

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 24 November 2021**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Heather Molloy	Scottish Care representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Lynne Rankin	Staff Side representative (ERC)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Tracy Butler	Lead Planner (Recovery Services)
Mairi-Clare Armstrong	Governance and Systems Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services - Learning Disability and Recovery
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Ian McLean	Accountancy Manager
Louisa Yule	Audit Scotland

APOLOGIES FOR ABSENCE

Provost Jim Fletcher	East Renfrewshire Council
Amina Khan	NHS Greater Glasgow and Clyde Board

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 22 September 2021.

MATTERS ARISING

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

ROLLING ACTION LOG

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

The Board noted the report.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 22 September 2021.

AUDITED ANNUAL REPORT AND ACCOUNTS 2020-21

6. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Financial Officer seeking approval for the final annual report and accounts for the IJB for the period 1 April 2020 to 31 March 2021, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and set out the key messages from Audit Scotland. In summary, the annual report and accounts were unmodified and the operational underspend and reserves were unchanged from the unaudited position; effective financial management was in place to support monitoring and decision making; the potential future year financial challenges were unlikely to be addressed through efficiency alone and work with partners was required to ensure financial sustainability; the IJB has appropriate governance in place and arrangements during the Covid-19 pandemic have operated effectively; and the IJB has effective arrangements in place to demonstrate best value and for managing performance.

The report also referred to the 3 recommendations made by Audit Scotland and summarised the response and associated timescale for action in respect of each, with progress on these to be reported to the Performance and Audit Committee.

The report also highlighted that the main messages from the annual report and accounts remained unchanged from the unaudited position reported in June, with the operational underspend of £0.833 million remaining unchanged. Main budget variances were set out and it was noted that the reserves total remained unchanged at £10.415 million. COVID-19 spend was £9.115 million. Funding of £12.260 had been received with the balance taken to reserves.

Ms Monaghan, Chair of the Performance and Audit Committee, reported that the accounts, along with the external auditor's report, had been discussed at length at the committee, and that it had been agreed to remit the report and accounts to the Board with a recommendation that they be approved. She also expressed thanks to the Chief Financial Officer and her team for preparing the accounts as well as thanking both internal and external audit for their contributions.

In response to questions from Ms Tudoreanu in relation to financial planning, the Chief Financial Officer reminded the Board that the latest iteration of the Medium-Term Financial Plan was considered at the Board meeting in June. The Board's overall financial position was also reported as part of the revenue budget monitoring reports considered at each meeting. She highlighted that the biggest impact on the financial position would be in relation to winter funding, the details of which were expected to be available after the Scottish Government budget was announced on 9 December.

Councillor Swift questioned whether there were any early indications of the levels funding that would be made available by the partner organisations. In reply, the Chief Financial Officer outlined the early indicative funding arrangements in respect of the Health Board and the Council and that it was likely that the IJB would face some unfunded service pressures. However, it was hoped that any additional winter funding would help to alleviate some of the current demand pressures, although the challenge of dealing with legacy savings still remained.

Thereafter the Board:-

- (a) approved the audited annual report and accounts; and
- (b) authorised the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB.
- (c) noted the summary overview of financial performance document for 2020-21.

WINTER PLAN 2021-2022

7. The Board considered a presentation from Lee McLaughlin, Head of Adult Services – Communities and Wellbeing providing an update on preparedness for winter across the NHSGGC area.

In the course of the presentation, key pressure points on the system were highlighted. These included significant increases in Care at Home referrals from both community and hospital services. Despite this, high levels of service provision had been maintained and the Care Inspectorate review of the Care at Home Service had shown significant improvements.

Reference was made to the additional financial resources being provided by the Scottish Government to provide Health Care Assistants. The East Renfrewshire share of funding had provided 16 Health Care Assistants locally with details of how the staff would be used being set out.

The presentation also set out the key objectives for Interim Care, Care at Home and Multi-Disciplinary Teams and the associated budget plan for each of the 3 service areas, and concluded by outlining next steps, including joint approaches to recruitment.

In relation to interim care, it was emphasised that whilst the primary objective was to support as many people as possible to stay at home, there were occasions when this was not possible. Details of the work being carried out to provide support at Bonnyton House were outlined.

