

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 22 September 2021**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Provost Jim Fletcher	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
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 – IJB
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Arlene Cassidy	Children's Services Strategy Manager
Mairi-Clare Armstrong	Governance and Systems Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services - Learning Disability and Recovery
Ian McLean	Accountancy Manager
Raymond Prior	Senior Manager – Children's Strategy and Intensive Services
Steven Reid	Policy, Planning and Performance Manager
Gayle Smart	Localities Intensive Services Manager
Louisa Yule	Audit Scotland

APOLOGIES FOR ABSENCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Amina Khan	NHS Greater Glasgow and Clyde Board
Lynne Rankin	Staff Side representative (ERC)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
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 23 June 2021.

MATTERS ARISING

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

ROLLING ACTION LOG

4. 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 regular progress reports to the Board on the Care at Home Improvement and Redesign Programme, the Chief Officer reported on the positive results on the recent re-inspection of the service by the Care Inspectorate and proposed in light of the positive inspection, reports to the Board in future be by exception. This was agreed.

The Board:-

- (a) noted the report; and
- (b) agreed that in future reports on the Care at Home Improvement and Redesign Programme be by exception.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 23 June 2021.

ANNUAL PERFORMANCE REPORT 2020-21

6. Under reference to the Minute of the previous meeting (Item 8 refers) and the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2020-21.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the third and final year of the 2018-21 Strategic Plan and the fifth Annual Performance Report that had been prepared. It was noted that the report was a high-level report principally structured around the priorities set out in the Strategic Plan.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2020-21, recognising the

exceptional circumstances of the pandemic, its impact on ways of working and potential disruption to performance trends. The report was structured principally around the priorities set out in the Strategic Plan and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.

The main elements of the report set out the HSCP's current strategic approach; response to the pandemic; work to deliver the strategic priorities and meet the challenges of the pandemic over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted the unprecedented challenge of the pandemic during 2020-21 and how staff had responded with incredible resilience, commitment and creativity, with examples of some of the work carried out being given. It was explained that COVID-19 response activity had taken place in addition to planned operational priorities and that much of the performance data for 2020-21 reflected the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdown and the pandemic period more generally.

Having referred to the performance update provided to the Board in June, the report then listed summary headline performance information across 7 service areas.

The Policy, Planning and Performance Manager having been heard further, Ms Forbes, whilst acknowledging the retrospective nature of the report, questioned whether there were any matters of concern not referred to in the report about which the IJB should be made aware, and also sought an update on progress in the refurbishment of Bonnyton House.

In reply, the Chief Officer referred to drops in performance in both Intensive Services and Children's Services with there being reports on both matters on the agenda for the meeting. She also reported that Bonnyton House was fully operational and highlighted the successful use of the step/up/step down beds available to assist in hospital discharges.

Further discussion took place on the best way in which to communicate the information contained in the report to the public, it being explained that a simple easy read summary would be produced.

The Board:-

- (a) approved the report;
- (b) agreed that the report be submitted to the Scottish Government by the revised deadline of 30 September 2020; and
- (c) agreed that the Policy, Planning and Performance Team work with the Council's Communications Team, to consider a range of media to engage with the public, illustrate performance, and publish the Performance Report on the website and through social media.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

6. The Board noted that with the absence of the Chief Social Work Officer and Acting Chief Social Work Officer consideration of the report had been deferred to a future meeting.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT

7. The Board took up consideration of a report by the Clinical Director submitting the HSCP's Annual Clinical and Care Governance Report for 2020-21. A copy of the Annual Report was appended to the report.

It was explained that the report reflected the clinical and care governance arrangements of the HSCP and progress made in improving the quality of clinical care. It was structured around the three main domains set out in the National Quality Strategy: Safe, Effective and Person-Centred Care.

The report described the main governance framework and demonstrated work to provide assurance for the HSCP in the response to COVID-19 for maintaining services and the unique challenges of the COVID-19 vaccination programme.

The Clinical Director was heard at length in the course of which the key points of the report were summarised.

In particular, having highlighted that despite the amount of work required during the year governance arrangements had been maintained, reference was made to the successful COVID Vaccination Programme, the increased demand for adult and social care during the pandemic, investigations into care homes, and to the general impacts of COVID in terms of health inequality, poverty and staff wellbeing, amongst other things.

