

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.00 am on 12 May 2021**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Councillor Alan Lafferty	East Renfrewshire Council
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Heather Molloy	Scottish Care representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – HSCP
Lynne Rankin	Staff Side representative (ERC)
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
Jim Anderson	Project Manager
Mairi-Claire Armstrong	Governance and Systems Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Morven Fraser	Audit Scotland
Pamela Gomes	Governance and Compliance Officer
Lee McLaughlin	Head of Recovery and Intensive Services
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
Councillor Tony Buchanan	East Renfrewshire Council
Amina Khan	NHS Greater Glasgow and Clyde Board
Councillor Jim Swift	East Renfrewshire Council

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 17 March 2021, subject to the following amendment to Item 10, Paragraph 10:-

“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.”

MATTERS ARISING

3. 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 confirm that the final version of the workforce plan would be submitted to a future meeting, the Board noted the report.

ROLLING ACTION LOG

4. 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.

RECOVERY AND TRANSFORMATION PROGRAMME

5. The Board received a presentation on the ongoing work within the HSCP to reshape future service delivery.

The Chief Officer introduced Mairi-Clare Armstrong, Governance and Systems Manager and Jim Anderson, Project Manager, who were leading the change programme.

The aims and objectives of the programme having been explained, details were provided of the programme's governance arrangements. It was noted that programme oversight sat with the Recovery and Renewal Project Board comprising the HSCP's senior management team, which in turn fed into the IJB.

It was explained that the various projects that formed part of the overall programme had been divided into 4 categories, these being; Recovery; Individuals' Experiences; Wellbeing; and Business Systems and Processes. Details of the various projects under the thematic headings were summarised.

Thereafter in response to questions about governance arrangements and the language used to describe service users, it was explained that there were no lay members on the project board but that service users would participate through the various separate project groups. It would also be possible to review the language and phraseology used. It was further confirmed that a lot of reflection and learning from past experiences was already taking place, and would

inform and influence the direction of travel. In addition the Chief Officer highlighted that some of the review work underway across the whole NHSGGC area would also help to inform developments at a local level.

Responding to comments regarding the use of Your Voice as a consultative forum, the Head of Recovery and Intensive Services indicated that as part of her role attending meetings of Your Voice she would be happy to act as a link and to gather views that could be fed into the programme.

Ms Molloy having reminded the Board of the need for the third and independent sectors to be involved in the programme the Head of Finance and Resources assured the Board that partnership working and lived experience were key components of the programme. The Chief Officer also highlighted the potential impact of the Review of Adult Social Care, but that notwithstanding, it had been considered vital to progress the programme and deal with any review implications as and when they arose.

Details of current project status were then provided in addition to which information on future projects was also given. Based on the feedback provided at the meeting, further refinement would take place, and it was noted that written progress reports would be submitted to future meetings of the Board.

Responding to further questions, the arrangements put in place to ensure the sustainability of any changes were explained. This would include ensuring early engagement and involvement in change by both service users and providers, and support for managers to deliver change.

In conclusion the Head of Finance and Resources referred to the previously introduced Fit for the Future Change Programme and how many of the lessons learned from that programme were being applied in the current review.

The Board noted the presentation.

HSCP RESPONSE TO COVID-19

6. Under reference to the Minute of the previous meeting (Item 11 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.

Details of the ongoing vaccination programme, the support being provided to care homes, and the introduction of an activity programme for children and young people were outlined, it being noted that the latest figure for vaccinations by the housebound vaccination team had risen to 891 from the 770 noted in the report.

The Chief Officer referred in particular to the amount of time the senior management team had spent visiting care homes and that reviews of all East Renfrewshire residents in care homes were now being carried out regardless of whether or not the person stayed in a home in the East Renfrewshire area.

In addition the Head of Recovery and Intensive Services explained that the focus of the care home visits had been about providing both assurance and also support, in response to which Ms Molloy reported that the support provided by the HSCP had been really welcomed by care home staff, particularly that it was being provided by senior members of the HSCP management team.

