

NOT YET ENDORSED AS A CORRECT RECORD

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30am on 22 November 2023**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lynsey Allan	Independent Sector Representative
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Lesleyann Burns	Assistant Committee Services Officer (East Renfrewshire Council)
Councillor Paul Edlin	East Renfrewshire Council
Julie Fitzpatrick	Interim Chief Nurse
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Anne Marie Kennedy	Third Sector Representative
Geoff Mohamed	Carer's 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	Lead Allied Health Professional

IN ATTENDANCE

Pamela Gomes	Governance and Compliance Officer
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Colin Sweeney	Democratic Services Manager (ERC)
Graeme Smith	Communications

APOLOGIES FOR ABSENCE

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Councillor Caroline Bamforth	East Renfrewshire Council
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETING

2. The Board approved the minute of the meeting held 27 September 2023, subject to two amendments:-

Under Item 9, paragraph 6, amendment to spelling of Dianne Foy.

Under Item 10, paragraph 2, 'privacy care' to be changed to 'primary care'.

MATTERS ARISING

3. The Board considered a report by the Chief Officer, which provided an update on matters which arose from discussions that had taken place at the previous meeting.

The Chief Officer noted that we planned to canvass members for views on whether to hold some in-person/hybrid meetings and that following discussion at the Performance and Audit Committee held prior to the IJB it was agreed it would be best to wait until spring before considering in-person meetings.

The Board noted the report.

ROLLING ACTION LOG

4. The Board considered a report by the Chief Officer which provided details of all open actions and those that had been completed since the last meeting.

The Board noted the report.

PAC Minutes

5. The minute of the Performance and Audit Committee meeting held 27 September was noted. There were no comments.

REVENUE BUDGET MONITORING REPORT

6. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2023/24 revenue budget as at 30th September 2023.

The report showed a potential overspend of just under £3 million at the time of writing. The Chief Financial Officer noted that there has been a modest reduction in social care related costs, in part due to the further £100k from actions to contain costs and an increase in health costs from special observations and prescribing. She noted that a number of offers have been made to those who have applied for voluntary redundancy / early retirement which will help deliver some of our structure savings for 2023/24 and 2024/25 on a recurring basis. She further noted that the Council have indicated support to the IJB on a non-recurring basis this financial year to support with the cost pressures we are seeing. However there are still some real risks and the areas that are cause for concern are prescribing and the supporting

NOT YET ENDORSED AS A CORRECT RECORD

people framework. Our reported level of overspend is predicated on in-year delivery of savings and to date £2.4m of the required £7m has been delivered, with a further £1.6m supported by reserves. Our projected outturn is based on being able to deliver just over £3m in the remainder of the year with the majority coming from the supporting people framework, however we are concerned about the level of savings that are being delivered from the reviews currently being undertaken. The work to date shows that from the 20% of reviews so far, not only are we seeing less savings than hoped, we are also seeing increased costs from a number of reviews.

Based on 3 months actual data for prescribing we are now looking at a potential overspend for the year, based on the level of cost and volume increases we have seen of around £2.4 million. Early intelligence from month 4 suggests no improvement.

Whilst the council have indicated their support in year the level of overspend will most likely increase. We will revisit the outcome of the redundancy/early retirement exercise and associated redesign, we will now need to move to substantial and critical levels of need, even if for a period of time. This is something we hoped to avoid; however it will be on a par with other partnerships across Greater Glasgow and Clyde and beyond.

The CFO advised that we cannot meet the level of prescribing pressure through local actions alone and discussions across GGC are ongoing.

We are engaged in ongoing discussions with both partners and we are collectively looking at how we move forward in the coming weeks, based on the mechanism set out in the integration scheme.

Anne Marie Monaghan thanked the Chief Financial Officer for the detailed report and acknowledged that we are in a very difficult and dire financial situation. She also asked whether the engagement with partners is now a formal arrangement as part of the Integration Scheme or whether this will continue informally. The Chief Officer confirmed that we are now at the point of formalising this as part of our recovery plan as per the Integration Scheme and that a more detailed report on financial recovery planning would be presented to the IJB in January 2024.

The CFO advised that the Integration Scheme sets out the steps we will go through. Thus far we have had helpful discussions and partners recognise the pressures we are facing. She confirmed we are not in an isolated position nationally, however we are a little further ahead of others in terms of the use of our reserves.