In response to questions from Ms Monaghan, the Clinical Director reported that staff were in general feeling tired due to the sustained efforts of dealing with the effects of the pandemic. She confirmed that most care homes were now open for visiting, the Chief Officer also highlighting that new guidance that allowed for continued visiting in care homes the event of a COVID outbreak would be welcomed. In relation to staff wellbeing she explained that tailored support was being developed but noted that staff absence was on the increase with the most likely cause being exhaustion. Thereafter the Clinical Director confirmed that staff did reflect on and learn from complaints received where appropriate, it being noted that there had been a high level of complaints during the year, with some being genuine but others due to frustration.

Ms Forbes questioned the support available for staff with caring responsibilities in response to which the Clinical Director supported by the Chief Officer explained that there were a range of resources and policies available to support these staff. Commenting further Ms Forbes reported that she was preparing a paper for IJB leads on support for carers based on her own experiences.

Provost Fletcher referred to the successful local vaccination programmes and questioned whether local plans were in place for flu and COVID booster vaccinations. In reply, the Chief Officer having provided details of the premises to be used locally, the Chief Nurse outlined the arrangements that were in place, including that GPs would no longer be involved in vaccinations.

The Board noted:-

- (a) the Clinical and Care Governance Annual Report 2020-2021; and
- (b) that the IJB would retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance would be taken forward.

HSCP RECOVERY AND RENEWAL PROGRAMME UPDATE

8. Under reference to the Minute of the previous meeting (Item 9 refers), the Board considered a report by the Chief Officer providing an update on the HSCP Recovery and Renewal Programme.

Having referred to the presentation made to the Board in May on the proposed HSCP Recovery and Renewal Programme, the report explained that the Recovery and Renewal Programme combined the overall aims of both recovery and transformation into a single programme, and that the programme would seek to ensure that lessons learned during the pandemic were used to inform recovery as well as transform services in the future.

The aims and objectives of the programme having been set out, the report reminded the Board that the programme contained 4 overarching themes under which projects were aligned. These themes were noted as Recovery; Wellbeing; Individuals' Experiences; and Business Systems and Processes, and the report summarised the issues that would be considered across the themes as well as providing an update on progress since the previous meeting of the Board.

The Governance and Systems Manager having been heard further the Chief Officer reported that the work carried out so far had identified some savings opportunities but these would require initial "spend to save" investment. Proposals would be reported to a future meeting.

Responding to questions from Ms Monaghan on potential implications for business systems in light of the Scottish Government's proposals for a National Care Service, and the use of prepayment cards and whether this related to Self-Directed Support (SDS), the Chief Officer acknowledged that the introduction of a National Care Service may have some impact on business systems. However, as the care service proposals were in early stages and the current contract was expired, it was important to move forward with the project, try and build any eventualities into the procurement process and deal with any unknown implications in future as they arose. It was also confirmed that prepayment cards were not for use in relation to SDS.

Ms Molloy having emphasised the need for strong partnership working as part of any programme of transformational change, and that any plans to introduce prepayment cards needed to be first and foremost about the benefits to individual users, the Board noted the report.

REVENUE BUDGET MONITORING REPORT

9. The Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2021-22 revenue budget as at 31 July 2021. It was noted that this was the first monitoring report for 2021-22 and provided the projected outturn for the year based on the latest information.

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. For 2021-22 Projected COVID related costs were £7.419 million. Costs were reviewed on a monthly basis and projections continually revised as response to the pandemic continued.. The projections included in the report assumed full Covid-19 funding including support from the Scottish Government for unachieved savings. There was a significant risk to delivering a balanced budget without this support.

Thereafter it was reported that against a full year budget of £131.388 million there was a projected overspend of £0.497 million (0.38%), after assumed contributions to and from reserves.

The report explained that full COVID-19 funding for unachieved savings had not yet been confirmed although this had been included in the first quarter return to the Scottish Government.

Comment was then made on the main projected operational variances. Projected costs were based on known care commitments, vacant posts and other supporting information from financial systems as at 31 July 2021 and allowed for the latest known information.

It was clarified that the overspend would be funded from the budget savings reserve as required, this being subject to final outturn and the agreed reserves position at the end of the financial year.

Approval for a series of budget virements resulting from the allocation of new funding and the reallocation of savings from a summary to a detailed level across service areas was also sought.

