

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 16 March 2022**

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 Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Ian Marshall	Scottish Care
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Lynne Rankin	Staff Side Representative (ERC)
Michelle Wailes	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Ian McLean	Finance Business Manager
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Stephen Shaw	Audit Scotland

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Andrew McCready	Staff Side Representative (NHS)
Councillor Jim Swift	East Renfrewshire Council

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 26 January 2022.

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

Having heard the Chief Officer confirm that she had shared information with Ms Forbes in relation to the CAMHS overspend, and Ms Forbes confirm the information had been received, the Board noted the report.

EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2022-2025

5. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to this meeting, the Board considered a report by the Chief Officer, presenting for consideration the HSCP Strategic Plan for the period 2022-25. A copy of the Plan accompanied the report.

The report set out the statutory basis for the review of the Plan at least every 3 years, reminding the Board that in November 2020 it had been agreed that the HSCP would prepare a one year “bridging plan” for 2021-22, reflecting priorities during recovery from the COVID-19 pandemic. It had also been agreed that during 2021-22, a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement would be undertaken to support the establishment of a full three-year strategic plan for the period 2022-25, to be published by 1 April 2022. This work was now complete and represented in the content of the Strategic Plan.

The report provided details of some of the engagement work that had taken place in preparing the Plan and set out the next steps following consideration by the committee and the IJB.

It was explained that the Plan illustrated how the HSCP would contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under the strategic priorities, key activities and critical indicators that linked to the HSCP contribution to East Renfrewshire Council’s Outcome Delivery Plan were set out.

Overall, respondents to the consultation were positive about the inclusive approach to engagement with a majority of consultees being confident that the approaches described in the Plan would deliver on priorities and wider objectives for HSCP, whilst also recognising the challenges to be faced.

The report also highlighted some of the key changes made to the Plan as a result of the consultation, and that the headline planning priorities as listed built on those set out in previous strategic plans.

Further work in relation to helping to inform the next Local Housing Strategy, the production of an Equality Impact Assessment, and the inclusion of greater illustrations and visualisations in an easy read version of the Plan were also outlined.

The report concluded by emphasising the significant work that had been undertaken to develop the Strategic Plan for 2022-25 in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges of the pandemic. The Plan represented a strong strategic footing for the partnership over the next three years as recovery and renewal continued following the COVID-19 pandemic. The key messages from the Plan would be communicated through innovative, user-friendly methods including development of an easy-read document and interactive online version of the Plan. In the months ahead, a range of delivery plans would be put in place and thematic plans that supported the implementation of the Plan would be refreshed.

Having heard the Policy, Planning and Performance Manager further on the Plan, Councillor Bamforth highlighted some of the issues that had been raised at the meeting of the Performance and Audit Committee, particularly in relation to the changes that had been made to the previous iteration of the Plan not being clear, and the timing of the meeting of the Performance and Audit Committee immediately prior to the meeting of the Board and the impact this had on any possible changes being sought by the committee being properly considered by the Board. In relation to the timing of meetings, the Chief Officer explained the historic reasons for both meetings taking place on the same day.

In response to a suggestion from Ms Khan, the Policy Planning and Performance Manager confirmed that the protected characteristics could be listed in the Plan.

Having heard Councillor Buchanan thank staff for their efforts and refer to the history of collaborative working in East Renfrewshire even prior to the establishment of the IJB, the Board:-

- (a) approved the Strategic Plan for 2022-25; and
- (b) noted the development of user-friendly formats of the Plan and proposals for wider communication.

HSCP COVID RESPONSE

6. Under reference to the Minute of the previous meeting (Item 4 refers), the Board considered a report by the Chief Officer providing an update on developments within the HSCP in response to the ongoing COVID-19 pandemic and continued pressure being faced by the HSCP, in common with health and social care services across the country.

