

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.00 am on 21 September 2022**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde (Chair)
Lynsey Allan	Scottish Care
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council
Councillor Paul Edlin	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side Representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Raymond Prior	Interim Head of Public Protection and Children's Services (Chief Social Work Officer)

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Stephen Shaw	Audit Scotland
Tom Kelly	Head of Adult Services – Learning Disability and Recovery

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Councillor Owen O'Donnell	East Renfrewshire Council
Lynne Rankin	Staff Side Representative (ERC)

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 10 August 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.

ANNUAL PERFORMANCE REPORT 2021-22

5. 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 Officer providing details of the performance of the HSCP over 2021-22.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the sixth Annual Performance Report that had been prepared. It was noted that the report was a high-level report principally structured around the priorities set out in the Strategic Plan, and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2021-22, recognising the continuing challenges of the pandemic, its impact on ways of working, and potential disruption to performance trends.

The main elements of the report set out the HSCP's current strategic approach; the response to the pandemic; work to deliver the strategic priorities and meet the challenges of the pandemic over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

The report explained that national performance measures could be grouped into two types of complementary measures; outcome measures and organisational measures. It was noted that outcome measures were based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations, whilst organisational measures were taken from data that was collected across the health and care system for other reasons.

The remaining performance information in the report related to the key local indicators and targets developed to monitor progress against the Interim Strategic Plan 2021-22. These indicators illustrated progress against each of the seven strategic priorities. It was noted that Chapter 4 of the report gave trend data from 2016-17 and used a Red, Amber, Green status key to show whether targets were being met.

NOT YET ENDORSED AS A CORRECT RECORD

Having referred to the continuing impact of the pandemic, and to the performance update provided to the Board in June, the report then listed summary headline performance information across 8 service areas.

Ms Monaghan having reported that the report had been scrutinised in detail at the earlier meeting of the Performance and Audit Committee, the Policy, Planning and Performance Manager was then heard further on the report including on the proposed alterations suggested by the committee, following which full discussion took place.

Ms Monaghan referred to the changes to be made and that in future efforts would be made to present the report to an earlier committee meeting to allow for a final revised version, incorporating any changes agreed at the committee, to be presented to the Board.

Responding to Councillor Pragnell, the Interim Head of Public Protection and Children's Services was heard on some of the work being carried out to support families in crisis and deal with the increasing numbers of children coming into care. He emphasised the importance of early intervention and explained that conversations were ongoing in relation to the use of The Promise funding in this regard. A report on this could be submitted to a future meeting of the Board.

Further discussion took place on the process for finalising the annual report and the Policy, Planning and Performance Manager intimated that the final draft could be shared with Board members before being sent to the Scottish Government. In addition, responding to comments from Ms Khan on how some of the performance information provided was confusing, he confirmed that the way in which information was presented in future performance reports was to be considered by the short life working group set up for that purpose.

Thereafter the Board:-

- (a) approved the report, subject to the amendments as outlined by both the Board and the preceding Performance and Audit Committee;
- (b) agreed that the final version of the report be circulated to members of the Board prior to submission to the Scottish Government by 30 September; and
- (c) agreed that the Policy, Planning and Performance Team work with the Council's Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report online and through social media.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT

6. The Board took up consideration of a report by the Clinical Director submitting the HSCP's Annual Clinical and Care Governance Report for 2021-22. A copy of the Annual Report was appended to the report.

It was explained that the report reflected on the clinical and care governance arrangements of the HSCP and progress made in improving the quality of clinical care. It was structured around the three main domains set out in the National Quality Strategy: Safe, Effective and Person-Centred Care.

The report described the main governance framework and demonstrated work to provide assurance for the HSCP, with an emphasis on the work for the HSCP Workforce Plan and the importance of building resilience and supporting staff wellbeing.

The Clinical Director was heard at length in the course of which the key points of the report were summarised.

Ms Monaghan welcomed the report, and in particular highlighted how the stories and photographs that had been included were particularly powerful.

