

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.00 am on 10 August 2022**

PRESENT

Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Lynsey Allan	Scottish Care
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Councillor Paul Edlin	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side Representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Owen O'Donnell	East Renfrewshire Council
Raymond Prior	Interim Head of Public Protection and Children's Services (Chief Social Work Officer)
Lynne Rankin	Staff Side Representative (ERC)
Michelle Wailes	NHS Greater Glasgow and Clyde Board (substitute for Anne-Marie Monaghan)

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
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Louisa Yule	Audit Scotland

APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth	East Renfrewshire Council
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MEMBERSHIPS

2. Under reference to the Minute of the previous meeting (Item 2 refers), when it had been noted that following the resignation from the Board of Councillor David Macdonald, the resulting vacancy and the determination of the Council's lead member on the Board would be considered by the Council on 29 June, the Democratic Services Manager reported that Councillor Pragnell had been designated as lead councillor on the Board and Councillor O'Donnell appointed to the Board. In addition, he reported that Dianne Foy had replaced Michelle Wailes as one of the NHSGGC Board members on the IJB.

The Board noted the position.

MINUTE OF PREVIOUS MEETING

3. The Board considered and approved the Minute of the meeting held on 22 June 2022.

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.

The Chief Officer reported that the Final Inspection Report on Children's Services had been received the previous day. As the report was embargoed until 15 August she could not comment on the detail of the report. However, she was able to say that overall it was an excellent report and the link to the report would be issued to Board Members once the embargo period ended.

Referring to the HSCP Workforce Plan, the Chief Officer confirmed that the Plan had been submitted to the Scottish Government at the end of July. Comments on the Plan were expected and if received would be reported to a future meeting.

The Board noted the position.

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 advised that a number of the actions had been closed off. She explained that the Strategic Planning Group had considered the Strategic Plan, that some final amendments were being made before publication, and that a copy of the Plan would be shared with Board members when available.

The Board noted the report.

PERFORMANCE AND AUDIT COMMITTEE

6. The Board considered and noted the Minute of the meeting of the Performance & Audit Committee held on 22 June 2022.

REVENUE BUDGET MONITORING REPORT

7. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2022/23 revenue budget as at 30 June 2022.

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. Funding received late in 2021/22 would meet the costs of expected activity as outlined in the report, it being noted that this no longer included support for unachieved savings.

The report explained that current projected local mobilisation plan costs were £8.214 million. This was funded by £9.266 COVID Reserve funding carried forward leaving a balance of £1.052 million. It was also noted that the Scottish Government had advised it was unlikely that there would be further COVID-19 funding this year and work was ongoing to ensure appropriate exit strategies were in place. Work was also ongoing with the Scottish Government nationally to determine the use of any balances of COVID-19 funding during 2022/23.

Thereafter it was reported that against a full year budget of £139.002m there was a projected operational overspend of £0.553m (0.39%) after assumed contributions to and from reserves.

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

The Chief Financial Officer was then heard further on the report giving further details of the operational variances set out.

Ms Forbes referred to the likelihood of further waves of COVID and questioned if there was adequate funding available to deal with this. In reply the Chief Financial Officer outlined the position in relation to COVID funding explaining against £9.2 million funding, there was projected spend of £8.2 million and it was not certain that the remaining balance would be sufficient to cover the costs of dealing with any future wave. She highlighted that a large proportion of spend related to Lateral Flow Testing (LFT) and Personal Protective Equipment (PPE) costs and if these costs were met centrally by government this would release funding to be used on other COVID-related matters.

She also explained that there may be some slippage in winter funding that could be used, and referred to some other small reserves that could be called on if needed.

In response to questions from Ms Khan about interim care funding, the Chief Financial Officer explained that this was 6 months non-recurring funding received from the Scottish Government with 2 months of the funding relating to the current financial year. The purpose of the funding was to allow the HSCP to build up capacity in the system, and the additional staff that were being taken on should help to manage delayed discharges. In support the Head of Adult Services – Communities and Wellbeing reminded the Board of the work to establish step up/step down beds at Bonnyton House.

Thereafter in response to Councillor Edlin the Chief Financial Officer explained how underspends in certain service areas such as residential care were balanced out by

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corresponding overspends in other areas such as care at home. There may be an opportunity to realign budgets to service demand later in the year.

The Board noted the:-

- (a) projected outturn for the 2023-23 revenue budget; and
- (b) projected reserves balances.

