughlin	Head of Recovery and Intensive Services
Ian McLean	Accountancy Manager
Candy Millard	Head of Adult Health and Social Care Localities
Steven Reid	Policy, Planning and Performance Manager
Gayle Smart	Intensive Services Manager

**APOLOGIES FOR ABSENCE**

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Heather Molloy	Scottish Care representative
Ian Smith	Staff Side representative (ERC)
Councillor Jim Swift	East Renfrewshire Council

## **INTRODUCTORY REMARKS**

1. Prior to the start of the meeting, Councillor Bamforth welcomed Councillor Alan Lafferty to his first meeting of the IJB following his recent appointment. Councillor Lafferty had replaced Councillor Paul O’Kane on the Board.

## **DECLARATIONS OF INTEREST**

2. There were no declarations of interest intimated.

## **MINUTE OF PREVIOUS MEETING**

3. The Board considered and approved the Minute of the meeting held on 23 September 2020.

## **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.

Commenting on the report the Chief Officer explained that in addition to the full annual performance report an easy-read summary version had also been published. She also highlighted the ongoing work around peer research and advocacy in respect of the Alcohol and Drugs Plan which would be included in a future report to the IJB on the involvement of people with lived experience in the shaping of the plan.

The Board noted the report and the additional information.

## **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.

The Chief Officer having commented on the ongoing production of both the Local Child Poverty Action Annual Report and the Draft Unscheduled Care Strategic Commissioning Plan, Ms Forbes sought clarification of progress in the issue of any Direction letters associated with the 2020-21 budget.

In reply the Chief Financial Officer explained that the issue of letters had been held back until confirmation of the NHSGGC budget contribution had been received. This confirmation had recently been received and the Direction letters would now be issued. This action would also be reflected in future versions of the rolling action log.

## **APPOINTMENT TO PERFORMANCE AND AUDIT COMMITTEE**

6. The Board considered a report by the Chief Officer seeking the appointment of a replacement on the Performance and Audit Committee following the resignation of Councillor O’Kane.

The Board agreed that:-

- (a) Councillor Lafferty be appointed to the Performance and Audit Committee; and
- (b) Councillor Lafferty's attendance at the meeting of the committee immediately prior to this meeting be homologated.

## **CARE AT HOME UPDATE**

7. The Board received a presentation from Gayle Smart, Intensive Services Manager, providing a comprehensive update on the care at home service.

In particular, Ms Smart highlighted recent recruitment activity which would see an additional 13 staff in post by January and referred to the results of the recent user survey. There had been 206 responses with overall service satisfaction being shown at 84.4% an increase from the March figure of 80%.

Ms Smart also commented on the service's Key Performance Indicators referring in particular to the reduction in the use of agency staff. She also acknowledged that the number of visits on time was below target and that there had been a drop in performance relative to mandatory staff training but progress was now being made in this regard. Progress was also being made in reducing off-framework spend.

Having commented on some of the issues considered as part of the overall governance arrangements for the service, Ms Smart commented on the ongoing work to meet the Care Inspectorate requirements. She explained that in light of the ongoing pandemic the Inspectorate's focus was on care homes at present but this would shift back to care at home at some stage.

Ms Smart then concluded by outlining some of the key current risks to the service including staff absence, reduced capacity in the external market and potential increased service demand, and the next steps for the service moving forward. Of particular note was that all frontline staff would have an East Renfrewshire email account. This would improve channels of communication.

Ms Monaghan welcomed the presentation and the progress that had been made. She particularly welcomed the range of data now available which could be used to drive service improvement. She also sought clarification of whether the additional staff being recruited would be funded from existing resources and stressed the importance of home visits being on time with further work being required in this area. Finally she commended the service for using the Discharge to Assess model which while being resource intensive did deliver the best outcomes.

Responding to Ms Monaghan, Ms Smart confirmed that additional staff would be funded from existing resources and that work was ongoing to make sure staff were aware of the impact on residents of visits not being on time.

