

Date: 30 April 2021  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 12 May 2021 at 10.00 am**. Please note the change in the time of the meeting.

**Please note this is a virtual meeting.**

The agenda of business is attached.

Yours faithfully

**Councillor Caroline Bamforth**

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
WEDNESDAY 12 MAY AT 10.00am**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Draft Minute of meeting held on 17 March 2021 (copy attached, pages 5 - 16).**
- 4. Matters Arising (copy attached, pages 17 - 20).**
- 5. Rolling Action Log (copy attached, pages 21 - 24).**
- 6. Recovery and Transformation Programme - Presentation**
- 7. Update on HSCP Response to COVID-19 (copy attached, pages 25 - 30).**
- 8. Revenue Budget Monitoring Report (copy to follow).**
- 9. Primary Care Improvement Plan – Year 3 Report (copy attached, pages 31 - 42).**
- 10. HSCP Interim Equalities Outcomes 2021-22 (copy attached, pages 43 - 52).**
- 11. HSCP Management Review – Adult and Recovery Services (copy attached, pages 53 - 58).**
- 12. Revised IJB Complaints Handling Procedure (copy to follow).**
- 13. Date of Next Meeting: Wednesday 23 June at 2.30 pm.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
held at 10.30 am on 17 March 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
Amina Khan	NHS Greater Glasgow and Clyde Board
Councillor Alan Lafferty	East Renfrewshire Council
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
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)
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
Irene Brown	Carers Lead
Tracy Butler	Lead Planning, Alcohol and Drugs Partnership
Ailsa Cook	Matter of Focus
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Morven Fraser	Audit Scotland
Pamela Gomes	Governance and Compliance Officer
Candy Millard	Head of Adult Health and Social Care Localities
Isabel Murray	Penumbra
Eilidh Nelson	Audit Scotland
Steven Reid	Policy, Planning and Performance Manager
Cindy Wallis	Senior Manager, Recovery Services

**APOLOGIES FOR ABSENCE**

Heather Molloy	Scottish Care representative
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**Urgent Item of Business**

Councillor Bamforth reported that she had agreed to take an urgent item of business in order to expedite a change in the ERC staff side representative on the Board (Item 12 refers).

**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 3 February 2021.

**ROLLING ACTION LOG**

3. 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.

**BUDGET 2021/22**

4. The Board took up consideration of a report by the Chief Financial Officer proposing a budget for the 2021/22 financial year subject to agreement with and directions to East Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC).

The report referred to the unique and challenging circumstances in which the budget had been prepared, and to the need to adopt an evolutionary approach to financial planning and service delivery during 2021/22. This would require a move away from longer-term planning to short term scenario plans informed by recovery and emerging issues. This approach would also allow for some capacity to adapt and react to a changing environment. Furthermore a flexible transformation programme would be pivotal to providing a framework and governance structure to work through the challenges in a controlled and informed manner.

The report explained that the Scottish Government had announced their draft budget on 25 January 2021 when the main headline relating to the IJB was the transfer of £72.6 million from the health portfolio to local authorities to support the Living Wage uplift; uprating of free personal care and nursing care, and the implementation of the Carers Act. Local funding was £1.394 million.

The Scottish Government had confirmed its budget on 9 March 2021 with there being no changes to the levels of funding previously announced. East Renfrewshire Council had confirmed its budget, including its contribution to the IJB on 15 March 2021, whilst NHSGGC had also confirmed its opening budget contribution based on the 1.5% uplift it had received in line with the Scottish Government budget. These contributions were compliant with the Scottish Government conditions.

The report referred in particular to options open to the IJB in terms of the hourly rate uplift for partner providers. The report outlined the 3 available options, recommending a 2.2% increase to headline hourly rates in recognition of the partnership working with care providers.

The report also referred to ongoing savings challenges facing the IJB. Reference was made to legacy savings of £2.394 million to be brought forward from 2020/21, it being explained that events over the preceding year had meant that the majority of savings identified in the 2020/21 budget had not been progressed.

Taking account of the cumulative savings challenge 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 brought forward, within each partner contribution there were a number of cost pressures totalling £9.257M these being summarised. Also outlined was the funding of £4.877M available to meet the pressures and the proposals to close the £4.380M funding gap. Savings of £0.522M had been identified leaving a remaining funding gap of £3.858M to be met from care packages, and revised individual budgets to reflect prioritisation based on national criteria. Taking into account the application of budget phasing and In Year Pressure Reserves the In Year gap to fund was £2.439M.