Full discussion then took place in the course of which the Chief Officer referred to the need for recruitment to happen quickly in order to deal with the winter ahead, and that there may be the opportunity to look at some service redesign in future.

Having welcomed the improvements in the Care at Home Service, Ms Monaghan posed a series of questions in relation to the recruitment process for the additional Home Care Assistants, the Self Directed Support (SDS) Test of Change interim care key objective, and the Kindness Collaborative which formed part of the Home First - Whole Sector Response strategy to increase capacity in the Care at Home Service.

In relation to the recruitment process for the Health Care Assistants it was explained that this was a joint process with a range of different professionals on the recruitment panel, and that although the staff were being recruited through the NHS the objectives for the role were clear.

Details of the (SDS) Test of Change were also provided, it being noted that in many cases funding was used to employ family members or friends. In relation to the Kindness Collaborative it was explained that the services on offer may often be in addition to and not instead of other services available.

Dr Campbell welcomed the work being done, in particular the work that was taking place to tackle delayed discharge. She explained that some patients were reluctant to go into interim care as this was often seen by them as a delay in getting home. She also emphasised the importance of good communication between community and hospital services to help minimise delayed discharge.

In reply, the Head of Adult Services – Communities and Wellbeing explained that the “hub and spoke” model would involve frailty practitioners and confirmed that work to improve lines of communication was ongoing.

Responding to questions from Councillor Swift on the use of gyms and exercise for pulmonary and cardiac rehabilitation, the Chief Officer acknowledged the benefits of such an approach. She explained that good collaborative working with GPs in relation to exercise had been in place pre-pandemic. Whilst this approach had been paused, it was an area that officers were keen to restart, and it had been agreed to fund the Culture and Leisure Trust to help develop a programme in conjunction with local GPs.

Ms Forbes commented on the provision of respite care. Whilst recognising the benefits respite care could provide she also explained that providing care outwith a person’s home environment could have a negative impact and so any plans to provide respite care for people in their own home were to be welcomed.

Ms Molloy referred to the staffing crisis across the health and care sector. Whilst supporting collaborative working, she explained that many in the independent sector had

concerns and felt that despite the significant number of services commissioned from the sector the level of commitment to the sector could be better. The need for the right governance to be in place for true collaborative working was considered to be key.

Responding to Ms Molloy's comments the Head of Adult Services – Communities and Wellbeing explained that in relation to staffing the HSCP was facing the same challenges as the independent sector. She also gave examples of some of the collaborative work with the independent sector such as in the purchase of extra beds.

Ms Monaghan having been heard on the need for the independent and third sector to ensure any increase in the Living Wage was passed on to staff and on the importance of people being able to use SDS funds as flexibly as possible, the Board noted the presentation.

REVENUE BUDGET MONITORING REPORT

8. The Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2021-22 revenue budget as at 30 September 2021. It was noted that this was the second monitoring report for 2021-22 and provided the projected outturn for the year based on the latest information.

The report referred to the recently announced winter funding for 2021-22, some of which was recurring. Not all winter funding had been distributed and so the impacts referred to in the report were provisional and subject to refinement. Thereafter the report summarised the position in respect of the proposed use of the funds. In particular the report referred to the proposed increase in hourly rates in support of the fair work agenda. It was explained that the funding to support the fair work agenda and increase the rates of pay for the HSCP's partner providers had not yet been distributed, however the mechanism for increase to hourly rates had been agreed.

The Board was reminded of previous commitments to implement the fair work agenda in full and it was hoped to have all rate changes and any backdating in place by January 2022. This was a complex piece of work and for the first time collaboration with Scotland Excel as part of the national framework was required where appropriate. On the basis that the social care increase was fully funded the Board was asked to agree to its implementation. In addition delegated authority was sought for the Chief Officer and management team to finalise the planned use of winter funding.

As in previous updates the report explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. For 2021-22 Projected COVID related costs were £9.578 million. Taking account of available funding confirmed and received to date further funding of £6.213 million was required.

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

Thereafter it was reported that against a full year budget of £134.815 million there was a projected underspend of £0.175 million (0.13%), after assumed contributions to and from reserves.

Comment was then made on the main projected operational variances. Projected costs were based on known care commitments, vacant posts and other supporting information from financial systems as at 30 September 2021, and allowed for the latest known information with the exception of the detail that would support winter funding.