The formal recovery plan which will be presented to the IJB in January will look at what funding options we have available in year and also planning for beyond. Any brokerage arrangements will have to be factored into plans for 2024/25 and beyond.

Anne Marie Monaghan said this was helpful and recognised that this is not an easy situation

Councillor Pragnell advised that none of us want to increase the criteria and it is with a heavy heart that we do this. She acknowledged that whilst we might be the first to formally move into financial recovery, others will follow both within GGC and nationally, which gives some reassurance but doesn't take away the affect on people.

Councillor O'Donnell advised he is fully aware of discussions with Council but not with Health Board and asked whether they had given any commitment to fund health pressures, for example prescribing.

The Chief Financial Officer advised Greater Glasgow and Clyde haven't confirmed funding support at this point but those discussions will take place over the coming weeks. She

NOT YET ENDORSED AS A CORRECT RECORD

explained the differences between central and local government funding, noting that the Health Board doesn't hold reserves.

The Chief Financial Officer further noted that she and the Chief Officer attended a specific finance meeting with the Health Board last week which was relatively positive and the reason and rationale behind our pressures was clearly recognised. Finance also featured heavily at the mid-year performance review meeting with both partner Chief Executives.

Councillor O'Donnell also asked for clarification as to whether the additional funding agreed at Cabinet in November had been included as only the £0.75m non-recurring support agreed in May was noted at point 12. The Chief Financial Officer confirmed the additional funding from November wasn't included due to timing and apologised for not referring to this in her update.

Councillor Edlin recognised that other areas were in a similar position he was still greatly concerned about local impact and asked whether there was anything else we could do to mitigate and suggesting writing to the Scottish Government.

Anne Marie Monaghan advised that what we are experiencing now is the result of a history of underfunding for a number of years and failure to fund the future demand and is a widespread issue.

The Chief Officer reiterated that in terms of the Integration Scheme, the process is that we look to our reserves, then our partner bodies, and only if we were unable to reach agreement then would formally approach Scottish Government. We are already signalling to Scottish Government colleagues that we are at this stage. There are a number of meetings taking place with the Cabinet Secretary and the Minister for Social Care Mental Health and Wellbeing, as well as the discussions COSLA are engaged in.

The Chief Financial Officer shared a slide defining the four different categories of need – critical, substantial, moderate and low. Originally we had removed the low criteria now need to remove moderate too. Moving to substantial/critical recognises high priority and where there is an immediate need for support.

Anne Marie Monaghan noted that it was helpful to see the definitions set out

The Chief Officer advised that our front door is operating on that basis at the moment and we are only seeing a small proportion of referrals for formal services, the others are diverting to informal supports and third sector. It's those already receiving support that may need to review again and we are working closely with Voluntary Action East Renfrewshire, as a key partner.

The Board:

- a) Noted the projected outturn for the 2023/24 revenue budget
- b) Noted that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year
- c) Noted that East Renfrewshire Council have indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year
- d) Recognised that we are entering formal negotiations with Local Authority and Health Board and also that moving to substantial and critical levels of risk in our response to people's needs.

NOT YET ENDORSED AS A CORRECT RECORD

The Chair reiterated that this is not an easy time or a decision that has been taken lightly and that the financial position is not a result of poor financial management but because of high demand and not enough funding.

HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME

7. The Board considered a report providing an update on the HSCP Savings, Recovery and Renewal Programme which included exception updates and was accompanied by a detailed overview of the projects and savings.

Commenting on the report, the Chief Financial Officer highlighted that significant work has been undertaken as part of the tender evaluation exercise for the replacement of the social work case recording system which is a significant project milestone.

She also noted that planned work in relation to payment cards has been paused as this would incur a one-off set up fee along with a recurring annual cost therefore we are not in a position to take this forward at present.

Anne Marie Monaghan queried whether the prepayment cards were intended to create efficiency or to give more choice for people. The Chief Financial Officer confirmed this was not linked to an efficiency saving but was mainly to minimise cash handling and that we were exploring whether cards could be a better option for individuals receiving section grants instead of a cash payment, and whether cards could be used for option 1 direct payments.

The Board noted the progress of the HSCP Savings, Recovery and Renewal Programme.

REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE 2023-2028

8. The Board considered a report setting out the refresh of NHS Greater Glasgow and Clyde's strategy for mental health services.

The Head of Adult Services: Learning Disability and Recovery advised that the strategy had been developed in partnership with all Greater Glasgow and Clyde HSCPs and is being presented to all IJBs. He noted that the strategy is largely focused on community supports where we have a well-established model locally and provided some local context including work in a number of areas from primary care to suicide prevention.

