

Minute of Meeting of the East Renfrewshire Integration Joint Board held on Wednesday 29 January 2025 at 10:00. in the Council Chamber, East Renfrewshire Council Offices, Eastwood Park, Rouken Glen Road, Giffnock.

* = online attendance

Present

Councillor Katie Pragnell, East Renfrewshire Council (Chair)
Mehvish Ashraf, NHS Greater Glasgow and Clyde (Vice Chair)
Lesley Bairden, Chief Financial Officer (Integration Joint Board)
Councillor Caroline Bamforth, East Renfrewshire Council
Martin Cawley, NHS Greater Glasgow and Clyde*
Cath Cooney, NHSF Greater Glasgow and Clyde
Councillor Paul Edlin, East Renfrewshire Council
Dr Claire Fisher, Clinical Director (HSCP)*
Dianne Foy, NHS Greater Glasgow and Clyde*
Annemarie Kennedy, Third Sector Representative
Catherine Lister, Staff Representative
Geoff Mohamed, Carers Representative
Julie Murray, Chief Officer (Integration Joint Board)
Raymond Prior, Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)

In Attendance

Lesleyann Burns, Democratic Services Officer, East Renfrewshire Council
Tom Kelly, Head of Adult Services: Learning Disability and Recovery
Pamela Gomes, Governance and Compliance Officer
Lynne Siddiqui, Community Rehabilitation Team Lead
Paul McLean, Physiotherapist, Health and Social Care Partnership
Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
Barry Tudhope, Democratic Services Manager, East Renfrewshire Council

Chair

Councillor Katie Pragnell in the Chair.

Apologies

Councillor Owen O'Donnell

1. WELCOME & APOLOGIES FOR ABSENCE

- 1.1 The Chair welcomed everyone to the meeting of the Integration Joint Board and apologies for absence were recorded.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest intimated.

3. MINUTES OF PREVIOUS MEETING: 20 NOVEMBER 2024

- 3.1 The Minute of the Meeting of the Integration Joint Board held on 20 November 2024 was approved subject to the inclusion of Councillor Edlin's comments on prescribing.

4. MATTERS ARISING

- 4.1 The Integration Joint Board considered a report on matters arising from the discussion which took place at the Integration Joint Board meeting on 20 November 2024.
- 4.2 The Chief Officer reported that proposed charges for 2025/26, including the implementation of charging for non-residential care, were submitted to East Renfrewshire Council's Cabinet on 5 December 2024.
- 4.3 While the Cabinet approved the increase to existing Health and Social Care charges for 2025/26, the decision on charges for non-residential care had been deferred until 6 February 2025, to allow the Cabinet to receive clarity on the latest Scottish Government budget. A recording of the Cabinet meeting on 5 December and the minute of that meeting are accessible on the Council's website.
- 4.4 The Integration Joint Board noted the report.

5. ROLLING ACTION LOG

- 5.1 The Integration Joint Board considered a report from the Chief Officer detailing all ongoing actions and those that had been completed since the previous meeting of the Integration Joint Board on 20 November 2024.
- 5.2 The Chief Officer confirmed that, regarding Action No. 458, the challenges related to prescribing will be included in the Health and Social Care Strategic Plan for 2025-28, which will be presented to the Integration Joint Board in March 2025. Additionally, concerning Action No. 454, more details about the prescribing plan will be discussed at the budget seminar scheduled for 5 February 2025.
- 5.3 The Chief Officer also stated that regarding Action No. 457, a range of dates will be offered to Integration Joint Board Members who are interested in seeing a demonstration of Total Mobile, which is the Care at Home scheduling system.
- 5.4 The Integration Joint Board noted the report.