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.

In addition it was explained that there may be a need to unhypothecate other earmarked reserves and use £0.272M general reserve. In the event the delivery of the full savings required during the year through a combination of recurring and non-recurring actions could not be delivered, or the IJB was in a position where it was unlikely that full year effect savings would be in place in place by 31 March 2022, it may be necessary to invoke the financial recovery process included within the Integration Scheme.

Referring further to the savings challenge the report clarified that the magnitude of savings required would require a radical transformation programme. A proposed detailed programme would be submitted to the meeting of the IJB in May at which time it was also hoped that there may be some clarity on Scottish Government policy following the elections in May, which may also bring changes to the financial position.

Having highlighted that both the Chief Officer and Chief Financial Officer recognised the funding constraints and pressures that partners were facing and along with the IJB were fully committed to continued partnership working to support whole system financial planning, 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 2021/22 and beyond.

In conclusion the report explained that the 2021/22 proposed budget would allow the IJB to set a budget that was balanced, but predicated on significant savings being achieved through transformation, application of non-recurring funding and possible changes to budget during the year resulting from any policy changes.

There was clearly risk associated with the 2021/22 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 on the unprecedented challenges that needed to be faced, full discussion took place.

In response to questions from Ms Forbes on levels of collaborative working across HSCPs to share good practice, the Chief Financial Officer explained the collaborative working that took place both within the NHSGGC cohort of Chief Financial Officers and more widely across the country. Chief Financial Officers also worked closely with the Chief Officers' Network. In addition the Chief Officer reported on the collaborative working amongst Chief Officers. She highlighted that as the East Renfrewshire HSCP had been one of the longest established, many of the efficiency and transformation possibilities available to more recently established HSCPs had already been implemented, meaning that making further savings was more challenging. Future sharing of services could not be ruled out, although it would be prudent to await the outcome of the elections in May as this would influence decisions that needed to be made.

The Board:-

- (a) accepted the budget contribution of £53.705 million from East Renfrewshire Council;
- (b) accepted the £0.614 million for Community Justice expenditure funded by grant via East Renfrewshire Council;
- (c) accepted the delegated budget for aids and adaptations of £0.400 million;
- (d) accepted the budget contribution of £73.504 million from NHS Greater Glasgow and Clyde;
- (e) accepted the opening set aside budget contribution of £32.642 million 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 Living Wage uplift to our partner providers at 2.2% on the total hourly rate thus allowing for other cost increases

## REVENUE BUDGET MONITORING REPORT

5. Under reference to the Minute of the previous meeting (Item 7 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 c£9 million. 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 sustainability costs supporting the social care market were supported nationally by an agreed set of principles, and it was noted that since the last meeting it had been confirmed that this support had been further extended from March to June 2021.



The report explained that projected costs and confirmed funding in relation to remobilisation activity totalled c£9 million. Mobilisation funding confirmed and received to date was £9.327 million leaving a potential balance of £0.278 million. It was clarified that the reduction in projected costs of £0.617 million from those reported previously was due to lower than estimated costs for Community Assessment and Treatment Centres and the Mental Health Assessment Unit, combined with continued updates of all cost projections. National discussions in relation to the technical treatment of balances were ongoing, but the appropriate guidance in relation to the balances would be followed.

Furthermore, in addition to confirmed funding, a further £0.261 million of funding had been received to support mental health and emotional wellbeing for children, young people and their families impacted by the COVID-19 pandemic. Collaborative work was ongoing with the Education Department to fully use this funding. A further £0.037 million to support the work of Chief Social Work Officers during the pandemic was also expected along with £0.020 million for work to support care homes.

Thereafter it was reported that against a full year budget of £138.5 million there was a projected operational underspend of £0.232 million. This was an increase in projected costs of £0.112 million since the previous report, with the increase being due mainly to increased staff and care package cost projections.

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

The Chief Financial Officer was heard further on the report. Particular reference was made to the prescribing budget. Whilst earlier financial information had suggested an underspend of around £0.530 million, it was explained that data for January showed increased spending. Taking account of this increase it was proposed to add an assumed £0.200 million to the prescribing reserve with the actual sum to be determined at year end. This would allow management of any increased activity post COVID-19 through the smoothing reserve until the base position re-stabilised.