The Head of Adult Services: Learning Disability and Recovery advised that we are also part of the wider system so for example whilst we don't provide in-patient beds for mental health services, we are involved in any changes to the wider system to ensure local impact is considered, including that of the voluntary and independent sector. As strategy moves forward we will be represented in working groups and have a well-established Mental Health Planning Group.

Anne Marie Monaghan commented that it was a large report and asked whether an easy read or summary version would be produced. The Head of Adult Services: Learning Disability and Recovery advised he would take this back to the GGC Mental Health Programme Board.

Councillor O'Donnell agreed that the report was complex and difficult to navigate. He noted CoSLA recently discussed the Scottish Mental Health Strategy and its delivery report and asked how both linked. He also asked how we monitor, assess and report on outcomes.

10
NOT YET ENDORSED AS A CORRECT RECORD

The Head of Adult Services: Learning Disability and Recovery advised that he is aware of the various comments made by CoSLA in terms of national standards and the Scottish strategy and confirmed that the Mental Health Programme Board are mindful of the different issues from national strategy and how these are incorporated. How the strategy reflects wider community actions from Local Authority will be key to implementation going forward to ensure it is not just health driven.

The Head of Adult Services: Learning Disability and Recovery also confirmed that mental health performance is included in HSCP performance reporting and further advised that the local Mental Health Planning Group has established its own set of performance indicators and dashboard showing activity, demand and experiences of those in East Renfrewshire, recognising that locally we want to build on indicators even where these are not required at Scottish Government level.

Councillor O'Donnell commented that the dashboard work is reassuring and asked what the appropriate forum would be for further discussion at an IJB level. The Head of Adult Services: Learning Disability and Recovery advised the data is shared with adult services clinical and care governance group and reflected in our existing performance reports.

The Chief Officer advised that reports are taken through Performance and Audit Committee however suggested we could hold a seminar or bring a report to the IJB in future if that is of interest. She further commented that this strategy has taken a long time to get to the point of board approval and when we reach phase 2 we should see some resource release to invest in communities so whilst it is slow moving, there will be an advantage financially and in developing community services in future.

The Board:

- a) Noted progress made against the Mental Health Strategy 2018 - 2023 outlined in the proposed strategy refresh
- b) Approved the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028

HSCP DRAFT WINTER PLAN 2023/24

9. The Board considered a report on the HSCP draft winter plan for 2023/24. The Chief Officer advised that the report is a combination of health and social care planning as well as normal local contingency planning e.g. for poor weather.

She reported that locally we have a big unscheduled care agenda in terms of preventing admission and facilitating discharge from hospital and that there is a lot of activity locally to support care homes and people in their own homes. There has been positive progress in relation to care home pathways around prevention of admission, both the Falls Pathway and Call Before you Convey. People presenting to A&E who do not require admittance are also being referred to our two Frailty Practitioners who are now in post as part of Home First.

Last winter the biggest challenge was in relation to absence and we continue to focus on absence management and wellbeing as well as working closely with our partner providers.

We will continue to prioritise care at home to focus on acute discharge to assist with the hospital flow, and are also prioritising end of life care and where we can prevent hospital admissions

NOT YET ENDORSED AS A CORRECT RECORD

Councillor O'Donnell commented that the environment seems calmer than last year and asked whether that was a fair point. The Chief Officer advised there is a genuine concern about this winter and in reality the planning never stopped over summer. There is a lot more reporting and knowledge sharing across community and hospital services and locally we are in better position than last year as we don't have same concerns around care home sustainability and our care at home service is more stable, however we do need to continue to focus on recruitment. She further noted that there are still national concerns that services have been at levels of winter pressure all year

The vaccination programmes remains critical and is a big part of winter planning. Jacqueline Forbes asked for an update and the Interim Chief Nurse confirmed that both care home and housebound uptake was very good at around 94% with mop up sessions planned. She also agreed to share data on staff uptake as she did not have these figures to hand.

Anne Marie Monaghan thanked the Chief Officer for the assurance that winter is well planned for and advised it would be helpful to know the vaccination figures.

The Board:

- a) Approved East Renfrewshire HSCP's draft Winter Plan 2023/24;
- b) Noted that the Plan aligns to both the NHS Greater Glasgow and Clyde Board and East Renfrewshire Council plans and will remain a live document to respond to changing circumstances throughout the winter period; and
- c) Noted that implementation of winter plans will be supported by internal and external communications and engagement strategies, developed in conjunction with NHS Greater Glasgow and Clyde and East Renfrewshire Council.