NOT YET ENDORSED AS A CORRECT RECORD

It was clarified that the underspend would be added to the budget savings reserve subject to final outturn and agreed reserves position at the end of the financial year.

The Head of Finance and Resources (Chief Financial Officer) was then heard further on the report in the course of which she highlighted that COVID related costs and associated funding were anticipated to reduce as winter funding was refined and some activities were established on a recurring basis. In response to Ms Molloy she also outlined the anticipated timescale for the payment of the increased hourly rates to independent contractors and the third sector.

The Board:-

- (a) noted the projected outturn for the 2021/22 revenue budget;
- (b) noted the projected reserves balances
- (c) agreed to delegate to the Chief Officer the planned use of the 2020/21 Winter funding; and
- (d) agreed to implement to social care pay uplift subject to the cost being fully funded

HSCP RECOVERY AND RENEWAL PROGRAMME UPDATE

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

Details of the work that had taken place since the update given to the September meeting were provided. This included the ongoing work in relation to the replacement of the HSCP care recording system. The revenue and capital funding for the project over the financial years 2021-22 to 2023-24 was outlined, and it was noted that a project board, with membership comprising each HSCP service and colleagues from Council procurement and ICT services had been established.

It was also explained that an initial financial framework for the recovery and renewal programme had been drafted. This identified efficiency targets against a number of projects, however, further work was required to finalise the framework. Furthermore, the recent announcement of additional funding (winter planning) to support health and social care would also impact on this programme of work. Once this was clearer this would also be incorporated into the programme of work and supporting financial framework. The framework would include those areas where the programme would support delivery to help the £3.4 million funding gap be achieved, at least in part.

Having heard the Head of Finance and Resources (Chief Financial Officer) respond to comments from Ms Forbes on the absence of 2 appendices referred to in the report, the Board noted the report and that the appendices would be circulated to all Board members.

EAST RENFREWSHIRE PEER SUPPORT SERVICE – MENTAL HEALTH AND ADDICTIONS FINAL EVALUATION REPORT

10. Under reference to the Minute of the meeting of 17 March 2021 (Item 10 refers), when the Board had considered and noted a report providing an update on the test of change to deliver an East Renfrewshire Peer Support Service, employing peer workers with lived experience to support individuals in their recovery journeys, the Board considered a further

report by the Chief Officer providing an overview of the final evaluation of the test of change and detailing further progress in embedding peer support in formal service settings and expanding the capacity of the peer support service.

Having reminded the Board of the background to the establishment of the peer support service including the appointment of Penumbra as the preferred provider, the report provided a summary of the final evaluation report, a copy of which accompanied the report.

The report highlighted that the test of change had 2 key aspects; delivering a service that worked locally and embedding a service within formal services to explore the extent and potential of using people with lived experience, alongside people with clinical experience, and where the right balance is.

It was noted that the service has benefitted from strong engagement with HSCP staff and partners, evidenced by the wide range of referrals to the service from Adult Mental Health Teams, Community Addictions Teams as well as from voluntary sector partners RCA Trust and RAMH. In particular the service has had strong support from psychiatrists, with more than half of referrals from the Adult Mental Health Teams coming from that source.

The report set out the 5 key findings from the evaluation, and it was explained that as peer support continued to develop, the recommendations made in the evaluation report provided a focus for continuing improvement and were already being actioned by Penumbra and the HSCP.

It was also reported that following the early, positive evaluation findings and evidence of the demand for peer support, the contract with Penumbra was expanded in June 2021, increasing the number of peer workers from two to three, and extending the contract to June 2024. This demonstrated the HSCP's commitment to peer support and maximised the opportunity to fully embed peer support, lived experience and a focus on recovery within the delivery of mental health and addiction services.

The report also emphasised the critical importance of lived experience being at the heart of peer support, and explained that Penumbra's peer workers had played an active role in influencing the initial design and delivery of the service and the ongoing evaluation. Details of the activities that had steered the test of change and the shape of peer support were set out.