The report explained that at the time of writing, 5 service areas were rated as “monitor carefully/prepare to take action” on the critical functions list, these service areas being noted as Children with Disabilities, School Nursing, CAMHS, Family Wellbeing Service (contracted), and Older Adult Mental Health Team

The report explained that major projects within the Recovery and Renewal Programme, including the Replacement Case Recording System and Care at Home Projects, had been paused to allow the HSCP to respond to the ongoing pandemic. The Programme Manager had also been realigned to support response activity. However, it was now expected that the

programme would fully re-commence in March 2022 with a detailed updated position being put to the Recovery and Renewal Board containing a plan for bringing the above projects back on stream, and a timescale for introducing further planned projects currently in the pipeline. Very positive discussions had taken place with the Council's new Business Operations & Partnerships Department, which would ensure sufficient resources could be deployed in the delivery of these projects.

Thereafter the report provided comprehensive information in relation to the challenges being faced across these service areas and the way in which these challenges were being addressed.

The Chief Officer then spoke at length in relation to the report, highlighting a number of further changes that had occurred since the report had been written.

Councillor Bamforth welcomed both the appointment of the Health and Wellbeing Officer to support staff and that the Mental Health Officer Team was now fully staffed.

Councillor Buchanan welcomed that although people were still contracting the virus the impact appeared to be less severe. However, it was important to remind people not to let complacency set in because of this.

In response to questions from Ms Khan on future service demand and vaccination of children, the Chief Officer outlined the resources available to the HSCP. In addition, the Chief Nurse provided information on arrangements being put in place for the vaccination of children, in respect of which it was explained that the focus at present was the rollout of the spring COVID booster programme.

Provost Fletcher highlighted that the lives of a large section of the population had been put on hold due to the pandemic and it was important that everything was done to allow people to live as "normal" a life as possible. He suggested that vaccination was the best route to this and questioned if it was the intention that further vaccinations would be rolled out to the general population.

In reply, the Clinical Director explained that there were no widespread vaccination expansion plans at present but that this was the most likely direction of travel. In addition, the Chief Nurse explained that the Joint Committee on Vaccination and Immunisation would provide advice on the way forward.

The Board noted the report.

REVENUE BUDGET 2022-23

7. The Board took up consideration of a report by the Chief Financial Officer proposing a budget for the 2022-23 financial year.

The report explained that the Scottish Government had announced their draft budget on 9 December 2021 with the final budget being agreed on 10 February 2022. The budget confirmed the £554m national investment in social care consolidating the winter funding announced during 2021-22, it being noted that with the exception of Interim Care, all funding was recurring. The local share of the funding was £9.525m in addition to which there would be a further £0.386m, which was the local share of £22m nationally for social work support.

The NHSGGC indicative budget contribution was based on the recurring budget plus 2% uplift and funding for National Insurance increases and was in line with the Scottish Government budget conditions. Additional funding for Multi-Disciplinary Teams and increasing capacity

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NOT YET ENDORSED AS A CORRECT RECORD

through recruitment of Healthcare Support Workers had been included based on the allocations the HSCP expected to receive. It was noted that the local share of the additional funding was £1.227m.

It was explained that the context for setting the budget was another unique year, and that whilst the ongoing impacts from the pandemic were being worked through, it was also necessary to consider what the future may hold both in terms of demand and also how a national care service may develop to meet that need.

The baseline for activity and demand that would normally be worked to and benchmarked against no longer existed, and work to reshape services continued with many unknowns still to be encountered.

It was explained that the Scottish Government Budget settlement was for one year only and it was expected that from 2023-24 there would be a return to multi-year budget settlements. This would improve certainty for future financial planning. However, in the meantime, the Medium-Term Financial Plan had been revised to reflect the position outlined in the proposed budget. As previously agreed, this would be revised and reported to the IJB at least annually and more frequently in the event of any significant change.

Whilst the proposed budget included significant investment, the Board was reminded that the legacy savings challenge included in the current year 2021-22 budget was £3.566m all relating to the ERC contribution to the IJB for social care.

Plans to review criteria and introduce charges for non-residential care had been overtaken by a combination of the impact of the pandemic with increased demand for services and people having more complex needs. In addition, as part of a national care service the intention was to have a national criteria for care and to eliminate charging for non-residential care, so to progress with previous plans could potentially have caused unnecessary distress and uncertainty. It was noted that the majority of care costs were for the older population where the East Renfrewshire demographic continued to have a high proportion of frail, older people.

