

**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
held at 10.00 am on 1 February 2023**

**PRESENT**

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lynsey Allan	Scottish Care
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council
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
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Owen O'Donnell	East Renfrewshire Council
Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Raymond Prior	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Lynne Rankin	Staff Side Representative (ERC)
Lynne Siddiqui	AHP Lead

**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
Karen Lamb	Head of Specialist Children's Services, NHS Greater Glasgow and Clyde
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Craig Menzies	Locality Manager
Julie Metcalfe	Clinical Director CAMHS, Specialist Children's Services, NHS Greater Glasgow and Clyde
Caroline Sinclair	Chief Officer – East Dunbartonshire IJB

**APOLOGIES FOR ABSENCE**

Andrew McCready	Staff Side Representative (NHS)
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**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 November 2022 subject to it being noted that Suzanne Clark, who attended the meeting as an observer, was a service user and not a carer representative.

## **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 previous meeting.

Responding to a question from Mrs Kennedy on the capacity of staff to produce the reports identified on the action log scheduled to be submitted to the March Board, the Chief Officer confirmed that she would discuss this with the Chief Social Work Officer.

In addition, in reply to Ms Khan who referred to actions being taken by the health board to identify and record the protected characteristics of staff, the Chief Officer confirmed that further discussions on this could take place with the Council's HR and Communications Teams.

Thereafter, in reply to Councillor Bamforth, it was clarified that although Pollok Police Station had been identified as a place of safety, local options were still being explored. In this regard the Chief Social Work Officer referred to plans for the development of a Barnahus in East Renfrewshire, and using that facility in future would be explored. In relation to the timescales for this he explained that the initial plans for the development of Capelrig House had been delayed but that works in relation to the establishment of a smaller model were ongoing.

In relation to Capelrig House, Councillor O'Donnell highlighted that there were cost issues and that these would need to be considered in the context of the Council's capital plan.

The Board noted the report and the additional information.

## **PERFORMANCE AND AUDIT COMMITTEE**

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 23 November 2022.

## **SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT**

6. The Board considered a report by the Chief Officer providing an update on progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS).

By way of background, the report explained that within the Greater Glasgow and Clyde Health Board it had been agreed that there should be a single system management arrangement for SCS, which included CAMHS and Specialist Community Paediatrics Teams. This would bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board-wide Hosted Tier 4 services.

It was noted that the current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services were aligned to the Chief Officer for East Dunbartonshire HSCP and Tier 3 CAMHS and Community Paediatrics services were hosted across the other 5 HSCPs in the NHSGGC area, were intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This would include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

It was further noted that a single system management arrangement was a development that Scottish Government was keen to see progressed and it had been raised within the CAMHS performance support meetings currently in place. Furthermore, it was seen as critical to the improvement of the co-ordination and management of services across Greater Glasgow and Clyde and the performance of CAMHS and community paediatrics across the health board area.

The report also set out the main principles that would guide the transition, these being that services would continue to be delivered locally and by existing teams; they would remain located within their current HSCPs; and would continue to work closely in partnership with HSCP colleagues.

It was explained that change would be guided by a project plan which would be developed and would include a consultation and engagement plan. Work would be inclusive of all key stakeholders and staff partnership colleagues. In addition an Oversight Group would be put in place to support the work, with representation from all HSCPs within the Greater Glasgow and Clyde area. An appendix, which set out the background, current structures, proposed process for implementation, current financial framework and associated staffing complement, current management arrangements and clinical, care governance and performance arrangements accompanied the report.

In addition it was noted that a further report would be submitted to the next meeting of each affected Integration Joint Board including the details of the transition of staff and budget, for approval.

The Chief Officer then introduced, Caroline Sinclair, Chief Officer, East Dunbartonshire IJB and Karen Lamb, Head of Specialist Children's Services, NHS Greater Glasgow and Clyde, who were heard further on the proposals set out in the report. In particular they highlighted the current fragmentation of service delivery with the aim being to create flexibility to respond to different circumstances across the NHSGGC area, improve resilience, and have a more consistent approach to dealing with growing levels of demand.