The Accountancy Manager was then heard further on the report. In response to questions in relation to the claim submitted to the Scottish Government and the use of reserves, he confirmed that it was planned to use earmarked reserves prior to the confirmation of funding levels by the Scottish Government. Discussions with the Scottish Government over funding had been positive and it was hoped to report confirmation of all funding claimed to a future meeting.

Furthermore, in response to questions from Ms Monaghan, the underlying factors for the increased expenditure in Learning Disability Inpatients were outlined, it being further clarified that the proposed virements would see an increase and not a reduction in the Learning Disability budget.

The Board:-

- (a) noted the projected outturn for the 2021-22 revenue budget and the projected reserves balances; and
- (b) approved the budget virements.

CHARGING FOR SERVICES 2022-23

10. The Board considered a report by the Chief Officer, to be considered by the East Renfrewshire Council Cabinet, seeking the Board's endorsement for proposed charges for services provided by the HSCP for 2021-22.

Having explained that authority for setting charges for social care had not been delegated to the Board and still lay with the Council, the report provided details of current charges, and outlined the proposed charges for 2021-22.

In response to concerns expressed by Ms Monaghan of the impact of charges, the Chief Officer explained that East Renfrewshire HSCP had some of the lowest charges across the country and that a number of potential charges had been removed.

The Board:-

- (a) endorsed the proposed increases as outlined in the report;
- (b) agreed to remit the proposals to the East Renfrewshire Council Cabinet for consideration; and

- (c) noted the addition of a new clause to the Non-Residential Charging Policy revised for 2021-22 under point 4 - Residential Rehabilitation; would not incur any individual contribution given the timing and nature of this service.

MENTAL HEALTH AND WELLBEING IN CHILDREN'S SERVICES

11. The Board considered a report by the Chief Officer providing an overview of the range of mental and emotional wellbeing services for children and young people currently being delivered in East Renfrewshire through community, school and clinical services, and the demand on those services over the last year.

The report referred to the establishment of the Children and Young People's Mental Health Taskforce by the Scottish Government and COSLA. Subsequently, to support the recommendations of the taskforce, it had been agreed to distribute £2 million equally between local authorities, for use by local collaborative partnerships for planning, development, programme and change management costs.

It was further explained that additional funding of £12 million was provided to local authorities from March 2020 to support delivery of access to school counselling services.

In addition it was explained that more recently the Children and Young People's Mental Health and Wellbeing Joint Delivery Board had been formed to continue the work initiated by the taskforce and oversee reform across relevant areas of education, health, community and children's services and wider areas that impact on the mental health and wellbeing of children and young people. The Board's focus would be prevention and early support as well as promotion of good mental health and the services accessed by children, young people and their families.

Having outlined those areas from the national commitment that were of particular significance to the ongoing design and development of provision in East Renfrewshire, the report provided full details of current local service provision. This included the design and creation of the Healthier Minds Service Hub; arrangements for dealing with neurodevelopmental diagnoses in children and young people; and the introduction of the Family Wellbeing Service. Statistical information in relation to each of the services provided, and plans for future service delivery were set out.

In conclusion the report explained that improving the mental and emotional wellbeing of children and young people was a key priority for East Renfrewshire Council and the Health and Social Care Partnership. Local as well as national data indicated that children and young people had been experiencing poorer mental wellbeing in recent years and this had been exacerbated by the impact of the COVID-19 pandemic. Whilst there were clinical solutions for a small proportion of these children the majority would not benefit from existing specialist mental health services as their difficulties were routed in the social and familial environment.

The Tier 2 services outlined in the report had been receiving referrals to them that were more appropriately Tier 3 in severity. However, with current demand and workforce pressures on CAMHS, this was expected to continue; and the capacity of the Tier 2 providers to respond to the significant needs of the children and young people referred would require continual monitoring to ensure risks were assessed and managed.

Over the next period the HSCP and local partners would be considering enhancements and improvements to the current service offers to ensure the level of need was anticipated and mirrored the national expectations. This activity would involve children, young people and their families, as well as wider partner organisations, to ensure any recommended changes met specific needs in East Renfrewshire.

The Senior Manager – Children’s Strategy and Intensive Services and Children’s Services Strategy Manager were both heard further on the report, referring to the demands and challenges, and that all services were dealing with a proportion of high-risk children.