DELAYED DISCHARGE POSITION

10. The Chief Officer delivered a presentation on delayed discharges. She said that since last reported there had been a rise in the number of bed days lost and that East Renfrewshire was currently ranked 7th in Scotland for both standard and AWI delays; which was an improvement on AWI performance. She also noted that care at home referrals continue to rise as does the number of people requiring two carers.

Anne Marie Monaghan flagged another complexity adding to the challenges, in that raising thresholds for accessing services to substantial/critical further adds to the tension of keeping people out of hospital and providing early intervention.

The Board noted the presentation.

HSCP THREE YEAR WORKFORCE PLAN 2022-25: ANNUAL UPDATE

11. The Board considered a report providing an update on the HSCP 3 year workforce plan and associated action plan, which was approved by IJB in November 2022.

The Interim Chief Nurse advised that the action plan is based on the Scottish Government five pillars and sets out a range of activities to be progressed. This update provides an overview on the first year and recognises the changes that have taken place since the plan was approved, for instance our current financial position, the voluntary redundancy exercise and Supporting People Framework, all of which have been discussed today are relevant to the workforce plan. The Interim Chief Nurse also noted that it is important to recognise that

12
NOT YET ENDORSED AS A CORRECT RECORD

we don't deliver services in isolation but with partners and we will continue to work collaboratively to do so.

There are also national considerations such as the safe staffing act and health and care staffing legislation which will include reporting on areas such as high agency use and risk.

Workforce planning meetings will be held quarterly to progress actions and consider updates that need to be factored into the plan.

Anne Marie Monaghan thanked the Chief Officer for the report and taking the Board through the key points.

Lynsey Allan advised she was pleased to be included in the workshop but wanted to raise that whilst this was welcome, partners would like to see more recognition for the breadth of workforce, which is significant.

She also noted that there are specific challenges for providers around things like international recruitment. Margaret advised that this will be reflected in the refreshed Workforce Plan in 2025 and that partners will be invited to the quarterly meetings going forward.

Councillor O'Donnell asked for further feedback on challenges in terms of recruiting ethnic diverse backgrounds. The Chief Officer advised that the Council have engaged a consultant to help support this area. She noted that whilst this is referenced in the plan it is not detailed in action plan itself and therefore advised further detail would be added to the action plan.

Dianne Foy made reference to individuals with additional support needs who can struggle to stay in the workplace and wanted to ensure adequate support and adjustments were included for those with neurodivergent needs. Anne Marie Monaghan advised that as the NHSGGC Board Disability Champion she sits on a number of groups and things have improved however there is still a long way to go, and this is something we need to take on board.

The Interim Chief Nurse welcomed the points raised and advised that whilst there are opportunities for support, we could be doing more and will strengthen in action plan.

The Board noted the report.

REVISED INTEGRATION SCHEME – CONSULTATION DRAFT

12. The Board considered a report providing an update on the review of the Integration Scheme between East Renfrewshire Council and Greater Glasgow and Clyde Health Board, which was approved for consultation in October 2023.

The Strategic Planning, Performance and Commissioning Manager advised that the Scheme was last amended in 2018 and the review planned for 2020 was interrupted by the pandemic. The proposed scheme contains minor changes, which are essentially technical in nature and do not change the way services are planned or delivered. The finance section has been amended to ensure greater consistency across all partnerships within NHS Greater Glasgow and Clyde and the relevant changes made for legislation and hosting arrangements.

The changes have been approved by the Council and Health Board and a consultation is underway on a limited and light touch basis, with prescribed consultees. The scheme has been shared with key stakeholders and we are promoting through communication channels.

13
NOT YET ENDORSED AS A CORRECT RECORD

The final scheme will be brought back to IJB for noting in 2024 and submitted to Cabinet Secretary in line with legislation.

Jacqueline Forbes noted a typo on page 230, 10.2 – where it said ‘information’ instead of ‘integration’. This will be amended.

The Board noted the report.

DATE OF NEXT MEETING

13. Wednesday 31 January 2024 at 10am.

The Chair closed the meeting with thanks for the quality of reports and pitch of the presentations, recognising the quality of work and took the opportunity, albeit a little early, to wish everyone a merry Christmas and a happy new year.

CHAIR

BLANK PAGE