Having heard the presentation, Councillor Bamforth referred to the success of the Family Wellbeing Service and Healthier Minds initiatives in East Renfrewshire, seeking assurances that the proposals would not have an adverse impact on these. In reply, Ms Lamb explained that the initiatives introduced in East Renfrewshire were recognised as having a positive impact and that there was a commitment that any new proposals would be complementary.

Officers then responded to questions from Mr Mohamed on the impact of the new provisions on wait times, and resource allocation across services following amalgamation. In relation to the former, it was recognised that lengthy waiting times had been an issue, that there had already been improvements even taking into account an increased number of referrals for service, and that there was a very active and engaged group working on how to minimise waiting times. In relation to the resource allocation it was explained that this was based on greatest clinical need. It was explained that there was already in place a single hosted model for medical staff which allowed for greater flexibility to direct staff to greatest areas of need.

Responding to a further question from Mr Mohamed, it was explained that there was no expectation that people would need to travel outwith their local area to access services.

Ms Sinclair then responded to questions from Councillor O'Donnell, clarifying that the proposals did not form part of any cost reduction strategy but were being developed in the context of service improvement.

It having been confirmed that an Equality Impact Assessment would form part of the proposals brought back to the Board, Ms Monaghan referred to the discrepancy in the levels of investment in the services by HSCPs in the NHSGGC area and questioned what would be done to ensure there would not be a disproportionate impact on HSCPs such as East Renfrewshire that had invested heavily in the past. In reply Ms Sinclair acknowledged that investment discrepancies were complex, but confirmed that finance staff were carrying out due diligence across all HSCPs to make sure that there was no disadvantage suffered and also fair resource transfer. It was further confirmed that staff side representatives were involved in the changes.

The Board:-

- (a) noted the report; and
- (b) noted that a further report with details of the staff and budgetary transition would be submitted to the next meeting for approval.

## **CARE AT HOME SERVICE UPDATE**

7. The Board considered a report by the Chief Officer providing an update on the impact on East Renfrewshire Care at Home Service of the local and national social care crisis, and setting out crisis management and contingency plans for the service to mitigate and further address the risks and make improvements within the service.

The report provided summary information regarding the Care at Home Service it being noted that care at home was provided to around 500 local residents covering on average 10,500 visits and 3,434 hours of care per month.

It was explained that there had been significant capacity issues within Care at Home both locally and across Scotland with the situation locally reaching crisis point in early December 2022. Two briefings had been shared with IJB members in December.

It was highlighted that increasing complexity of need of people being supported against a backdrop of recruitment challenges had led to significant pressures, and that locally, there had been a 49% reduction in the amount of service that commissioned providers were able to deliver since 2020. This had led to significant pressure on the HSCP's in-house care at home service. Furthermore, the service had continued to experience significant absence rates with 35% currently where the frontline carer and organiser roles continued to be the most affected.

The report then provided further information demonstrating the increase in both complexity of need and service demand. In particular the report explained that with respect to the service Red Amber Green (RAG) risk assessment process, a higher number of service users were categorised as RED due to the complexity of their needs.

The report then explained that in relation to winter planning, the HSCP continued to draw upon the detailed winter response plan in order to proactively mitigate the impact of winter pressures across the health and social care system and respond to local issues and risks. Details of the main themes contained in the winter plan were summarised.

Reference was also made to the Care at Home Crisis Management Plan. This was a robust risk management and improvement plan in response to the current pressures, which acknowledged the complexity of the issues and was focused on 9 key priority areas, these being set out.

The report then commented on ongoing issues in relation to recruitment, redeployment and retention and also the challenges in relation to absence management and maximising attendance, with details of the work being carried out in both areas to mitigate the challenges being set out.

Information was also provided on the successful introduction within the agreed timeframe of the mobile scheduling system, despite the challenges facing the service. It was noted that mutual aid and support had been received from both Renfrewshire and South Lanarkshire HSCPs which both used the system.