The Clinical Director referred to the success of the medication support service. This was acknowledged by Ms Smart who confirmed that embedding a pharmacy technician in the service had delivered positive service benefits and created a positive impact on service users.

The Chief Officer highlighted the significant amount of work carried out by the care at home service during the pandemic. Commenting on the future she reinforced earlier comments about increased service demand with fewer people keen to go into care homes.

Ms Forbes having supported Ms Monaghan's earlier comments about the timing of visits Councillor Buchanan welcomed the presentation and paid tribute to the work of staff. He reminded people of the historical challenges facing the service and how despite having to deal with the impact of the pandemic real improvements were being delivered.

Councillor Bamforth echoed Councillor Buchanan's comments. Whilst welcoming the reduction in the use of agency staff she questioned what mechanisms were in place to support staff. In response Ms Smart gave examples of some of the supports in place

Thereafter on behalf of the IJB Councillor Bamforth thanked Ms Smart for her presentation.

## **PARTICIPATION AND ENGAGEMENT STRATEGY**

8. The Board took up consideration of a report by the Chief Officer providing an overview of the process used to develop the Participation and Engagement Strategy and seeking approval for the strategy, a copy of which accompanied the report.

The report outlined the purpose and intention of the strategy as well as explaining that the strategy was based on the principles of inclusion, accessibility and equality, and that it contained details of various ways in which people could engage with the HSCP and partners as well as setting out a commitment to develop further participation and engagement opportunities.

The report explained that a Participation and Engagement Implementation Group (PEIG) had been established to develop a collaboratively produced strategy. Details of the membership of the group were set out in addition to which information on the various engagement events that had taken place and the various groups and organisations in the development of the strategy was provided as well as information provided on the various groups and organisations who had been involved in engagement activity.

It was further explained that the PEIG was now a strong foundation for shared, planned proactive engagement to support strategic commissioning intentions and the group would continue to map out activities and develop a shared participation and engagement workplan with COVID-19 Recovery Planning and the Strategic Plan being a central focus for participation and engagement.

The Strategic Planning Programme Officer was heard further on the purpose and development of the strategy in the course of which she paid tribute to the key role played by Your Voice in the strategy's development.

Mrs Kennedy welcomed the strategy and emphasised the importance of continuing to engage with people in non-digital as well as digital formats. This was supported by Mr Mohamed who stressed the importance of using as many engagement mechanisms as possible in order to maximise participation opportunity. He also expressed the hope that post-COVID, more personalised engagement could take place.

Ms Monaghan having welcomed the strategy and in particular the engagement methods that had been used, which she suggested should be reflected in ongoing work on the Alcohol and Drugs Plan, the Board:-

- (a) approved the Participation and Engagement Strategy; and
- (b) noted the role of the IJB in overseeing the implementation and evaluation of the approach to participation and engagement.

## **HSCP STRATEGIC PLAN UPDATE**

9. The Board considered a report by the Chief Officer providing an update on the planned approach to strategic planning for future years and seeking approval for 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 the current 3-year strategic plan was due for review by 31 March 2021 with there being a statutory requirement to have a new plan in place from 1 April 2021. The impact of the COVID-19 pandemic on staff had meant that development of a medium to long-term plan had been challenging as well as limiting the scope for a fully inclusive programme of community and stakeholder consultation. Allied to this, the production of a strategic needs assessment was also challenging given capacity constraints and the changing profile of local needs as the HSCP moved between response and recovery.

The report further explained that discussions had taken place between the Scottish Government and the seven HSCPs due to review their plans by 31 March 2021 to identify a way forward that preserved the integrity of HSCP strategic planning whilst balancing the immediate and ongoing pressures of the pandemic.