It having been highlighted that the test of change and the learning from it would be shared with NHS Greater Glasgow and Clyde to inform the Five Year Mental Health Strategy, the report explained that the HSCP and Penumbra continued to work closely together to develop the service, including responding to the evaluation findings and recommendations, gathering and analysing data to inform continuous improvement, and developing group work. Further evidence gathering would focus on the impact of the service on individual's recovery outcomes and goals, the length of time that individuals might require peer support and what moving on from peer support looked like.

The Head of Adult Services - Learning Disability and Recovery was heard further on the report, and in response to comments from Ms Forbes on the imbalance between qualitative and quantitative improvements in the evaluation explained that the evaluation process was at an early stage and that he was confident quantitative improvements would get better over time.

Ms Monaghan having welcomed the positive evaluation and in particular the use of the test of change approach, Ms Tudoreanu referred to the apparent gender disproportionality in service use and questioned whether the service needed to be adjusted to address this.

In reply the Head of Adult Services - Learning Disability and Recovery explained that this issue had been recognised and that officers were already looking at ways in which to address it such as, for example, the use of male peer support staff.

Following further discussion in the course of which the Head of Adult Services - Learning Disability and Recovery referred to areas for further investigation identified in the report, and Councillor Bamforth acknowledged how quickly the service had reached capacity and still managed to sustain engagement with service users, the Board noted:-

- (a) the final evaluation report and agreed that it be approved for publication and circulation to recovery networks; and
- (b) that the capacity of the service had been increased and the contract with Penumbra extended until June 2024.

EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP UPDATE

11. Under reference to the Minute of the meeting of 23 September 2020 (Item 9 refers), when the Board had approved the East Renfrewshire Alcohol and Drugs Strategic Plan and Delivery Plan 2020-23, the Board considered a report by the Chief Officer providing an update on work being undertaken to enhance the voice of lived experience in the work of the Alcohol and Drugs Partnership (ADP). In addition, the report also provided an update on the Drugs Mission and the implications and opportunities for East Renfrewshire.

By way of background, the report explained that the local Plan was strongly influenced by national ministerial priorities and strategic aims set by the Scottish Government.

During 2021, there had been a number of significant developments in the Scottish Government's approach to the drug related deaths emergency, and on 20 January 2021 the First Minister had announced the Drugs Mission, an enhanced approach focusing on fast access to treatment and increased access to residential rehabilitation, together with significant additional funding for ADPs. In May, new Medication Assisted Treatment Standards were published, and following a number of funding letters and clarifications over the period June to September, the East Renfrewshire ADP had a clear picture of the additional investment available locally.

The report then provided an update on enhanced lived experience involvement in the work of the ADP, which was a key priority as part of the delivery of the East Renfrewshire Alcohol and Drugs Plan. This included a peer research development programme, the establishment of a lived experience panel, and employing more people with lived experience. Information in respect of each of these 3 areas was set out.

The report then provided further information on how the additional funding made available to East Renfrewshire ADP as part of the National Mission was being used. It was noted that funding allocations were recurring for the life of the National Mission through to 2025-26. This confirmation was welcomed as it allowed longer-term planning for services and supports that met local need.

Although preparatory work had been under way for some time in advance of the financial package being confirmed in September, in October, following discussion with partners, the ADP had agreed 2 short-term actions, these being the recruitment of a fixed-term part-time medical officer in order to ensure delivery of same day prescribing for opiate substitution treatment for those who need it, by April 2022, and use of the residential rehabilitation allocation as required to place individuals appropriately based on a person centred approach. In relation to the first of these, the report explained that this was one of the key Medication Assisted Treatment Standards, details of which accompanied the report.

Thereafter the report explained that ADPs had been required by the Scottish Government to complete an Annual Review template for 2020-21. A copy of the submission approved by the ADP also accompanied the report.

The Chief Officer was heard on the background to the production of the initial Strategic and Delivery Plan, and on the criticisms at the time about the lack of involvement of people with lived experience in the development of the Plan. She explained that since then much work had taken place with people with lived experience being involved. This included their involvement in decisions on the use of additional funding to make sure the funding was used appropriately.

The Lead Planner (Recovery Services) was then heard in the course of which she explained that the peer research programme had been welcomed and had produced good information that would be used to help shape the service going forward. The Lead Planner (Recovery Services) and Chief Officer were then heard in response to questions from Councillor Swift on numbers of registered addicts in the area; access to the recovery service and funding. Recovery targets and the definition of recovery were also discussed.