Ms Forbes highlighted a number of typographical errors in the report and posed a number of questions in respect of which the Clinical Director was heard in response. In particular, the Clinical Director explained that that the number of practices a single member of staff could cover was determined by the Musculoskeletal (MSK) service. An extra member of staff had been requested but this had not been possible due to wider staffing challenges. Locally the preferred service delivery method would be through a hub model but the MSK service did not appear to favour that approach. Although 60% of practices were now covered, continued efforts to encourage the MSK service to both increase staff numbers and adopt a hub model would be made.

In addition the Chief Nurse explained that the main reason for the change in vaccination numbers was down to changed eligibility criteria. A footnote to explain this further could be added to the report.

Responding to Ms Foy, the Clinical Director then explained the process for categorising and prioritising patients with adult autism referring to work that had been undertaken in relation to neurodivergent pathways. In addition, in relation to staffing levels, the Head of Adult Services – Learning Disability and Recovery, reminded the Board that the report was historical, that the team was now fully staffed, and consequently people were being dealt with more quickly

The Chief Officer then responded to questions from Ms Khan on the potential impact on clinical and care governance arrangements of both the independent review of adult social care and the Scottish Government plans for a National Care Service. She explained that although the independent review had preceded the National Care Service proposals they both dealt with the same issues and comments had been submitted to the Scottish Parliament committee leading on scrutiny of the plans in response to their call for evidence.

The Board noted:-

- (a) the Clinical and Care Governance Annual Report 2021-2022; and
- (b) that the IJB would retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance would be taken forward.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2021-22

7. The Board considered a report by the Chief Social Work Officer providing details of the Annual Report for 2021-22. 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 report noted that over the preceding year social work professionals had continued to support individuals and families within East Renfrewshire during continued unprecedented and challenging times. This had involved responding to higher demands for support in unpredictable times. Social work staff had responded creatively with a commitment to improve outcomes for the individuals and families receiving support.

NOT YET ENDORSED AS A CORRECT RECORD

The report provided a detailed summary of statutory services and the dedication of staff in supporting residents and improving outcomes. It also provided some reflections on the impact of COVID-19 on the work of the service and future plans.

The report also highlighted many examples of success to celebrate and build on.

The Interim Chief Social Work Officer was then heard at length on the report during which he commented on some of the service successes that had been delivered and also referred to some of the challenges to be faced, including a greater need to focus on support for service users with neurodivergent profiles and increasing challenges relating to poverty and cost of living.

Ms Monaghan welcomed the improved balance in the report between adult and children's services following which the Head of Adult Services – Communities and Wellbeing, in response to Councillor Bamforth, provided more information in relation to private guardianship orders. This included the application and review process, it being noted that whilst families were encouraged to apply for these orders, it did increase demands on staff as any arrangements introduced had to be reviewed to ensure the powers granted were being used appropriately. It was explained that ideally, rather than reach a stage where families had to apply for guardianship orders, power of attorney should be sought earlier. This approach would be promoted as part of the winter planning arrangements.

Councillor Pragnell referred to the number of families participating in the post-adoption support group and enquired how long support services were available, in response to which the Interim CSWO explained that it was recognised that the type of support required could change as children got older and that there was no cut-off age beyond which support was no longer provided. He also explained in response to questions from Ms Khan on staffing issues such as absence and retention that generally, staff absence was not an issue in the social work service. He also confirmed that social work staff retention in East Renfrewshire was positive. The Head of Adult Services - Communities and Wellbeing provided further information on the various wellness programmes in place to support staff.

Discussion also took place in relation to the Cygnet Parenting Programme for parents of children with an autism diagnosis, and the steps being taken to reintroduce face to face meetings were explained.

Summarising discussions, Ms Monaghan reminded the Board that one of the actions on the rolling action log related to the reporting to a future meeting on how the use of data in Children's Services had led to service improvements. She suggested that the Annual Report had dealt with this satisfactorily and that the action could now be considered closed. This was agreed. She also suggested that a report to a future meeting on all neurodivergent activity taking place be added to the rolling action log.

Thereafter Ms Monaghan having thanked officers for all the annual reports on the agenda and on behalf of the Board thank the workforce for their continuing efforts to deliver services, the Board

- (a) noted the Chief Social Work Officer's Annual Report; and
- (b) agreed that the report be submitted to East Renfrewshire Council for consideration.

REVENUE BUDGET MONITORING REPORT

8. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2022/23 revenue budget as at 31 August 2022.