HSCP RECOVERY AND RENEWAL PROGRAMME

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. A detailed overview of current projects accompanied the report.

Having referred to previous reports which provided the full background and context to the programme, and to the decision that regular update reports would be submitted to the Board, the report explained that given the size, scale and timeframe of the programme progress reports may at times show small incremental changes, whilst on other occasions provide significant updates.

The report then summarised progress on a number of projects. It was explained that following a period of recruitment all but one of the posts required to enable the project to move forward had been filled. In addition, progress in the replacement HSCP case recording system, replacement care at home scheduling system, and Learning Disability Development projects was outlined.

It was reported that the Spring Vaccination Programme and the migration of external Care at Home contracts to the new Scotland Excel Framework had concluded and had been formally closed by the Programme Board.

Furthermore the report reminded the Board that a financial framework had been drafted as part of the overall programme governance, and work to revise the framework was ongoing. The HSCP was operating under difficult financial challenges and it may therefore be necessary for working assumptions relating to savings to be revised. Notwithstanding, it was still expected that efficiencies would be realised from the 3 projects summarised above and work was ongoing to quantify scale and timeline.

Responding to comments by the Chief Financial Officer, Ms Forbes welcomed the development of the financial framework that was being drafted as part of the overall programme governance and questioned whether expected outcomes would also be developed. She also sought an explanation of the colour coding in the project status report.

The Chief Financial Officer confirmed that expected outcomes were being developed and explained the project colour coding. She also confirmed that a key would be included in future update reports.

Councillor O'Donnell referred to the number of projects on the report with no defined timescales and questioned whether they all remained relevant. In response the Chief Financial Officer confirmed that all projects remained relevant and reminded the Board this was a multi-year programme that had been interrupted by COVID. The staff who had been appointed through the recruitment exercise would be looking at the programme to attach timescales to those projects where these were still to be confirmed.

The Board noted the report.

PRIMARY CARE IMPROVEMENT PLAN IMPACT REPORT

9. The Board considered a report by the Chief Officer showcasing the impact that the Primary Care Improvement Plan (PCIP) and new Multi-Disciplinary Team (MDT) workforce has had on patient care in East Renfrewshire.

The report referred to the commencement in 2018 of the new contract for the provision of General Medical Services in Scotland, part of which related to the development of a multi-disciplinary team of health professionals employed by local HSCPs to support GP Practices. The aim was to free up clinical time to enable GPs to take on a role as Expert Medical Generalists, and allow them more time to care for patients with the most complex needs.

In East Renfrewshire, the HSCP worked collaboratively with local GP Practices to design the local PCIP and a PCIP Steering Group was established to discuss and agree strategic decisions to progress the creation of the local MDT.

It was explained that as at June 2022, the original PCIP had almost been fully implemented, as part of which an additional 52.5 wte staff had been employed to support GP Practices. Following the successful bid for additional winter funding in November 2021 a recruitment exercise was currently underway to expand the workforce in priority service areas. Furthermore, as the current PCIP was almost at full implementation, the Steering Group meeting with GP Practices had been changed to an oversight group. These meetings allowed focused feedback and reflection on what had worked well, and helped modify existing service arrangements to ensure best use of staff and improved staff retention.

The report then provided statistical information in respect of the 15 GP practices in East Renfrewshire. In particular it was highlighted that the average list size was 6,551 (January 2022), which was higher than the Scottish average of 6,000 patients. Registered practice population had increased by 3,394 (3.6%) since 2018 reflecting a 22% increase in the smallest practice and a 9% increase in the largest practice over four years. However, the implementation of the PCIP, including the use of clusters, had enabled GP Practices to support a significantly higher number of patients.

How the HSCP had gone about implementing the PCIP was then outlined, including the recruitment and training of staff to deliver services in 6 areas set out in the Memorandum of Understanding (MOU) that formed part of the 2018 GP contract.

In terms of assessing the impact and evidencing time saved by the introduction of new arrangements, it was explained that the impact of the pandemic had made this difficult. However, new ways of working and new systems and processes had been developed which had accelerated progress to successful implementation. It was noted that overall during the pandemic, General Practice had remained relatively stable in East Renfrewshire with all practices delivering at escalation level one with only one temporary branch closure in 2020. Since October 2021, East Renfrewshire practices had participated in the NHSGGC local practice data collection providing an estimate of total appointments, workforce availability and balance of appointment type. While this did not provide a baseline for pre contract, it showed current activity levels, with the picture in East Renfrewshire mirroring the rest of Greater Glasgow and Clyde.