6. PRESENTATION: COMMUNITY REHABILITATION SERVICE, FRAILTY AND UNSCHEDULED CARE UPDATE

- 6.1 The Integration Joint Board received a presentation from Lynne Siddiqui, Community Rehab Service and Lead AHP and Paul McLean, Physiotherapist.
- 6.2 The presentation addressed the composition and range of services offered by the Community Rehabilitation Service as well as Unscheduled Care including Home First response and frailty workstream, future care planning, integrated community pathways for falls and frailty, care home falls pathways, and the Call Before You Convey service.
- 6.3 Following the presentation, Board Members asked a range of questions, including:
- 6.4 The work done in terms of addressing falls and sarcopenia to enhance strength. Officers confirmed that there are strong links with leisure colleagues, highlighting that a crucial intervention involves helping individuals build strength and improve balance. Additionally, there are valuable connections with walking groups and various third-sector organisations that assist people in this regard.
- 6.5 Efforts being made to address loneliness and isolation, recognising their significant effects on mental health. Officers confirmed that a person-centred, holistic assessment is conducted, followed by interventions designed to eliminate obstacles and promote independence. The team works closely with the adult mental health team, and there are support workers available to assist individuals in connecting with other services, such as befriending programmes.

- 6.6 The work being undertaken to increase awareness and understanding of Future Care Planning. Officers confirmed that awareness is growing and confirmed that work has been undertaken with the Carers Centre in this regard. Conversations are also taking place with individuals and their families, and additional communication initiatives are planned in this area.
- 6.7 Whether there are requirements for private care homes to provide services such as physiotherapy and speech and language therapy. Officers indicated that there are no current requirements for such provisions. The Health and Social Care Partnership is responsible with delivering these services and works closely with care homes to support people. However, in certain situations, families may opt to arrange these services independently.
- 6.8 How the Service handles sensitivity upon recognising Frailty. Officers confirmed that conversations with individuals and their families are initiated as early as possible, providing everyone the chance to engage in the dialogue. The team strives to maintain openness and transparency throughout the process. It may be necessary to adjust the term "frailty," as it can carry negative connotations; however, the priority remains to ensure that individuals receive the support they need.
- 6.9 Councillor Edlin enquired if there had been any concerns regarding staff absences or meeting targets within the Community Rehabilitation Service. The Community Rehabilitation Service Manager confirmed that absence rates have been good and that this reflects positively on the dedicated staff within the team. The Chief Officer also confirmed that the Service is performing effectively and is achieving targets.
- 6.10 Mr Mohamed commended the great work done by the District Nurses. However, he expressed concerns regarding the Out of Hours Service and emphasised the need for better managerial oversight of it. The Chief Officer explained that the Health and Social Care Partnership does not manage the Out of Hours Service. Nevertheless, she acknowledged the pressures facing this service, assured him that she had taken note of his comments, and confirmed that this would be discussed with other Chief Officers during discussions about hosted services.
- 6.11 Board Members suggested that the Communications Team consider preparing some materials to convey further information about the great work being done by the Community Rehabilitation Service.
- 6.12 The Chief Officer highlighted that the Integration Joint Board does not get involved in operational matters; however, she believed that this in-depth presentation and subsequent discussion had provided Board Members with valuable insights into the real work being done to improve lives in East Renfrewshire. Additionally, she praised Ms Siddiqui's leadership in redesigning the service, ensuring a well-balanced mix of skills.
- 6.13 The Chair thanked officers for their presentation, emphasising that it served as an excellent illustration of effective integration. Due to the detailed nature of the presentation, she requested that copy of the slides be distributed to all members of the Integration Joint Board following the meeting.
- 6.14 The Integration Joint Board a) noted the presentation; and b) agreed that the slides should be circulated to members of Board.

7. WINTER PLANNING ARRANGEMENTS: 2024/2025

- 7.1 The Integration Joint Board considered a report by the Community Rehabilitation Service Manager/Lead AHP on the NHS Greater Glasgow and Clyde Winter Plan 2024/2025.
- 7.2 The Head of Adult Services: Wellbeing and Communities noted that the East Renfrewshire Health and Social Care Partnership, along with other HSCPs, had contributed to the development of the Winter Plan for Greater Glasgow and Clyde. Work is currently underway to implement the various actions outlined in the full Winter Plan, which was attached at Appendix 1 to the report.