As in previous updates, the report explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. The latest return showed projected costs had decreased by £3.2 million as system wide costs for LFT testing and PPE Hubs had been removed as advised by Scottish Government. Funding received late in 2021/22 would meet the costs of expected activity as outlined in the report, it being noted that this no longer included support for unachieved savings.

The report explained that current projected local mobilisation plan costs were £4.976 million. This was funded by £9.266 COVID Reserve funding carried forward leaving a balance of £4.290 million. It was also noted that the Scottish Government advice that it was unlikely that there would be further COVID-19 funding this year remained unchanged and work was ongoing to ensure appropriate exit strategies were in place. Work was also ongoing with the Scottish Government nationally to determine the use of any balances of COVID-19 funding during 2022/23.

Thereafter it was reported that against a full year budget of £143.602 million there was a projected operational overspend of £0.566 million (0.39%) after assumed contributions to and from reserves.

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

The Chief Financial Officer was then heard further on the report giving further details of the operational variances set out, reference also being made to the impact of the ongoing public sector pay award negotiations. As any settlement and any potential funding was not known this had not been included in the projected costs at this stage. There was significant risk to the IJB that any shortfall in funding would add to the current financial challenge and every 1% not funded would cost c£450k for a full year.

It was clarified that this should be mitigated to some degree as the Scottish Government had previously committed to fund NHS agenda for change and medical pay awards.

Further contractual variation requests from care providers were also expected and it was intended to contain this within the provision that had been made for further activity during the year.

Given the increasing demand pressures and possible new cost pressures the Senior Management Team within were looking at a number of actions to minimise all non-essential costs and working on an action plan for cost reductions and new savings proposals in preparation for the 2023/24 budget.

In addition the Chief Financial Officer reported that the Scottish Government had written to Chief Officers on 12 September advising that it was intended to reclaim COVID reserves and redistribute these across the sector. It was imperative therefore that the expenditure return submitted to Scottish Government was as accurate as possible. It was not anticipated there would be any significant changes in costs locally.

The Chief Financial Officer also reported that the cost pressure from unaccompanied asylum seeker children had abated since the report was written as there were no longer any residential placements. This meant the costs for the current 11 children should be within funding and activity and costs would be closely monitored as the year progressed.

Furthermore whilst prescribing was shown as a nil variance, the report also set out current challenges, in relation to which it was expected that it would be necessary to draw from the smoothing reserve this year, although at this stage by how much remained unclear.

Finally it was reported that the Scottish Government had also advised that for 2022/23 Primary Care Improvement funding, the value of the ring-fenced reserve would be deducted from the allocation in the current year. Discussions continued at a national level, however locally this was a lower risk as commitments against the balance were relatively low.

Ms Monaghan highlighted those elements over which the HSCP had no control but acknowledged and recognised the work of the Chief Financial Officer to ensure appropriate financial controls over other elements including having anticipated the request from Scottish Government for the return of unspent COVID funding. This was supported by Ms Forbes who more generally referred to the challenging financial times ahead.

Responding to questions from Councillor Bamforth on funding support for Ukrainian families the Chief Financial Officer explained that it would be expected to receive funding in accordance with Home Office agreed amounts and modelling would be carried out on that basis.

In addition to the comments from the Chief Financial Officer the Interim CSWO explained that there were different schemes for unaccompanied children and for Ukrainian families. There were impacts on Children's Services including residential costs associated with unaccompanied children. The Chief Officer also confirmed that a report on cost pressures was being compiled. This would include issues such as the cost of funding placements. This was to be presented to the Council's Corporate Management Team as part of ongoing budgetary work but could be presented to a future Board meeting.

The Board noted the:-

- (a) projected outturn for the 2023-23 revenue budget; and
- (b) projected reserves balances.

CHARGING FOR SERVICES 2023-24

9. The Board considered a report by the Chief Officer, to be considered by the East Renfrewshire Council Cabinet, seeking the Board's endorsement for proposed charges for services provided by the HSCP for 2023-24.

Having explained that authority for setting charges for social care had not been delegated to the Board and still lay with the Council, the report provided details of current charges, and outlined the proposed charges for 2023-24.