Having heard the Head of Public Protection and Children's Services comment further on the enrichment programme and that the intention was to integrate much of the activity around disabled children, the Board noted the report.

REVENUE BUDGET MONITORING REPORT

7. Under reference to the Minute of the previous meeting (Item 5 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 28 February 2021, and seeking approval of a series of budget virements resulting from the allocation of new funding, and reallocation of savings from a summary to a detailed level across service areas.

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 current COVID-19 related expenditure assumptions were just over £9.4 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 current projected local mobilisation plan costs were £9.432 million. FHS (Family Health Services) costs of £0.332 million were being met by NHSGGC leaving current local costs of £9.1 million. Total mobilisation funding confirmed and received to date was £12.260 million leaving a potential balance of £3.160 million to be carried forward. It was clarified that the increase in projected costs of £0.105 million related mainly to sustainability costs.

Thereafter it was reported that against a full year budget of £142.9 million there was a projected operational underspend of £0.672 million. This was a reduction in projected costs of £0.440 million since the previous report, with the reduction being due mainly to reduced nursing, residential care and staffing cost projections.

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

The Board:-

- (a) note the 2020/21 projected outturn;
- (b) noted the increase in earmarked reserves; and
- (c) approved the requested budget virements.

PRIMARY CARE IMPROVEMENT PLAN – YEAR 3

8. The Board considered a report by the Chief Officer providing details of progress and achievements to date for Year 3 of the 2018-2021 Primary Care Improvement Plan (PCIP).

Having explained the background to the development of PCIPs in the context of the new Scottish General Medical Services (GMS) Contract published in 2018, the report explained

how COVID-19 had adversely impacted the implementation of many of the actions contained in the plan, with staff across a variety of disciplines being diverted to deal with the challenge of the pandemic .

It was further reported that in December 2020 the Scottish Government had issued a '*Joint Letter - GMS Contract Update for 2021/22 and beyond*' to emphasise the continuing commitment to the 2018 GMS Contract in Scotland and to reconfirm the invested commitment into general practice and primary care. It acknowledged what had been achieved over the preceding two and a half years but recognised there was still some way to go.

In order to continue the development of NHS Board-employed Multi-Disciplinary Teams (MDTs) and the transfer of responsibility for services from practices to Health and Social Care Partnerships they jointly agreed revised approaches, extensions to some timescales and possible transitional arrangements for the Memorandum of Understanding (MOU) to remain committed to the Contract. The MOU established a national agreement between the British Medical Association, Scottish Government, Integration Authorities and NHS Boards to implement the 2018 Contract, which outlined the funding available and agreed the principles of service redesign. A new MOU had been expected in March 2021.

Thereafter the report set out details of progress in the delivery of the MOU commitments in Year 3 of the PCIP, it being noted that there continued to be significant progress across the MOU priority areas in East Renfrewshire, particularly in Pharmacotherapy, the Vaccination Transformation Programme, and Community Treatment and Care services, with examples being provided. However, the allocation and availability of workforce required to implement the priority areas of Urgent Care and Advance Professionals meant that progress towards implementation in these areas had been slower.

The report also set out the financial position, it being noted that there was an underspend of £0.877million over the life of the plan. Scottish Government had confirmed that all funding had now been allocated to the HSCP meaning that the IJB would hold the full underspend amount in its reserves for future use. Indicative figures for 2021/22 showed a modest underspend of £0.025 million against a budget of £2.419 million.

The report concluded by explaining that whilst many of the aspirations outlined in the PCIP had been achieved through collaborative working between the HSCP, local GPs and the NHSGGC Primary Care Programme Board, further direction from Scottish Government following the joint letter in December 2020 was awaited. Work towards full implementation of the original plan would continue by embedding the outlying staffing during the pandemic and beyond, with the main focus on the shift of demand from GP services.

Dr Fisher, Clinical Director was then heard further on the report, and in response to questions confirmed that the updated Memorandum of Understanding was still awaited.

The Board noted the progress and achievements to date of the East Renfrewshire Primary Care Improvement Plan (2018–2021).