- 7.3 The Winter Plan is designed as a system-wide initiative that addresses the challenges posed by winter within the Health and Social Care system in Greater Glasgow and Clyde, aligning with the Scottish Government's Winter Planning Priorities.
- 7.4 The Head of Adult Services: Communities and Wellbeing outlined the four key priorities of the NHS Greater Glasgow and Clyde Winter Plan, as detailed at paragraph 5 of the report, along with the risks identified for the winter season, which were detailed at paragraph 10 of the report.
- 7.5 She also pointed out that a range of service and workforce pressures have been ongoing throughout the year, rather than only surfacing during winter. Therefore, the winter planning process builds upon year-round business continuity activity.
- 7.6 Having considered the report, Board Members enquired about the communication strategy around the winter vaccination programme. The Clinical Director confirmed that advertisements on TV and social media were broadcasted in October and November to encourage vaccination uptake. Councillor Edlin noted that he had received positive feedback from his constituents regarding the flexibility in vaccine delivery and requested that his thanks be conveyed to those involved.
- 7.7 Additionally, Board Members expressed concern about the delay in presenting the Winter Plan to the Integration Joint Board and requested that this issue be addressed with NHS Greater Glasgow and Clyde. Both the Chair and Vice Chair confirmed that the delay had already been discussed at the NHS Greater Glasgow and Clyde Board meeting.
- 7.8 Board Members commended the efforts of a range of employees including those in the rehabilitation, home care, and telecare teams who provided essential care during the recent Storm Eoyne (Red Alert) and asked that their appreciation be communicated to those employees involved.
- 7.9 The Integration Joint Board noted the report.

8. PRESENTATION: DISCHARGE WITHOUT DELAY

- 8.1 The Integration Joint Board received a presentation from the Head of Adult Services: Communities and Wellbeing regarding Discharge without Delay.
- 8.2 The Head of Adult Services: Communities and Wellbeing reported that as at 20 January 2025, the East Renfrewshire Health and Social Care Partnership was ranked second in Scotland for Delayed Discharges. Additionally, on the same date, the Partnership was ranked twelfth in Scotland for Adults with Incapacity Delays and second among the NHS Greater Glasgow and Clyde partnerships. There was no change in terms of average AWI delays. Only 6.9% had an elapsed planned discharge date.
- 8.3 She also advised the Integration Joint Board that the Health and Social Care Partnership continues to focus on making improvements to discharge processes. Updated information regarding Power of Attorney and its significance has been added to the Health and Social Care Partnership's website, in the hope of further reducing delays. Links are being made with national groups concerning improvements around Court processes and work is ongoing with the Commissioning Team to implement Discharge to Assess.
- 8.4 Ms Cooney commended the Head of Adult Services: Communities and Wellbeing for the language used in her presentation. She emphasised that the phrase "discharge without delays" is crucial in conveying the outcome the Integration Joint Board aims to achieve, reminding everyone that each statistic represents a real individual. The Head of Adult Services thanked Ms Cooney for her comments and referenced recent work across Health and Social Care Partnerships regarding the last 1,000 days, noting how a change to more positive language had revitalised this initiative. She advised that she would circulate links to videos on the last 1,000 days; a philosophy that recognises that many patients that are delayed in their discharge are in the last 1,000 days of their life.

- 8.5 Board Members enquired about the increase in under-64s regarding AWI. The Head of Adult Services explained that there is a higher percentage of certain degenerative conditions and that is being monitored.
- 8.6 The Chair thanked the Head of Adult Services: Communities and Wellbeing for her presentation and for arranging for information on the importance of Power of Attorney to be added to the Health and Social Care Partnership website. The Chair highlighted that she would encourage people to give serious consideration to setting up Power of Attorney.
- 8.7 The Integration Joint Board a) noted the presentation and agreed to receive a further update at the next Board meeting; and b) agreed that the slides should be circulated to all Board members following the meeting.