Having provided summary information in relation to the 96 service complaints received from individuals and families, including the key themes, the report explained that further work to deliver service improvements was ongoing. This included improving the phone system at Kirkton which was not fit for purpose in terms of fielding, handling and monitoring the volume of calls to and from the service.

Further comment was then made on how resources were being prioritised, it being explained that since Saturday 3 December, the service had needed to instigate the RAG protocol on a daily basis, cancelling the lowest risk services (green and amber rated). On 22 December 2022, due to the increased capacity challenges over the festive period, the service made the difficult decision to step down care at home services for service users where family could help and where following a full assessment it was considered safe to do so. As a result, services were stepped down from 22 December until 6 January for 149 service users. As of 11 January 2023, all services with the exception of 25 (green RAG rated) had been reinstated. This would be subject to daily review and change depending on service capacity and risk. However it was noted that as of 30 January there were no services stepped down.

The report also outlined some of the work being carried out to try and minimise delayed discharges from hospital. The impact of care at home capacity issues was reflected in recent performance, with 11 East Renfrewshire residents currently delayed in hospital.

Work was ongoing to progress discharge to home drawing upon a range of solutions including interim care (in a care home), Self-Directed Support alongside asking families to provide care and support for their loved ones. It was noted that the HSCP had developed a strong practice model in Interim Care mainly based in Bonnyton Care Home or some local care homes on a spot purchase basis, whilst the Interim Care Team which included nursing, physio, OT and social work provided intensive reablement supports for individuals during the interim care period to maximise their independence and support a successful transition back home.

Information relating to the ongoing work with staff wellbeing support provided for staff and managers across the service was also set out in addition to which the report provided summary information in relation to the status of the 35 Adult Support and Protection referrals with respect to care at home service users during December 2022.

Having then set out the ongoing collaborative work taking place with the Care Inspectorate, the report concluded by emphasising that the Care at Home Service continued to experience significant pressures in terms of capacity to meet demand and consistency of care, a position reflected across Scotland, and that the HSCP had a robust crisis management plan in place alongside the winter response plan to mitigate risk and prioritise resource.

The Head of Adult Services, Communities and Wellbeing, then provided further updates, on the report.

Ms Monaghan welcomed the report and the transparent manner in which the information, including the challenges to be faced, was presented to the Board. She referred to the work of staff within the service to continue to deliver services in such challenging times and on behalf of the Board thanked them for their efforts.

Ms Monaghan's comments were echoed by Councillor Bamforth who highlighted that problems within care at home services was a UK-wide issue. She also sought information on whether the number of work related stress absences had reduced and whether the number of delayed discharges was, as had been discussed at previous meetings, possibly due to a reluctance of families to place relatives in care homes.

In reply, the Head of Adult Services, Communities and Wellbeing confirmed that work related stress absences were down significantly, and that in many cases the cause of the stress was capacity due to the increased demands placed on staff. She also confirmed that concerns around the use of care homes seemed to have decreased and that it was possible in most cases for people to be returned to their home or to intermediate support in the first instance, rather than remain in hospital.

Responding to Ms Foy, the Head of Adult Services, Communities and Wellbeing then explained the complaints process and that in most cases the issues at Stage 2 were similar to those which had been resolved at Stage 1 and it was simply that the complainer was dissatisfied with the Stage 1 response and had asked for it to be reviewed at Stage 2. Whilst it was not possible to provide specific information, more general information would be provided in the Care at Home briefing to be issued to Board members.

Referring to the delayed discharge figures Councillor O'Donnell highlighted that there tended to be a focus on absolute numbers but it was important to look at these in the context of overall case numbers, in response to which the Head of Adult Services, Communities and Wellbeing confirmed that both the numbers of people in hospital and the complexity of their needs had increased.

She also reported, in relation to absence, that at the time of writing the figures for East Renfrewshire were relatively poorer than in other similar areas, and also referred to the challenge of resilience in smaller sized HSCPs and the split of service provision between internal and external providers. In respect of this it was noted that some external providers had handed care packages back to the HSCP as they were unable to deliver them, increasing further the pressure on the internal service.