The report referred to ongoing savings challenges facing the IJB and taking these into account the report set out a summary of cost pressures, the funding available to meet them, and the savings challenge to close the funding gap.

It was explained that in addition to the legacy savings of £3.556m brought forward, within each partner contribution there were a number of cost pressures totalling £14.426m, these being summarised. Also outlined was the funding of £11.279m available to meet the pressures and the proposals to close the £3.147m funding gap.

Further detailed information on pay and inflation cost pressures was provided, in addition to which the local demographic and demand pressures, as well as prescribing cost pressures and proposals to address these, were outlined.

It was also highlighted that while the Living Wage funding in the Scottish Government settlement referred specifically to adult social care, provision had been made for those partner providers who supported both children and adults in local communities, as it was considered that the split of the provision, particularly around learning disability and complex needs, was artificial.

The report explained that additional COVID-19 funding had been received during 2021-22 that would support those ongoing costs into 2022-23 and it was hoped that this would continue to extend to unachieved savings on the same basis as 2021-22 until capacity was available to recommence work on recovery.

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NOT YET ENDORSED AS A CORRECT RECORD

Having explained that the Chief Financial Officer had consulted with partners in the preparation of the budget and would continue to work in partnership with colleagues to develop the budget setting and financial planning process for future years, the report set out the various implications and risks the most significant risk continuing to be sustainability and the delivery of a balanced budget in 2022-23 and beyond.

In conclusion, the report explained that the 2022-23 proposed budget would allow the IJB to set a budget that was balanced, but remained predicated on significant savings being achieved through service change and redesign. This was supported by the application of non-recurring funding, in line with the pre-pandemic strategy, and officers remained alert to possible changes to the budget during the year resulting from any policy changes.

There was clearly risk associated with the 2022-23 financial position as it stood and the move to shorter term updates to the current and Medium-Term Financial Plan for the HSCP would allow the IJB to assess progress and to take risk based informed decisions throughout the year.

The Chief Financial Officer having been heard further, full discussion took place.

Councillor Bamforth having welcomed the additional funding but at the same time recognising the significant additional cost pressures to be faced, Ms Monaghan expressed frustration at the number of Scottish Government initiatives that were to be delivered but the funding for the delivery of these initiatives was not always provided in full. She welcomed the decision to pay Living Wage to staff in children's social care services as the Scottish Government decision that it was for adult social care workers failed to recognise the problems this would cause.

Ms Monaghan also referred to increasing costs of utilities in response to which the Chief Financial Officer explained the way in which utility costs were dealt with and that these would continue to be monitored.

Ms Forbes having referred to the importance of the financial position being carefully managed to ensure that all funding to which the HSCP was entitled was obtained, the Chief Financial Officer was heard in response to questions from Ms Wailes on bad debt provision and the existing write off arrangements in place. In addition, in response to a question from Ms Khan on additional funding to support refugees, the Chief Financial Officer explained that if the Scottish Government introduced new policies in relation to refugees that would impact on the HSCP there was an expectation that additional government funding would be provided. However, regular population changes was something that needed to be managed within the existing financial framework.

In relation to this issue the Chief Social Work Officer explained that 2 unaccompanied asylum seekers had been taken in by the HSCP before Christmas and both were being fully funded by the Scottish Government. Furthermore Councillor Buchanan explained that whilst the Scottish Government was doing what it could, decisions in relation to refugees sat with the UK Government.

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Ms Forbes left the meeting at this point.

Thereafter having heard Councillor Buchanan thank the Chief Financial Officer and her team for the work undertaken in preparing the budget, the Board:-

- (a) accepted the expected budget contribution of £63.842m from East Renfrewshire Council (£60.141m confirmed with a further £3.701m to be allocated as budget redeterminations from the Scottish Government);

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- (b) accepted the £0.614m for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding;
- (c) accepted the delegated budget for aids and adaptations of £0.4m;
- (d) accept the indicative budget contribution of £78.245m from NHS Greater Glasgow and Clyde (£77.018m agreed and £1.227m further funding expected), subject to due governance by the health board;
- (e) accepted the indicative set aside budget contribution of £37.653m from NHS Greater Glasgow and Clyde;
- (f) agreed that directions be issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget;
- (g) agreed the continued implementation of the Real Living Wage uplift to our partner providers including the increase in National Insurance rates; and
- (h) noted that the ongoing risks associated with the Covid-19 response and recovery and associated financial implications will continue to be reported through the regular revenue monitoring reporting to the IJB.