Councillor Buchanan having stated that the report provided good evidence of the extensive range of work being carried out in Children’s Services, the Chief Nurse welcomed that the ongoing nursing vacancies had been filled. Referring to the referrals to the Youth Counselling Service, she highlighted that this was 75% female and only 23% male and questioned if there was more that could be done to support young males and encourage them to approach services for help.

The Board noted the:-

- (a) level of need and demand on services;
- (b) range of different provision available to meet the varying presenting needs among the children and young people’s population; and
- (c) response of services to the COVID-19 pandemic

INTENSIVE SERVICES UPDATE

12. The Board considered a report by the Chief Officer providing an update in relation to the current pressures within Intensive Services and associated actions taken to address these, as well as providing an update in relation to the recent Care Inspectorate re-inspection of the Care at Home Service.

In relation to the Care at Home Service, the report explained that the service had been re-inspected in mid-June. The re-inspection found that the service met all requirements and improvement areas and was graded as “good” against all inspection themes. One area for improvement had been highlighted in relation to consistency of staff and timings of visits and an action plan had been generated and agreed with the inspectorate.

The report then outlined the challenges facing the service due to increasing service demand and how these were being addressed.

It was explained that numbers of hospital and community referrals had increased with there being significant pressure on the partnership due to the number of delayed discharges. Pressure on care at home services was having an impact on the social care workforce across the country with providers and agencies struggling to provide staff locally. A 50% reduction in the amount of services commissioned providers were able to deliver was also highlighted. This in turn had led to significant pressure on the in-house service.

To address this a move to intermediate care was now part of the standard discharge plan, should community supports not be readily available. In addition to using Bonnyton House, plans were in place to increase availability of intermediate care beds within the partnership as required. Consequently, this enabled individuals to move to these beds from hospital or from home where required, in a step-up, step down approach to care. This approach allowed for a continuation of care to be provided to residents. It enabled individuals to transition from hospital whilst awaiting a home care package to facilitate a discharge home, and based on a thorough risk assessment, also provided care for members of the community at home should there be difficulties in providing their care package. It was highlighted that close oversight and governance was in place to make sure individuals did not stay in that environment any longer than necessary.

Further information on the steps being taken to mitigate the challenges facing the service, including the steps being taken to recruit additional staff, was provided.

The Localities Intensive Services Manager was heard further highlighting that the positive grades from the Care Inspectorate reflected the amount of investment in the service. Notwithstanding, she explained that there were still risks around service delivery, most notably in relation to staffing pressures. Information in relation to arrangements for intermediate care, both at Bonnyton House and in Barrhead, was provided.

Commenting on intermediate care arrangements, Ms Monaghan referred to the importance of any arrangements being in the best interests of the clients with all intermediate care stays being as short as possible. She also commended the turnaround in the home care service.

The Board noted the report.

COMMUNITY CHANGE FUND LEARNING DISABILITY BED REDESIGN

13. The Board considered a report by the Chief Officer providing an update on plans to take forward a collaborative programme of redesign with the HSCPs in the NHS Greater Glasgow and Clyde area following the announcement of the Scottish Government's Community Living Change Fund.

By way of background, the report referred to the agreed strategy, being led by East Renfrewshire HSCP, to redesign inpatient and community learning disability services. It was explained that the focus of the strategy was to improve the care and support of people at risk of hospital admission and/or out of area care, typically people who presented with perceived challenging behaviour, and to reduce reliance on inpatient beds when clinical need was not the primary reason for admission. The ultimate aim was to improve local responses, support people to remain at home, develop alternatives to admission and prevent people becoming delayed in hospital. The embedding of these alternatives to current provision would see a remodelling of bed-based services, reducing bed numbers and reinvesting resources in the community.

The report outlined that Inpatient Services had led on a number of tests of change which had resulted in good outcomes and improved delayed discharge with good progress being made prior to the pandemic taking hold. Furthermore reference was made to the plans to close remaining longer-stay facilities, at Netherton and Waterloo Close, it being noted that 6 of the longer-stay people at Waterloo Close had been relocated successfully and Waterloo Close had closed in late 2017. However Netherton had not yet closed as the remaining people waited for a new service to be developed by Glasgow City HSCP.