HSCP INTERIM EQUALITIES OUTCOMES 2021-22

9. The Board considered a report by the Chief Officer seeking approval of a set of 6 interim equalities outcomes for the HSCP covering the period 2021-22.

Having referred to the public sector equality duty obligations placed on the HSCP by the Equality Act 2010, the report explained that the HSCP was required to develop and publish equalities outcomes every 4 years that would enable it to better meet its obligations.

In line with the agreed approach to strategic planning as recovery from the pandemic continued, a set of interim equality outcomes had been developed for 2021-22. These were a cross-cutting subset to the priorities set out in other plans for 2021-22 including the Interim HSCP Strategic Plan and Interim Workforce Plan. The content and background evidence for these plans was considered in the development of the equalities outcomes as well as the findings from the research and engagement activity carried out by East Renfrewshire Council and NHS Greater Glasgow and Clyde. The equalities outcomes would be reviewed as evidence was gathered through further engagement work for the next HSCP Strategic Plan.

The report then set out details of the development work that had taken place in the production of the outcomes, which had culminated in the production of a detailed research report setting out the key workshop findings and secondary research in relation to each of the protected characteristic groups. Highlighted issues and proposed responses of particular relevance to the HSCP were listed.

From this work, 6 interim outcomes had been identified with them being set out in the report.

Referring to the report, Ms Forbes noted that the gender pay gap in the Council was above the national average and asked what steps were being taken to address this.

In reply it was explained that there was work ongoing across the Council, in addition to which the question of the gender pay gap was being considered as part of the HSCP's workforce planning. Details of the position relative to the HSCP could be provided at the next meeting.

The Board approved the interim HSCP equality outcomes for 2021-22.

HSCP MANAGEMENT REVIEW – ADULT AND RECOVERY SERVICES

10. The Board considered a report by the Chief Officer providing an update on the proposed changes in relation to the management review of adult services within the HSCP.

By way of background, the report provided details of the current senior management structure of the HSCP, also referring to the imminent retirements of both the Head of Adult Health and Social Care Localities on 30 June 2021 and the Senior Manager – Recovery Services on 1 August.

Following these retirement announcements, a review of the management structure had been carried out, and in order to ensure continuity and stability within the HSCP, changes to the structure and the remits of 2 Heads of Service posts were proposed.

Details of the current and proposed remits and the benefits to be accrued by the changes were set out in addition to which it was explained that it was also proposed to integrate the General Manager, Specialist Learning Disability Services into the wider Head of Service structure.

Furthermore, it was explained that in order to increase management capacity as service demand increased additional changes within the management structures below Head of Service were planned, with the details being set out.

In response to questions the Chief Officer confirmed that if the temporary nursing post was retained the proposals would be cost neutral with a slight saving if the post was discontinued.

The Board noted the proposed changes.

REVISED IJB COMPLAINTS HANDLING PROCEDURE

11. The Board considered a report by the Chief Officer providing an overview of the revised model complaints handling procedure for dealing with IJB complaints.

The report explained that the Scottish Public Services Ombudsman had published Model Complaints Handling Procedures for all those bodies under its jurisdiction and had advised that these should be adopted for complaints relating to the actions and processes of Integration Joint Boards. It was noted that the aim of the SPSO was to implement a standardised and consistent process for individuals to follow making it simpler to complain, ensuring confidence in complaints handling, and encouraging public authorities to learn and make improvements from complaints. Consequently the SPSO had been clear that local discretion to make changes to the standard process should be minimal.

Having referred to the background to the current procedure, the report explained that much of the existing procedure remained unchanged with details of the main changes and the new processes to be followed being set out.

Thereafter the report explained the local processes that would be used in relation to dealing with any IJB related complaints, as well as providing information on the new arrangements for HSCPs handling of complaints about social work services. It was noted that there would no longer be a standalone social work complaints handling procedure, with HSCP staff dealing with complaints about social work services using the Council's complaints handling procedure.

The Board noted the report.

DATE OF NEXT MEETING.

12. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 23 June 2021 at 2.30 pm.

CHAIR