Thereafter the report provided summary details of progress and examples of some of the work being carried out in each of the 6 MOU priority areas these being noted as; Vaccination Transformation Programme; Pharmacotherapy Services; Community Treatment and Care Services; Urgent Care (Advanced Practitioners); Additional Professional Roles; and Community Link Workers.

The Clinical Director was then heard further on the report drawing to the attention of the Board progress on the MOU priority areas. She concluded by paying tribute to the staff who had worked so hard in difficult circumstances.

Full discussion then took place and in response to Councillor Pragnell the Chief Nurse outlined the arrangements for the autumn vaccination programme, which would include the administration of pneumococcal vaccines.

Councillor O'Donnell welcomed the progress shown in the report, and questioned if there were any plans to improve the reporting of quantitative targets and impacts. In reply, the Clinical Director explained the challenges associated with the collection of quantitative information, in addition to which the Chief Officer suggested that improving data collection may be one of the issues to be considered further in the new GP contract.

The Clinical Director also responded to Ms Khan on the methods used for engaging with patients but confirmed that she would take forward Ms Khan's suggestion for an audit of engagement to be undertaken.

Discussion also took place on the lack of GP Practices in some parts of East Renfrewshire. It was explained that a contract from the health board was required before a new practice could open and this was not a simple process. Consequently this resulted in existing practices dealing with extended patient lists.

The Chief Officer explained that the HSCP was working with practices in Mearns and Neilston where there had been population increases to mitigate the impact on patient lists. Discussions also took place with the Council's planning service about developer contributions from companies building new residential developments in the area. Work was also ongoing with the health board's Capital planners about the provision of funding to improve GP capacity in the area.

Ms Forbes also explained how the ability to seek developer contributions needed to form part of the Council's Local Development Plan.

The Board noted the report.

IJB RECORDS MANAGEMENT PLAN ANNUAL REVIEW

10. The Board considered a report by the Chief Officer which provided an update on the review of the IJB Records Management Plan (RMP).

Having set out the legislative background to the requirement for a records management plan to be produced, it was explained that following an invitation by the Keeper, the Council's RMP was reviewed in 2021.

In October 2019 the Keeper agreed that the IJB RMP set out proper arrangements for the management of East Renfrewshire Integration Joint Board's public records in that responsibility for creating and managing IJB records would be delegated to East Renfrewshire Council and managed under the Council's Records Management Plan and Business Classification Scheme. A

The changes to the Council's RMP following the self-assessment were set out, and it was explained that as it had been agreed in 2019 that responsibility for creating and managing IJB records would be delegated to East Renfrewshire Council and managed under the Council's Records Management Plan and Business Classification Scheme, changes to the IJB Scheme

were also required and these were set out. This included proposed retention and disposal arrangements for records which were specific to the Integration Joint Board details of which were included in the report. It was noted that this was not an exhaustive list as other types of business activities would be contained elsewhere in the Business Classification Scheme and Retention schedule.

The Board:-

- (a) noted the report; and
- (b) approved the retention and disposal arrangements set out in the report.

IJB COMPLAINTS – ANNUAL REPORT

11. The Board considered a report by the Chief Officer presenting the 2021/22 Annual Complaints Report.

The report explained the background to the requirement for the reporting of complaints and the publication of complaints information, including mandatory reporting and publishing of complaints performance statistics, trends, outcomes, and actions taken to improve services.

The report reminded the Board that in May 2021, a commitment was made that should the Integration Joint Board receive any complaints, these would be reported to the Board at the next scheduled meeting. To date no IJB complaints had been received and during 1 April 2021 – 31 March 2022 no complaints were made in relation to the Integration Joint Board. In addition, at that time the Board was advised that the Scottish Public Services Ombudsman (SPSO) was developing a set of key performance indicators (KPIs) for each sector in consultation with the complaint handling networks to produce a core set of performance indicators, consistent across all public services. These were published by the SPSO in March 2022 and consist of four mandatory quantitative KPIs.

The new KPIs were applicable for data collected from 1 April 2022 and it was a minimum requirement for all organisations to report against these mandatory KPIs in their annual complaints performance reports. The annual report publication deadline was the end of October each year, therefore, the first annual report using these KPIs would be in October 2023.

The report was noted.