The Head of Public Protection and Children's Services (Chief Social Work Officer) highlighted to the Board that issues of addiction often impacted across the whole health and care system with people often being involved with different services at the same time.

Ms Monaghan welcomed the report. She acknowledged that she had been critical of the lack of involvement of people with lived experience in the earlier plan. However commitments given at the time that people with lived experience would be involved in future had been kept.

The Board noted:-

- (a) progress to date on enhancing the involvement and influence of lived experience in the work of the Alcohol and Drug Partnership;
- (b) the significant additional funding allocated to East Renfrewshire Alcohol and Drug Partnership and that work is well underway to identify priorities for investment;
- (c) the Medication Assisted Treatment Standards and the work being undertaken to progress delivery of the standards; and
- (d) the Alcohol and Drug Partnership Annual Review 2020-21 which has been submitted to the Scottish Government.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2020-21

12. The Board considered a report by the Chief Social Work Officer providing details of her Annual Report for 2020-21. A copy of the Annual Report was appended to the report.

The Annual Report provided an overview of the professional activity for social work within East Renfrewshire for 2020-21 through the delivery of statutory functions and responsibilities held by the Chief Social Work Officer. The impact of COVID-19 on the production of the annual report was highlighted and it was explained that the report provided a narrative of social work and social care activity across 5 broad headings, these being Governance and Accountability arrangements; Service Quality and Performance; Resources; Workforce; and COVID-19.

A number of areas of strong performance and success were highlighted including the enhancement of the Family Wellbeing Service achieving positive outcomes for children and

young people's emotional wellbeing; reductions in the number of children and young people looked after away from home and strengthening the voices of families in processes; enhanced levels of participation and engagement by looked after children and young people; establishment of a Self Directed Support Steering Group with over 50% membership of individuals who use social care services and their families to shape, improve and streamline processes; significant improvement in Care at Home services with the Care Inspectorate inspection in July assessing all areas as good; Significant improvement of the multi-agency approach to Large Scale Investigations reducing harm and improving outcomes for local residents; and the overall strength of multi-agency and partnership working in East Renfrewshire

The report also highlighted a continuing number of significant challenges and risks facing social work and social care in East Renfrewshire. These included increased demand for social work support across both children's and adult services and care at home for adults both in terms of numbers and complexity of need; increased referrals to Child and Adolescent Mental Health Services (CAMHS) alongside staff vacancies resulting in a need to prioritise resources to meet the needs of young people experiencing emotional distress; growing complexity of significant domestic abuse which was being responded to through multi agency work, Safe and Together and the implementation of Multi-Agency Risk Assessment Conferences (MARAC); implementation of learning from the Care Review (The Promise) in all aspects of work with looked after children and young people; and the impact of Coronavirus (Covid-19) and the challenge of recovery, particularly as there has been a rise in poor mental health, emotional distress, and for older people, increased physical frailty and dependency alongside capacity challenges within social care services.

The Chief Social Work Officer was heard in detail on the report, highlighting that many of the issues in the report had been discussed during earlier items on the agenda.

She referred to the physical and emotional impact of the pandemic on staff and to the resilience of staff who managed to continue to deliver during such challenging times.

Ms Monaghan welcomed the report. In particular she welcomed the better balance between Children's and Adult Services reflected in the report and that it gave the Board real understanding and assurance on all social work activity.

Councillors Swift and Buchanan echoed the comments. Councillor Buchanan referred in particular to the pressures on staff over the previous 2 years. There were no signs of these pressures abating and the Board needed to recognise this going forward.

Thereafter the Board:-

- (a) recognised and paid tribute to the workforce for their efforts;
- (b) noted the Chief Social Work Officer's Annual Report; and
- (c) noted that the report had been considered and approved by the Council on 27 October.

DATE OF NEXT MEETING.

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 26 January 2022 at 10.00 am.

VALEDICTORY – FLAVIA TUDOREANU

14. The Chief Officer advised the Board that this would be the last meeting attended by Flavia Tudoreanu, and accompanied by Councillor Bamforth thanked her on behalf of the Board for her contribution and wished her well for the future.

Ms Tudoreanu responded in suitable terms.

CHAIR

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