MEDIUM-TERM FINANCIAL PLAN

8. The Board considered a report by the Chief Financial Officer seeking approval of a revised Medium-Term Financial Plan.

It was explained that the revised plan, which was a refresh of the 2022-23 to 2026-27 plan agreed by the Board in June 2021, built on the 2022-23 revenue budget and looked at potential cost implications for the next 5 years.

The Chief Financial Officer having summarised the key issues, the Chief Officer emphasised the high degree of uncertainty ahead, with a number of unknowns to take account of such as the establishment of a National Care Service. In relation to this, the Chief Social Work Officer highlighted the risk of service fragmentation and that it introduced challenges in terms of adopting a whole system approach to service delivery.

The Chief Financial Officer explained that the plan was a “living” document which would change as issues crystallised. It would be brought back to the Board as required and at least once a year.

The Board:-

- (a) approved the revised Medium-Term Financial Plan; and
- (b) agreed to receive updates that reflected significant changes in the financial outlook for the IJB

REVENUE BUDGET MONITORING REPORT

9. Under reference to the Minute of the previous meeting (Item 5 refers) the Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2020/21 revenue budget as at 31 January 2021.

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. Detailed estimated and actual costs across a number of categories were provided including; staffing additional hours and absence cover for both the HSCP and partner providers, sustainability of partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.

It was noted current COVID-19 related expenditure assumptions were £9.411m. These costs were reviewed monthly, with cost projections being continually revised as the service responded to the pandemic. The current estimated costs were included in the overall financial position with the bottom line being a nil impact as the current planning assumption remained that all costs would be fully funded by the Scottish Government.

The report explained that projected costs and confirmed funding in relation to remobilisation activity totalled £9.411m. Mobilisation funding confirmed and received to date was £3.365m with further funding confirmed and not yet received totalling £6.046m.

Thereafter it was reported that against a full year budget of £136.603m there was a projected operational underspend of £0.554m. This was a reduction in projected costs since the previous report. It was explained that the current projected revenue budget underspend of £0.554m would be added to the budget savings reserve, subject to final outturn and agreed reserves position at the end of the financial year. This was in line with the agreed approach, pre-pandemic, to smooth in budget savings.

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

The Board:-

- (a) noted the projected outturn for the 2021-22 revenue budget; and
- (b) noted the projected reserves balances.

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Mr Marshall left the meeting at this point.

AGE OF CRIMINAL RESPONSIBILITY (SCOTLAND) ACT 2019

10. The Board considered a report by the Chief Social Work Officer providing an overview of changes in legislation through the introduction of the Age of Criminal Responsibility (Scotland) Act 2019 (the Act) and how this would impact on children's social work services.

By way of background, the report explained that the Act allowed Scottish Ministers to raise the age of criminal responsibility from 8 years old to 12 years old and was intended to protect children from the harmful effects of early criminalisation. The Act focused on events where a child demonstrated a serious risk to themselves or to others, and powers within the Act enabled Police to investigate incidents where children under the age of 12 years may pose a risk of causing significant harm.

Where police investigated the behaviour of children under 12 years old, a police officer may take any child to a Place of Safety (PoS) when they believed that the child was behaving, (or was likely to have behaved) in a way that was causing, or risked causing, significant harm to another

person. The Police Officer must have deemed that the child's removal was necessary to protect another person from an immediate risk of significant harm. The use of a Place of Safety was for a 24 hour period only.

The Act required Scottish Ministers to compile, maintain and publish a list of identified Places of Safety across Scotland. It was noted that the list did not involve the publication of addresses or any other information that may allow the identification of individual children. These Places of Safety may include being in the care of other family members and kinship arrangements and this would always be the first option for children's social work services. A Place of Safety could also be internal and external foster care and residential resources, health based acute resources e.g. hospital, a Police Station or the child's home address with a responsible adult.