The outcome of the discussions was that a consistent approach should be adopted with HSCPs developing a one year “bridging plan” for 2021-22 with the development of a full three-year plan for 2022-2025. Details of the matters to be contained in a one year plan were set out and it was noted that the Board would be kept updated on progress in the development of the plan with approval being sought at a future meeting prior to publication in March 2021.

The Policy, Planning and Performance Manager was heard further on the contents of any proposed bridging plan and also on the steps that would be taken in the preparation of the subsequent 3-year plan.

Referring to the proposed engagement in the development of the bridging plan, Ms Forbes highlighted that the report suggested that the role of the IJB appeared to be simply to consider the draft plan once it had been prepared and that there should be an opportunity for Board members to contribute to the development of the bridging plan.

In reply it was reported that a number of members of the IJB were members of the Strategic Planning Group which was leading on the development of the bridging plan. Notwithstanding a seminar would be arranged for the IJB in the near future to allow the IJB to contribute to the development of the Plan.

The Board:-

- (a) approved the production of a one-year ‘bridging’ strategic plan covering the period April 2021 to March 2022 that would reflect on the delivery of the current plan, outline the recovery and response activity for the 12 month period, and set out the vision and strategic priorities; and
- (b) agreed that during 2021-22, a longer-term detailed strategic commissioning plan would be developed, setting out the IJB’s direction for 2022-25.

## **WINTER PLAN 2020-2021**

10. The Board considered a report by the Chief Officer providing an update on preparedness for winter across the NHSGGC area.

By way of background the report explained that winter planning was an important part of the IJB's responsibilities, and that each year the Scottish Government issued updated guidance for winter planning arrangements with an expectation that a final whole system approved plan covering the whole NHS GGC area, including East Renfrewshire, be submitted by the end of October/early November. It was noted that the complexity of the COVID-19 pandemic added a further level of uncertainty and challenge to the coming winter.

The report further explained that the winter plan reflected considerable cross system working on unscheduled care that had accelerated since the start of the COVID-19 pandemic. Governance arrangements established across the NHS GGC area to respond to the immediate challenges of the lockdown had been used to identify opportunities for improvement in pathways and processes for urgent care. In addition local East Renfrewshire HSCP winter planning drew on the work of local Recovery and Response, Unscheduled Care and Flu Planning groups.

The report then provided details of the winter resilience arrangements in place both within NHS GGC and East Renfrewshire Council. It was noted that given the changing nature of the challenges facing services from the pandemic coupled with seasonal pressures expected this year, services were developing 6 month winter resilience plans which considered potential scenarios and risks for the months ahead, and outlined activities to ensure the delivery of safe and high quality services for the population during anticipated periods of heightened pressure.

The report highlighted that referrals were increasing as winter approached with levels of demand anticipated to increase throughout the winter period. It was explained that further care at home recruitment was ongoing as well as continued work with providers to support resilience. However it was noted that staff levels were being affected by illness and self-isolation. It was also noted that the HSCP would not be block purchasing care home beds for intermediate care over the winter months. These would be purchased on an ad hoc basis if required.

The report also set out NHS GGC plans for the scheduling of urgent care appointments and the implementation of an Urgent Care Resource Hub (UCRH) and Local Response Hub model across the 6 HSCPs in the NHS GGC area by the end of January 2021. It was explained that the objective of this model was to facilitate integrated, person-centred, sustainable, efficient and coordinated health and social care Out of Hours Services across the Greater Glasgow and Clyde area. The UCRH would continue to develop and enhance working practices across the health and social care out of hours system by providing a single point of access to health and social care services for professionals working across the out of hours system. The UCRH would facilitate and coordinate a multiservice response when required during times of crisis and escalation.

Having set out details of urgent care local response provision, the report provided an update on the delivery of the Flu Immunisation Programme for over 65s. It was noted that uptake had been encouraging given the change in delivery mechanisms due to COVID-19, with over 11,500 residents vaccinated in 4 local centres. People unable to leave home were being vaccinated by the Community Nursing Team. GPs were also reporting good uptake of vaccination of the 18 to 54 "at risk" cohort.