Having heard Councillor Bamforth welcome that COVID related costs had been reimbursed in full the Board:-

- (a) note the projected outturn for the 2020/21 revenue budget; and
- (b) agreed the approach to the proposed in-year addition to reserves

## **INDEPENDENT REVIEW OF ADULT SOCIAL CARE**

6. The Board received a presentation from the Chief Officer on the Independent Review of Adult Social Care.

The Chief Officer explained that the review, the principal aim of which was to consider how to improve adult social care support for people who use supports and services, their families their carers and the workforce, had been announced in September 2020 as part of the Programme for Government

The review, which was chaired by Derek Feeley, a former Scottish Government Director-General of Health and Social Care and Chief Executive of NHS Scotland, had published its report on 3 February 2021. The report set out the findings of the review and made 53 recommendations.

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It was explained that stakeholder engagement on the review had been significant and there were a lot of groups invested in the outcome of the review and of note was that the nationalisation of care homes which had been widely thought of as being the focus of the review was not one of the recommendations that had been made.

The Chief Officer further explained that the review had found that a paradigm shift was required and that the findings and recommendations within the report were grouped onto 9 headings. These were: a human rights based approach; Unpaid Carers; the case for a National Care Service; A National Care Service – how it should work; A new approach to improving outcomes; Models of care; Commissioning for public good; Fair Work; and Finance.

The Chief Officer was then heard further on the recommendation groups under each of the 9 headings.

Thereafter the Chief Officer commented on how the report had been received. She explained that local government representative bodies had endorsed the principles of empowering people, valuing the workforce and embedding a human rights approach to social care. However concerns had been expressed at the recommendation to remove accountability for social care from local government to Scottish Ministers as this was seen as a removal of local democratic accountability. She clarified that the review, including the creation of a National Care Service, had been strongly supported by disability groups, carers organisations third sector providers and Scottish Care.

Concluding, the Chief Officer explained that whilst the future of the report recommendations would be dependent on the outcome of the forthcoming Scottish Parliament elections in May, there were 10 areas which could be progressed in the short term. Details of these were outlined.

Full discussion then took place. Mr Mohamed explained that the Coalition of Care had met Derek Feeley the previous week and were happy with the report. It was noted that many of the report's recommendations were considered to be interdependent and there were concerns that failure to implement all the recommendations would dilute the overall impact.

Responding to questions from Ms Khan on any lessons to be learned from the report and the recommendations, the Chief Officer explained that the recommendations were very much in line with the aspirations of the HSCP. She explained that recent levels of financial settlement had resulted in a move away from preventative work at levels the HSCP aspired to, and that if more funding was made available further investment in preventative work would be a priority. She also explained that funding levels had not kept pace with demographic shift and this had a significant impact on East Renfrewshire.

Councillor Buchanan was also heard in the course of which he highlighted the overall acceptance of the recommendations but referred to the concerns that had been expressed around local democratic accountability.

The Chief Social Work Officer also commented on the report. In particular she highlighted that the report was silent on what would happen in circumstances where social care and social work was provided on an integrated basis as was the case in East Renfrewshire. This was an area of concern for staff. Also commenting on this issue, the Chief Officer explained that although not commenting specifically, the report did highlight the success of partnerships where Criminal Justice Services and Children's social work had been delegated.

The Board noted the presentation and the additional comments made.

**HSCP STRATEGIC PLAN 2021-22**

7. Under reference to the Minute of the previous meeting (Item 9 refers), the Board considered a report by the Chief Officer inviting comment on and seeking approval for the HSCP Strategic Plan for 2021-22, a copy of which accompanied the report.

The Board was reminded that it had approved a one year bridging Strategic Plan for 2021-22 in light of the constraints placed on the partnership due to the COVID-19 pandemic.

The report explained that despite the ongoing response to the pandemic, significant work had been undertaken to develop the plan resulting in the development of a consultative draft.

Details of the development work carried out to support the development of the plan and next steps and remaining tasks having been outlined, the report explained that the plan met statutory requirements and was structured in a similar manner to the 2018-2021 plan with content updated to reflect changing priorities including those resulting from the pandemic.