The Chief Financial Officer was heard further in the course of which she explained that the economic climate and associated cost of living challenges currently being faced were unprecedented within the lifetime of the IJB. This was particularly pertinent to those individuals receiving support, many of whom would be impacted in particular by the rising cost of utilities where temperature would specifically impact on health and wellbeing.

It was noted that the usual process for increasing charges was linked to inflation so in the current climate there was a very real tension between inflation related increases that would further impact on the cost of living challenge for many people. The inflation increase used in the 2022/ 23 charges was 3.7% based on information at November 2021. Were this to be restated to reflect the position now, it would be 10.4%; however it was emphasised there was no proposal to revise charges in the current year. The inflation rate per the annual process was identified at 12.3% for 2023/ 24 and this was the figure currently reflected in the proposed charges to be submitted to the Cabinet.

In relation to energy costs, it was recognised that there would be some government support for individuals recognising the increase in these costs, and the IJB was being asked to agree that this should be disregarded when a financial assessment was undertaken to establish the ability to pay charges.

The Chief Financial Officer referred to the plans outlined in the report for the review of the individual budget calculator as one of the projects within the Recovery and Renewal programme and that the review would need to take cognisance of the revised Self Directed Support guidance due to be published by the Scottish Government, expected in the autumn.

She also explained the tensions between increasing charges to generate income which was offset by the additional workload generated through the need for financial assessments to be carried out on all service users. The fact that current thinking in relation to the National Care Service seemed likely to determine policy changes around non-residential charging along with national criteria, resulting in any introduction of this charge being time limited, also needed to be considered.

The Chief Financial Officer also referred to the proposal to add a new clause to the policy, subject to IJB approval, to include the treatment of compensation payments. Treatment of compensation payments should be considered where the breakdown of any compensation award included provision for the cost of care. Any such element should be included in assessment and the ability to pay, subject to legal advice and agreement to ensure the financial assessment was accurate and fair.

Full discussion then took place. Ms Monaghan referred to the significant increase in weekly costs for Bonnyton House residents questioning the impact on those already resident in the facility. In reply the Chief Officer explained that residents being required to pay increased charges was the same regardless of whether it was a public or private sector home. The Chief Financial Officer confirmed that a new financial assessment would be undertaken in respect of all Bonnyton House residents.

The Chief Financial Officer was heard more in relation to the percentage figures in relation to Bonnyton House, explaining that the rounding up or down to the nearest 5p could in some cases alter the percentage.

Responding to a question whether the level of charges for care homes was proving to be a disincentive with a subsequent increased demand for care at home, the Head of Adult Services – Communities and Wellbeing explained that the assessment of care need was completely separate from financial assessment and that if a care need assessment showed that a person could be better supported in a care home than at home discussions would take place at that time.

Further discussion took place in relation to whether or not the IJB would wish to proceed with the introduction of a contribution model. This would most likely mean a combination of deduction at source and/or billing for the contribution. The benefits and disbenefits of introducing this having been discussed, the general view was that taking account of various factors, including the additional work required, the amount of ill-will that would be generated, and that the Scottish Government wanted to remove charges by the end of the current parliamentary term, the model should not be introduced as part of the 2023/24 budget.

The Board:-

- (a) noted the issues raised;
- (b) agreed that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments;

NOT YET ENDORSED AS A CORRECT RECORD

- (c) endorsed the draft annual proposed inflation increases to existing charges for 2023/24 and agreed that they be remitted to East Renfrewshire Council's Cabinet for consideration;
- (d) agreed that the contribution element of the individual budget calculator should not be introduced as part of the 2023/24 budget process; and
- (e) approved the addition of a new clause to the Non Residential Charging Policy to include treatment of compensation.

HSCP RECOVERY AND RENEWAL PROGRAMME

10. 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. A detailed overview of current projects accompanied the report.

It was explained that following the previous meeting the reporting format had been revised to better reflect project details and benefits. This included indicative financial savings.

The Chief Financial Officer having confirmed that over the coming months the size of the programme and subsequent level of detail presented to the Board would increase, and both Ms Monaghan and Ms Forbes having welcomed the new reporting arrangements, the Board noted the report.