The report also summarised support arrangements for care homes noting that to mitigate risk, additional Care Home Liaison Nurse support was being recruited and an additional Occupational Therapist added to the team.

In relation to the workforce It was highlighted that an increase in absence over the winter relative to COVID-19 was anticipated due to illness, isolation or caring for relatives. Whilst absence was monitored in order to identify service risk mitigation could not be applied in all cases.

The Head of Adult Health and Social Care Localities referred to the efforts of staff throughout the pandemic and that they would be asked to deliver more as part of the winter planning arrangements.

Councillor Bamforth having acknowledged the efforts of staff Mr Mohamed referred to assurances given at an earlier meeting that all East Renfrewshire residents would be able to receive the flu vaccine locally. Unfortunately this had not been the case with a number of residents in the Merrylee area having to travel to Govan for vaccination. He understood that it would have been possible to change to a more local venue but that the invitation letter had not made this clear.

In response it was explained that the Merryvale GP practice sits within the South Glasgow HSCP area and not the East Renfrewshire HSCP area and this was why patients were invited to attend a Glasgow vaccination centre. It was also clarified that the letters issued were done so centrally.

The Head of Adult Health and Social Care Localities then confirmed that local vaccination targets had been achieved with over 14,000 vaccinations having been delivered by staff over and above their regular duties. The vaccination team had been working non-stop and it was anticipated would be required to participate in any COVID-19 vaccination programme. It would be necessary to review the booking system. She further highlighted that a COVID vaccination plan had to be submitted to NHSGGC by the end of the week.

Recognising the efforts of staff and acknowledging the reasons for East Renfrewshire residents being invited to an appointment in Glasgow, Mr Mohamed indicated that this had been disappointing.

Commenting on vaccination venues the Clinical Director explained that a number of Glasgow residents who were registered at the Glasgow satellite of the Greenlaw practice had been invited to attend an East Renfrewshire vaccination centre. However it had been possible to contact those patients who had been affected to enable them to transfer to a Glasgow venue.

Responding to further questions on the roll out of the flu vaccine to over 55s and the potential impact of the relaxation of restrictions over the festive period on both the general population and also staff, it was explained that any restriction on the rollout of the vaccine to over 55s was due to availability of vaccine stocks and that in terms of vaccination of HSCP staff all staff who had wanted to receive the vaccine had been able to do so. The Chief Nurse also reported on the ongoing vaccination work in local care homes.

Commenting on any COVID-19 vaccination programme the Chief Officer explained that East Renfrewshire would be part of a Board-wide strategy. She indicated that there were no plans to reopen community assessment centres and that it was highly likely that HSCP staff would be involved in the delivery of a COVID vaccine.

The Board noted the report.

## **HSCP RECOVERY UPDATE**

**11.** Under reference to the Minute of the previous meeting (Item 13 refers), the Board considered a report by the Chief Officer providing a summary of service activity and an update on the eight thematic workstreams which supported the HSCP's operational recovery plan put in place following the emergency phase of the COVID-19 pandemic.

The Policy, Planning and Performance Manager referred to the ongoing work to streamline recovery plans to focus by exception on the completion of planned remobilisation activities and confirmed that the works at Bonnyton House had been completed.

Commenting on the report, whilst welcoming the information provided Ms Forbes suggested that the format made it difficult to be clear on what the changes were from the previous report. She asked if the format of the report could be reviewed to make this clearer.

The Board noted the report.

## **REVENUE BUDGET 2021-2022**

**12.** The Board took up consideration of a report by the Chief Financial Officer providing an overview of preparations for the 2021-22 budget process and the review of the Medium-Term Financial Plan to cover the period 2021-22 to 2025-26.