ANNUAL UPDATE – INTEGRATION JOINT BOARDS CATEGORY 1 RESPONDERS UNDER CIVIL CONTINGENCIES ACT 2004

12. The Board considered a report by the Chief Officer providing details of the resilience arrangements in place to discharge the duties of the IJB as a Category 1 responder under the Civil Contingencies Act 2004, following a change in the legislation in 2021.

The report explained that prior to the change in legislation the HSCP had been contributing to local emergency and resilience planning with NHS Greater Glasgow and Clyde and East Renfrewshire Council. Both partners have established governance arrangements in place to enable them to meet the duties under the Act. East Renfrewshire HSCP continues to actively to contribute to both partners emergency planning and response activity.

It was further explained that there were 3 Regional Resilience Partnerships in Scotland (West, East and North). East Renfrewshire was part of the West of Scotland Regional Resilience

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Partnership (WoSRRP). RRP brought together the organisations involved in dealing with emergencies to plan for and respond to all kinds of emergencies. These multi-agency groups had plans in place to respond to all kinds of events and were regularly tested in joint exercises and during real emergencies. As IJBs were now category 1 responders, Senior HSCP officers were also now attendees at these meetings.

There was also a Local Resilience Partnership (LRP) which covered all partners and sat under the WoSRRP. This was where the majority of training and exercises were carried out. The LRP covered East Renfrewshire, Renfrewshire, West Dunbartonshire and Inverclyde, which was the same geographical area covered by the Civil Contingencies Service.

The HSCP had a Business Continuity Plan in place which was supplemented by service specific business impact assessments. During times of emergency response, the HSCP established the Local Resilience Management Team which was comprised of officers from across the partnership. The HSCP Business Continuity Plan and business impact assessments were due to be reviewed and updated in the coming months, and this would enable learning from the pandemic to be incorporated into the revised plans.

Thereafter the report confirmed that in the last year there had been no requirement for the IJB to respond as a Category 1 responder to an emergency.

The Board noted the report.

NATIONAL CARE SERVICE UPDATE

13. Under reference to the Minute of the previous meeting (Item 12 refers), the Chief Officer made a presentation to the Board providing a further update on the Scottish Government's plans for the introduction of a National Care Service.

Key points of the Scottish Government's plans were highlighted. These included the creation of Care Boards that would replace Integration Joint Boards. The number of Boards had not yet been set. The benefits of being a small Integration Joint Board, coterminous with the local authority were emphasised and it would be interesting to establish if the Scottish Government plans would include a coterminous Care Board for the East Renfrewshire area. It was also noted that staff and premises could be transferred with functions, but NHS staff would remain as NHS staff. There were however significant implications for local government staff who could be transferred to the new National Care Service.

Scrutiny of the government's plans was being taken forward by the Parliament's Health, Social Care and Sport Committee, which had now issued a call for evidence. The Chief Officer suggested there were a number of key points the Board should make. Due to the short timescale for responding she suggested that she draft a response and seek approval from the Chair and Vice-Chair.

Ms Forbes supported the suggestion that the Board submit a response highlighting a number of areas where there was uncertainty or lack of clarity. She explained that as Chair of the East Dunbartonshire IJB she had asked for a workshop on a draft response to be arranged to allow all Board members the opportunity to contribute to the response and suggested that a similar approach be adopted in East Renfrewshire. Ms Khan indicated that a similar approach had been adopted by Glasgow IJB.

In reply the Chief Officer confirmed that arrangements could be made for a session and that the draft response could be shared in advance to enable any Board members unable to attend the workshop to make comment. Authority was still required for the Chair and Vice Chair to

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sign off the final draft response thereafter on behalf of the Board. In addition in the event that it was not possible for a workshop to be arranged given the short time available, authority for the Chair and Vice Chair to sign off the final draft response was still sought.

The Board:-

- (a) noted the presentation;
- (b) agreed that a workshop be arranged to allow Board members to contribute to the Board's response to the call for evidence from the Scottish Parliament's Health, Social Care and Sport Committee; and
- (c) agreed that regardless of whether or not a workshop could be arranged the Chair and Vice Chair be authorised to sign off the final draft response on behalf of the Board.

CALENDAR OF MEETINGS 2023

14. The Board considered a report by the Chief Officer setting out proposed meeting dates for 2023.

Having heard Ms Forbes the Board approved the meeting dates subject to information on the NHSGGC Board meetings calendar being obtained to ensure meeting clashes were minimised.

DATE OF NEXT MEETING.

15. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 21 September 2022 at 10.30 am.

CHAIR

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