SPECIALIST LEARNING DISABILITY INPATIENT SERVICE PERFORMANCE REPORT

11. Under reference to the Minute of the meeting of the Performance and Audit Committee of 22 June 2022 (Item 8 refers), the Board considered a report by the Chief Officer providing performance data on Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity for both the 2021 calendar year and for that part of 2022 for which information was available. This service was hosted by East Renfrewshire HSCP on behalf of NHS Greater Glasgow and Clyde.

It was explained that the report containing the 2021 performance information had been discussed in detail at the June meeting of the committee and it had been agreed that the report be updated to include 2022 data and presented to the Board for its interest.

It was explained that the report focussed on activity relating to the Assessment and Treatment Services (Blythswood House and Claythorn House) which had 27 beds across the two sites. The service was available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which lay within the NHS Greater Glasgow and Clyde boundary and a further 3 outwith NHS Greater Glasgow and Clyde area which were provided via service level agreements.

It was further explained that the data in the report had been collected from the bed management and patient management systems; EMIS and TrakCare. There were some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in the report. There was also missing data for the number of individuals appropriately admitted to mental health care, who had not needed specialist learning disability inpatient care.

The report highlighted some key performance related messages following which it provided an overview of activity over the reporting periods.

The Head of Adult Services – Learning Disability and Recovery was then heard further on the report in the course of which he explained that what the report did demonstrate was in many instances the lack of detailed plans to facilitate patient discharge.

Ms Forbes welcomed the presentation of the report to the Board which clearly showed that collectively amongst the HSCPs in the NHSGGC area more had to be done. She highlighted the one patient waiting to move out of learning disability hospital provision since 2016 which she considered unacceptable. She further referred to the information where patients with learning disability remained in a mental health bed during their in-patient stay in hospital rather than being transferred to a learning disability bed.

Ms Khan sought clarification if the ethnic groupings listed in the report were in accord with Scottish Government categories. She also questioned whether the numbers of minority ethnic patients were disproportionately high and also highlighted the increase in female admissions during 2021.

In response it was noted that the ethnic categories could be checked, confirmed that there was an emerging overrepresentation from minority ethnic groups, and also that there was a definite shift in terms of the people being supported by the service.

Mr Mohamed referred to non-verbal patients suggesting that it would be interesting to see further information relative to them. He explained that non-verbal patients were particularly vulnerable and questioned what support measures and communications strategies were in place. He also referred to the absence of input from carers.

In response the Head of Adult Services – Learning Disability and Recovery, suggested that the information referred to by Mr Mohamed may be more suitable for inclusion in a separate report about service quality and pathways and that he would be happy to discuss this offline. He also reported that the service had just been reaccredited by the Royal College of Psychiatry.

Also referring to Mr Mohamed's comments the Chief Officer explained that the purpose of the report was to draw the attention of the other HSCPs in the NHSGGC area to those matters that needed to be addressed.

The Board:-

- (a) noted the report;
- (b) agreed that the report be shared with the Chief Officers of the other HSCPs in the NHSGGC area with a request that action plans be prepared for those patients each HSCP was responsible for; and
- (c) those Chief Officers be requested to present the report to their respective IJBs to allow the information to be considered

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2022

12. The Board considered a report by the Chief Officer submitting for consideration the annual update on the IJB Strategic Risk Register, a copy of which accompanied the report.

The report explained that the Performance and Audit Committee received updates on the risk register at each meeting with any additions, deletions or changes to the register and the reasons for each also being reported.

It was explained that since the register was last reported to the Board in September 2021, all risk control measures had been reviewed and updated where necessary, all risk scores had been reviewed and updated. This had resulted in 4 risk scores being reduced, 1 increased, no new risks added and no risks removed. Details of those matters where the risk score had changed were outlined.

In addition the report explained that those risks that scored between 11-16 on the risk matrix post-mitigation, as well as those the management team considered to be significant, were brought to the attention of the committee by way of an exception report. Thereafter, the report highlighted the 1 risk identified as red (high), this being in relation to financial sustainability and explained why the risk was considered as red even after mitigation.

It was also explained that although Failure of a Provider was scored as 9 (medium) post mitigation, it was considered a significant risk given the potential impact on service delivery.

The Board noted the register.

DATE OF NEXT MEETING.

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 23 November 2022 at 10.30 am.

CHAIR

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