Thereafter, the report explained that one of the difficulties in planning around the use of the Act was that it was highly likely to be an extraordinary event. The power to place a child in a Place of Safety was intended to be an emergency response to situations for a child under the age of 12 years who posed an immediate risk of harm to others, with the local authority being required to identify a Place of Safety. This was intended to minimise any time that children were kept in Police facilities (police stations, cells or vehicles), and it was expected that the facilities would be child friendly and nurturing environments for children. As such, a Place of Safety may be required without notice and could possibly be required for more than one child involved in the same incident, and meeting this requirement may offer some challenges to Children's Services.

It was also reported that local authorities in the West of Scotland, within the Police Scotland G division, were developing a collaborative approach. This was to develop increased training opportunities and resources and to monitor the demand across the partnership areas. Further discussions were underway to develop collaborative arrangement to create options where it may be desirable to use a Place of Safety located outside of East Renfrewshire.

Welcoming the raising of the age of criminal responsibility as a positive step, the Chief Social Work officer commented further on the report and was heard in response to both Councillor Bamforth and Ms Monaghan on suitable locations in the local area for a place of safety.

The Board:-

- (a) noted the arrangements set out in the report to allow the partnership to meet its statutory responsibilities under the Age of Criminal Responsibility (Scotland) Act 2019;
- (b) noted the collaborative partnership approach with City of Glasgow HSCP, East Dunbartonshire HSCP and G Division Police Scotland in relation to a shared approach to the implementation of the legislative guidance; and
- (c) supported proposals for a named establishment as a Place of Safety, which would be identified by the HSCP.

JOINT INSPECTION OF CHILDREN'S SERVICES

11. The Chief Social Work Officer reported that intimation had been received of a joint inspection of Children's Services. The inspection would start on 28 March.

Details of the inspection process were provided it being explained that it was a very time consuming exercise and that the East Renfrewshire HSCP was the first partnership to undergo this type of inspection.

Ms Monaghan highlighted that the inspection was being conducted following an extended period during which working practices were not normal, and questioned whether this would be taken into account. In reply the Chief Social Work Officer reassured the Board that she would ensure that pre-pandemic work was taken into account as part of the inspection. She also had reservations about being the first partnership to be inspected under the new arrangements as the HSCP would become the benchmark for others and there was no opportunity to compare against other partnerships.

The Chief Social Work Officer having noted the next steps in the inspection process and that the scores from the inspection were expected around the middle of July, the Board noted the information.

UNSCHEDULED CARE COMMISSIONING PLAN (DESIGN AND DELIVERY PLAN 2022-23 TO 2024-25)

12. Under reference to the Minute of the meeting of 22 September 2021 (Item 15 refers), the Board considered a report by the Chief Officer submitting for consideration the final version of the HSCP led Greater Glasgow and Clyde unscheduled care programme Design and Delivery Plan as the updated and refreshed Board-wide Strategic Commissioning Plan for unscheduled care. It was explained that since approval of the Board wide draft by all 6 IJBs in September 2021, comments had been received on the draft and comments made on a number of the key actions. In addition, Scottish Government allocated winter planning monies had been received.

The report explained that the purpose of the plan, a copy of which accompanied the report, was to show how it was planned to respond to the pressures on health and social care services in GGC, and meet future demand. The plan explained that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated and the public better understood how to use them.

The programme outlined in the plan was based on evidence of what worked and estimates of patient needs in GGC, focussing on three key themes following the patient journey. These were noted as early intervention and prevention of admission to hospital to better support people in the community; improving hospital discharge and better supporting people to transfer from acute care to community supports; and, improving the primary/secondary care interface jointly with acute to better manage patient care in the most appropriate setting.

The draft plan also described how it was essential to communicate more directly with patients and the general public to ensure that people knew what service was best for them and could access the right service at the right time and in the right place.

The report further explained that the final Design & Delivery Plan updated the actions in the draft unscheduled care plan reported to the IJB in September 2021. The refreshed programme followed through on the three key themes from the 2020 plan, and showed the key priorities to be progressed in the current year (phase 1), actions for 2022-23 (phase 2) and future years (phase 3).