Responding to further questions and comments, information was provided on the levels of interest shown in care at home positions at the recent recruitment fayre. Information on this, recruitment and retention strategies and further information on complaints would be included in the Care at Home briefing issued to Board members.

Further information was also outlined in terms of the sustainability of the service and how this continued to be assessed, and also in respect of changes to the telephone service, where it was hoped that a new model would be in place by the end of February.

Mrs Kennedy having thanked staff for their efforts and Ms Monaghan having confirmed the Board's support for the approaches that had been adopted, the Board noted the report.

## BUDGET UPDATE

8. The Board considered a report by the Chief Financial Officer advising of the impacts to the 2023-24 budget following the Scottish Government budget announcement on 15 December 2022 and seeking approval for the content of and a process for consultation on the proposed budget for 2023-24.

Having confirmed that the settlement announced by the Scottish Government was in line with the discussions that had taken place at the budget seminar on 18 November, the report summarised the funding position for 2023-24 with copies of the funding letters from Scottish Government setting out the obligations on both NHS and councils in relation to the funding of IJBs accompanied the report as appendices.

Commenting further the Chief Financial Officer explained that in summary, a 2% uplift to the relevant parts of the NHS contribution, funding to meet the increased cost of the living wage incurred by partner providers and funding towards the uplifted rates of free personal and nursing care as determined by the Scottish Government. This was anticipated to be around £3.4 million locally from these 3 elements and whilst any new funding was welcome there was no flexibility as associated costs must be met.

Referring to the table in the report showing potential funding gaps, the Chief Financial Officer highlighted that the IJB still faced significant pressures with a potential funding gap shown of between £5 to £10m depending on a range of factors and scenarios. Between now and March work was ongoing to continually review and revise the position to provide a greater degree of certainty when the Board considered the budget for the coming year at the end of March. She confirmed that every option available to mitigate the impact that significant budget savings would have on both those service users and HSCP staff was being examined.

Commenting further she acknowledged that there was no doubt some difficult decisions would be required to ensure it was possible to set a budget that allowed the IJB to be financially sustainable in the coming year. The focus would need to move away from prevention and early intervention and most likely only be able to support those with the greatest level of need, similar to the levels of service the care at home service provided over the Christmas period given capacity constraints.

She explained that this would impact on the workforce, who were also the bedrock of how the service would have to change. Recent evidence demonstrated that services were able to adapt to working differently, and everything would be done to minimise the impact on the workforce.

It was explained that a series of engagement events were proposed with a range of stakeholders to discuss the likely budget position. Details of the content and timetable were set out in the appendix to the report. It was noted that the engagement was not about a list of options, but focussed more on how everyone could collectively work differently to continue to support those who needed it. The outcome of the engagement work would help inform the proposed budget that would be brought to the IJB in March.

Thereafter full discussion took place. Councillor Edlin enquired if it would be possible to consider the introduction of charging for some services in response to which it was explained that the Board had considered proposed services charges for 2023-24 at its meeting in September 2022, when it had endorsed the proposals for approval by the Council's Cabinet. This was required as setting service charges was not delegated to the Board. At that time the Board had agreed not to introduce any further charges with Ms Monaghan reminding the Board of the reasons for this.

In addition the Chief Officer confirmed that officers were continuing to look at all options to generate further savings/increase income and the findings would be reported to the Board's budget seminar in March.

Ms Khan expressed concern at the possibility of scaling back on preventative services with the potential longer-term impact on service delivery and suggested that this also be discussed at the seminar.

Councillor O'Donnell suggested that public focus to date had been on the overall financial challenges facing councils and health boards and that the public would be dismayed once the challenges facing health and social care provision became more widely known.

The Board:-

- (a) noted the report; and
- (b) agreed the content and process for budget consultation work.