9. REVENUE BUDGET MONITORING REPORT 2024/25

- 9.1 The Integration Joint Board considered a report by the Chief Financial Officer on the projected outturn position of the 2024/25 revenue budget. This projection was based on ledger information as at 30 November 2024.
- 9.2 The Chief Financial Officer reported a projected overspend of £1.281m for the current financial year, which represents 0.77% of the revenue budget. This is a reduction in projected costs by £0.503m since the last Board meeting. She pointed out that paragraph 3 of the report outlines three key reasons for this reduction: a projected savings decrease of £119k in social care, offset by a £289k reduction in social work and social care costs, and a £333k reduction in health costs.
- 9.3 Additionally, the Chief Financial Officer noted that the projection by partner contribution indicates an overspend of £2.164m related to NHS funded activities, primarily driven by prescribing costs, though this is partially offset by further turnover and cost reductions. Currently, the Council-funded contribution is anticipated to underspend by £0.883m.
- 9.4 She also emphasised that prescribing remains the most significant overspend and risk, currently projected at just over £2.7m based on month 8 data (as of November 2024), a minimal reduction of £4k since the previous Board report. However, month 9 data appears more positive, and shows that projected costs should reduce by around £0.4m, mainly due to increased rebates and price reductions, which will be reflected in the next report to the Board.
- 9.5 The Chief Financial Officer reported that she continued to work with the NHS Greater Glasgow and Clyde Central Prescribing Team to identify further savings opportunities, with Board-wide work continuing. Prescribing will be the topic at the Integration Joint Board Seminar scheduled for 5 February 2025, along with an update on the Integration Joint Board Budget Plan for 2025/26.
- 9.6 She indicated that the table in paragraph 9 of the report provides the usual summary of savings progress for the year, showing that 60.5% of the savings target has been delivered so far, increasing to 67.4% for the year; both against the higher level of savings of just under £11.8m.
- 9.7 When comparing the delivered to date against the lower target, being the minimum required to breakeven, 72.7% has been delivered, with the main challenge remaining in closing the prescribing gap.
- 9.8 The supporting people savings currently reflect a £0.657m shortfall for the current year, as detailed in the table at paragraph 17 of the report, however, this also shows that the expected position by 1 April 2025 is a recurring £351k above the target.
- 9.9 She confirmed the ongoing monitoring of the financial position and highlighted that all savings with additional details are set out in Appendices 6a and 6b of the report. The operational position by service is also detailed, with explanations for the main variances starting from paragraph 24.

- 9.10 The Chief Financial Officer also stated that they are exploring every opportunity to reduce costs, especially within NHS funded activities, to balance or at least mitigate pressures come year-end. Finance remains a key agenda item, particularly as we progress with planning for the 2025/26 budget. A brief update is provided at paragraph 48 of the report, and the specifics of budget pressures and required savings will be thoroughly discussed during the Budget Seminar on 5 February 2025.
- 9.11 The Vice Chair advised that in terms of Appendix 6b - Prescribing Local Programme, this work is ongoing, which makes it difficult to quantify the data. However, clarity on the figure is expected to be achieved by the end of the year.
- 9.12 The Integration Joint Board agreed to a) note the projected outturn for the 2024/25 revenue budget; b) note that the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures in the current year; c) approve the budget virement detailed at Appendix 7 of the report; and d) note the update on the budget preparations for 2025/26.

10. DATE OF NEXT MEETING

- 10.1 The Chair thanked everyone for their attendance at the meeting and highlighted that the next meeting of the Integration Joint Board would be held on Wednesday 26 March 2025, at 11.00 a.m.

CHAIR