An updated action plan and revised performance trajectories were included. It was projected that the overall impact of the programme on emergency admissions (65+) taking account of future population increases and current trends, as currently funded, had the potential to reduce emergency admissions for over 65s by 5% during 2022-23.

The report then set out details of the financial framework that had been developed in partnership with the 5 other IJBs and the NHS Greater Glasgow and Clyde Board to support

the implementation of the Design and Delivery Plan, it being highlighted that the plan represented the first step in moving towards delegated hospital budgets and set aside arrangements within GGC.

It was noted that funding was in place for Phase 1 implementation in East Renfrewshire HSCP, with the exception of the funding for the Mental Health Assessment Units to which a contribution was made. Recurring funding from Scottish Government continued to be pursued for these. Phases 2 and 3 would be costed fully as tests of change and work streams further developed their proposals. Some actions in Phase 2 and 3 had funding which had already been secured in some IJBs. As a result, this investment was planned to proceed now as part of an early adoption of Phase 2 and 3.

Having provided details of the consultation and partnership working that had taken place, and set out some of the various implications of the proposals, the report concluded by explaining that Integration Authorities had responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This was known as unscheduled hospital care and was reflected in the set aside budget. The objective was to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care could be achieved.

The Board

- (a) approved the Design and Delivery Plan 2022-23 to 2024-25 as the updated and refreshed Board-wide unscheduled care improvement programme;
- (b) approved the financial framework as outlined in the report and in section 7 of the Plan;
- (c) noted the performance management arrangements to report on and monitor progress towards delivery of the Plan;
- (d) agreed to receive a further update on the delivery of the programme towards the end of 2022/23; and,
- (e) noted that the Plan would be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

EAST RENFREWSHIRE IJB CODE OF CONDUCT

13. The Board considered a report by the Chief Officer seeking the adoption of a revised Code of Conduct for members of the Integration Joint Board.

The report explained that the Standards Commission for Scotland had reviewed and revised both the Code of Conduct for Councillors and the Model Code of Conduct for Members of Devolved Public Bodies with both the Councillors' Code and Model Code having been approved by the Scottish Parliament in December 2021. A copy of the Model Code was circulated to Board Members in December.

Scottish Ministers had now written to the Chair asking the IJB to adopt the revised Code.

A copy of the proposed revised Code accompanied the report and the report summarised the key changes to the revised Code.

In particular the report explained that whilst the Model Code contained a new section in relation to collective responsibility, the Scottish Government had acknowledged that this section was not relevant to how IJBs operated. To remedy this the Scottish Government had proposed that the best way to resolve this point was by allowing IJBs to opt out of this paragraph when adopting their version of the Code if they chose to do so.

Having heard both Ms Monaghan and Ms Khan express support for opting out of the section on collective responsibility and the Democratic Services Manager in response to a question from Ms Khan on acceptable behaviour in relation to interaction with staff the Board agreed:-

- (a) to adopt the Code of Conduct for Members of the East Renfrewshire Integration Joint Board; subject to the deletion of Paragraph 3.11 in relation to collective decision-making and corporate responsibility; and
- (b) that the Code as adopted be sent to Scottish Ministers for approval.

VALEDICTORY

14. Councillor Bamforth drew the Board's attention to the fact that this was the last meeting before the forthcoming local government elections. This would see a change in the East Renfrewshire councillors on the Board. She thanked the Chief Officer and senior management team for their support during her time as the Council's senior representative on the Board and in relation to Provost Fletcher who was not standing for re-election, thanked him for his contribution to the Board.

Her comments were echoed by Councillor Buchanan. He had been a member of the Board since its establishment in 2015, prior to which he had also serviced on its predecessor, the Community Health and Care Partnership Committee.

Provost Fletcher also paid tribute to the work of officers, and how he had been witness to the development of health and social care provision in East Renfrewshire, initially during his time as Leader of the Council, and more recently as a member of the Board.

Ms Monaghan in turn thanked Councillor Bamforth and those other councillors who had served on the Board over the previous 5 years.

DATE OF NEXT MEETING.

15. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 22 June 2022 at 10.30 am.

CHAIR