Having reminded the Board that work being carried out to support setting a budget for 2021-22 would also inform the review of the Medium-Term Financial Plan the report provided further details of the preparatory work already under way. This included identifying and quantifying expected cost pressures, using known costs, performance intelligence, benchmarking and professional judgement to best estimate cost implications in areas such as pay and inflation; demographic pressures; and policy decisions amongst others.

The report highlighted that planning and preparation had been very challenging given the current year cost implications from COVID-19 and listed a number of matters still to be determined. Whilst recovery work would help it was too early to be able to quantify the impact and implications on the services delivered. Monitoring and assessment of the impact on funding would continue through regular revenue budget monitoring and the mobilisation cost tracker.

The report also identified various other matters which may impact on budgets and financial planning. These included the possibility of not being able to achieve current year's savings targets and the as yet unknown impact of Brexit.

It was noted that in line with the national position financial sustainability remained a significant risk to the IJB. A number of other risks that could impact on current and future budget positions were also listed.

The report concluded by explaining that setting a budget for 2021-22 may prove a real challenge given the number of unknowns at this stage. However work would continue to build on the solid record of financial performance with issues being addressed as they emerged, were clarified, and implications and impacts became clearer.

The Chief Financial Officer commented further on the main financial challenges facing the service including the ongoing implications from the pandemic. Allied to this was the issue by the Scottish Government of a template looking for information about implications for future years.

She explained that the Scottish Government's budget announcement was expected on 28 January and so the financial position would become clearer then.

She gave early notice that it was likely that legacy savings of around £1.8 million would need to be taken forward into 2021-22 and it had already been identified that a poor settlement for local authorities could lead to significant savings challenges for the IJB.

She concluded by confirming that the financial picture would continue to be reported through regular reports and seminars as required.

The Board noted the report.



## REVENUE BUDGET MONITORING REPORT

13. Under reference to the Minute of the previous meeting (Item 11 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 October 2020 and seeking approval for budget virements to realign criminal justice funding across relevant budget headings and to transfer budgets relating to moving and handling to Intensive Services.

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 that costs included in the 2020-21 revenue budget were c£7.9 million and 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. Clearly there was a risk should there be any change from all costs being funded in full.

It was further noted that funding in relation to remobilisation activity funding had been confirmed at £4.094 million which, when compared to projected costs of £7.9 million meant a potential maximum risk exposure of c£3 million. However further funding was expected and the Scottish Government continued to assess costs nationally based on HSCP submissions. 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.

Thereafter it was reported that against a full year budget of £128.95 million there was a projected operational overspend of £0.259 million (0.2%), this figure being a slight increase from the previous information considered by the Board at the September meeting.

The report referred to the recommencement of the Change Programme which was pivotal to work on savings delivery and highlighted that as the focus of service delivery had moved back to response from recovery there was a risk legacy savings would need to be taken into 2021-22.

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, and with regard to reserves it was reported that spending plans against reserves would be refined as the year progressed and would fluctuate to reflect the overall revenue position. It was noted that there may be slippage in some projects as a result of capacity during the COVID-19 response.

Referring further to the report the Chief Financial Officer reported that of the c£7.9 million COVID costs, £4.1 million had been confirmed, with indications from the Scottish Government being that costs would be met in full. She further reported that the cost tracker monitoring COVID-related costs had been updated with indicative costs rising to over £9million.

Responding to questions from Ms Forbes, she confirmed that the £7.9 million figure included unachieved savings, explained that adult localities related costs set out in the consolidated monitoring report were an extract from the main figures, and confirmed that she would make this more explicit in future reports.

In response to Ms Tudoreanu she also set out the reasons for the overspend in supplies and services, it being noted that all COVID-related supplies and services sat within this budget line, and that overspend was compensated by the significant increase in income.

The Board:-

- (a) noted the report; and
- (b) approved the budget virements.

**DATE OF NEXT MEETING.**

**14.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 3 February 2021 at 10.00 am.

CHAIR