It was explained that in early 2020, the Scottish Government had created a short-life working group (SLWG) to explore the ongoing issues relating to bed usage, delays in discharge and out of area care, with membership including the Chief Officer and Head of Adult Services – Learning Disability and Recovery. Subsequently in April of this year the Scottish Government had announced a £20 million fund, shared across Integration Joint Boards, to take forward the main recommendations of the SLWG. It was noted that the SLWG recommendations aligned to the strategic aims already identified locally, and HSCPs in the Greater Glasgow area received £4.7 million over 3 years.

Thereafter the report explained that the Community Change Fund brought about an opportunity to drive forward the strategic aims already agreed locally. A proposal to develop a collaborative approach with NHSGGC HSCPs had been developed and given the interdependent nature of inpatient services, community services and relationships with third

sector providers it had been proposed that a redesigned Programme Board be developed and jointly resourced. Details of the proposed Board and associated sub-groups and their roles were provided.

Details of ongoing plans for the closure of Netherton and associated resettlement of current residents were also explained.

The Head of Adult Services - Learning Disability and Recovery having intimated that Glasgow HSCP was meeting to consider the future of Waterloo Close, Ms Monaghan, whilst welcoming much of the information, expressed concerns in relation to the Waterloo Close proposals. In particular she stated that it appeared to suggest that more traditional models of care were being followed which although easier to implement did not have the needs of the client at their core, and it was important to support more modern approaches to care.

The Chief Officer having explained that as project leads there was a good opportunity for East Renfrewshire HSCP to influence the direction of travel and change practices, the Board noted the report and supported the proposals.

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2021

14. 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.

The report explained that the Performance and Audit Committee received updates on the risk register at each meeting with any additions, deletions or changes to the register and the reasons for each also being reported.

It was explained that since the register was last reported to the Board in September 2020, all risk control measures had been reviewed and updated where necessary, all risk scores had been reviewed but remained unchanged, no new risks had been added and no risks had been removed.

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.

It was also explained that although Failure of a Provider was scored as 9 (medium) post mitigation, it was considered a significant risk given the potential impact on service delivery. Particular issues in relation to recruitment and retention of staff and staffing availability as a result of the pandemic were currently being identified and within care at home a reduction in available provision from externally commissioned providers was being experienced. In the HSCP's own care at home services additional permanent staff were being recruited.

The Board noted the register.

DRAFT UNSCHEDULED CARE STRATEGIC COMMISSIONING PLAN – DESIGN AND DELIVERY PLAN

15. Under reference to the Minute of the meeting of 24 June 2020 the Board took up consideration of a report by the Chief Officer regarding the draft Design and Delivery Plan

2021-22 to 2023-24 which formed the updated and refreshed Board-wide Unscheduled Care Improvement Programme. A copy of the draft Design and Delivery Plan accompanied the report.

By way of background, the report explained that following approval of the draft strategic commissioning plan for unscheduled care by the Board in June 2020 it had subsequently been approved by the 5 other IJBs in the NHS Greater Glasgow and Clyde area.

However since the development of the plan in early 2020 there had been considerable change in the health and social care system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remained relevant, some needed updating to reflect the changed circumstances arising from the response to the pandemic, and additional actions added to reflect the new challenges being faced by the health and social care system.

In addition further work had been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

Having referred to the plan considered by the Board in June 2020, its purpose, and the programme of work in the plan based on 3 key themes following the patient journey, the report explained that the draft Design and Delivery Plan updated the actions in the 2020 Plan. This included adding new actions that had arisen from the response to the pandemic and the redesign of urgent care. It was noted that the refreshed programme followed through on the 3 key themes from the 2020 Plan and showed the key priorities to be progressed in each of the 3 phases of the plan.

It was further noted that a financial framework to support the implementation of the Design and Delivery Plan had been developed in collaboration with NHS Greater Glasgow and Clyde and all 6 associated IJBs within the health board area. It was noted that whilst £21,525 million non-recurring funding had been confirmed only £2.704 million of the required £7.337 million recurring funding had been identified. This had implications for the Plan's delivery.

The Board noted:-

- (a) the content of the draft Design and Delivery Plan 2021-22 to 2023/24 as the updated and refreshed Board-wide Unscheduled Care Improvement Programme; and
- (b) that the Board would receive a further update on the draft Design and Delivery Plan including the financial framework towards the end of 2021-22.

DATE OF NEXT MEETING.

16. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 24 November 2021 at 10.30 am.

CHAIR