## **REVENUE BUDGET MONITORING REPORT**

9. 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 November 2022, and seeking approval of a number of budget virements as outlined in the report.

It was reported that the consolidated budget for 2022/23 and projected outturn position, inclusive of COVID-19 costs at nil impact, showed that against a full year budget of £146.008 million there was a projected operational overspend of £0.592 million (0.41%) after assumed contributions from reserves. It was noted that this position included the shortfall in funding for social care staff of c£0.330 million after pass through of funding from East Renfrewshire Council, whilst the pay award within much of the NHS staff cohort was yet to be settled and associated funding was assumed.

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. The latest return showed there had been an increase in projected COVID-19 related costs of £0.040 million since last reported.

The report explained that current projected local mobilisation plan costs were £4.776 million. This was funded by £9.266 million COVID Reserve funding carried forward leaving a balance of £4.500 million. It was also noted that work was ongoing to ensure appropriate exit strategies were in place as no further Covid-19 funding was expected in 2023/24, with the mechanism for the return of funding to the Scottish Government expected imminently.

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

The Chief Financial Officer having been heard further on the report, the Board:-

- (a) noted the projected outturn for the 2023-23 revenue budget; and
- (b) approved the budget virements.



## **MACMILLAN IMPROVING CANCER JOURNEY AND EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

**10.** The Board considered a report by the Chief Officer providing an overview of the Macmillan Improving the Cancer Journey (MICJ), a programme to be delivered in a partnership between Macmillan and the HSCP.

It was explained that MICJ was funded and supported by Macmillan Cancer Support (Scotland) and the Scottish Government, and was designed to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies. The proposed partnership would offer support to anyone across East Renfrewshire affected by cancer, by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.

The report outlined the partnership working that would be put in place and summarised the project aims as being to ensure everyone affected by cancer could easily access the support they needed as soon as they needed it, to enable them to live as well and as independently as possible.

It was noted that the Glasgow model (initially launched in 2015), which was being scaled up and implemented across Scotland, demonstrated significant impact on, and reach to, those people affected by cancer from the most deprived areas. This included increasing financial gains, improvement in quality of life, providing a dynamic response to housing issues and a focus on preventative health.

A copy of the evaluation report (Executive Summary) accompanied the report.

The report then provided some statistical information in relation to cancer in East Renfrewshire. It was noted that East Renfrewshire had a cancer incidence rate of approximately 590 per 100,000, equating to approximately 540 people being diagnosed with cancer annually. The incidence of cancer was also anticipated to increase by 33% over the next 5-10 years.

There were 2,888 cancers (excluding non-melanoma skin cancer) diagnosed in East Renfrewshire in the five years from 2016 to 2020, evenly split across genders. Across the two localities, Eastwood had the most diagnoses of cancer with 74.4% of cases compared to Barrhead with 25.6%.

It was further noted that at the end of 2019, 3,853 people in East Renfrewshire were living with a diagnosis of cancer and had been diagnosed within the previous 20 years. This equated to 4.01% of the population, higher than the national figure of 3.74%.

However it was noted that cancer mortality was consistently considerably lower in East Renfrewshire than it was in Scotland, with 46 fewer deaths per 100,000 occurring in 2018-20. The most common types of cancer in East Renfrewshire for both sexes combined (in order) were, female breast cancer, prostate cancer, lung cancer, colorectal cancer, malignant melanoma of the skin and kidney. These 6 cancers accounted for two thirds of all cancer diagnoses in the East Renfrewshire area.

Details of the governance arrangements of the project having been outlined, the financial position in relation to the project was set out, it being noted that Macmillan would fund the development for a minimum of 3 years to the value of £320,000, whilst the HSCP would host the service and provide strategic leadership, governance and implementation.

Ms Monaghan introduced Craig Menzies, Locality Manager, who was heard further on the proposals in the course of which he referred to longer term aspirations to roll the model out to other long-term conditions.

The Board noted the report.

**DATE OF NEXT MEETING.**

**11.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 29 March 2023 at 10.30 am.

CHAIR