It was further explained that the plan provided an assessment of the HSCP's operating context and recognised the changing strategic planning landscape. In light of the review of performance and the current working context, it was explained that headline strategic planning priorities had been revised, with details of the revisions being summarised. This included an extension of planning priority for mental health to include mental health wellbeing across communities; a change in emphasis of priorities relating to health inequalities and primary and community-based healthcare; and the introduction of a new strategic priority focussing on the role of the workforce. Details of the revised strategic priorities were set out.

The report concluded by referring to the significant engagement work that had taken place in the development of the plan and that this work would inform the development of a full strategic plan for 2022-2025, with a full programme of community and stakeholder engagement taking place during the year, and a full strategic needs assessment being carried out to inform the next plan.

The Board approved the 2020-2021 Strategic Plan.

**CARERS' STRATEGY AND HSCP SHORT BREAKS STATEMENT UPDATES**

8. The Board considered a report by the Chief Officer providing an update on and seeking approval for the 2021-22 refresh of the East Renfrewshire Carers' Strategy, and seeking approval for an updated HSCP Short Breaks Statement which ensured that information on carers' rights to short breaks and options for these was published, up to date, and readily available. Copies of the updated strategy and statement accompanied the report.

Having referred to the extended and enhanced rights of unpaid carers and obligations to support them, as set out in the Carers (Scotland) Act 2018, the report outlined the methodology used to produce the existing 2018-2021 Carers' Strategy, with details of the 4 strategic carer outcomes contained therein being listed.

The report then summarised how the strategy had been implemented at a local level as well as outlining the steps that had been taken in refreshing the strategy. This had included conducting an online survey of carers. Responses showed that carers wanted more pro-active communication; that the pandemic had impacted on carers; and there was a lack of choice and control over how carers and the people they cared for were supported with carers seeking improved access to Self-Directed Support options.

The report then set out the actions that had been taken in response to the issues that had been raised.

Thereafter, the report set out the guiding principles for planning short breaks with carers. These had been agreed following work with stakeholders and remained key to short break provision. It was noted that the Short Breaks Statement had been updated to ensure all advice and information was accurate and included the development of creative COVID-safe online breaks that met the outcomes of the carer and the cared for person.

Recognising the increased caring responsibilities that had been taken on during 2020-21 as a result of the pandemic and the additional challenges faced by carers due to changes in support services, the report explained that the bridging refresh of the existing strategy would allow time to better understand the post-COVID impact on carers and the actions needed to support their wellbeing. The bridging refresh would also give time to consider the findings of the National Review of Adult Social Care.

Councillor Bamforth introduced Irene Brown, HSCP Carers Lead, who was heard further on the report in the course of which she explained the reasoning behind the preparation of a single year rather than 3-year strategy, and the process used in the development of the strategy.

Responding to questions from Ms Tudoreanu on how the strategy differed from previous versions in terms of approach and what was being offered, the Carers Lead confirmed she would be happy to discuss this in more detail with Ms Tudoreanu offline. In addition the Chief Officer suggested that it may be helpful, particularly for newer members of the IJB for a seminar on the Carers Strategy to be arranged.

Ms Forbes having made comment on possible suggested changes to the section of the strategy on costs, the Head of Adult Health and Social Care Localities explained that this section was agreed collaboratively across all 6 HSCPs in the NHSGGC area and that she would take Ms Forbes' comments back to that group for consideration.

The Carers' Lead was also heard in response to comments from Ms Khan on carers in BAME communities in the course of which she explained that the Carers Centre had recently taken on a multi-lingual worker to work closely with BAME communities.

The Board approved the:-

- (a) one year refresh of the Carers' Strategy for 2021-22; and
- (b) updated HSCP Short Breaks Statement.

### **Sederunt**

**Ms Monaghan joined the meeting at this point.**

### **WORKFORCE PLANNING UPDATE**

**9.** The Board considered a report by the Chief Officer advising of updated Scottish Government guidance for updating workforce plans and the local process to undertake the development of a one-year interim workforce plan for 2021-22.

The report explained that a workforce plan had been produced in 2016. Work to update the three-year plan had started in 2019 pending the release of Scottish Government guidance. However the work was paused in 2020 due to the COVID-19 pandemic.

It was noted that in recognition of the pandemic Scottish Government had revised timescales for the completion of revised three-year plans with plans to be submitted by 31 March 2022. This would align the Workforce Plan with the proposed 2022-2025 Strategic Plan.

However, Scottish Government had indicated that interim workforce plans should be submitted by the end of April 2021. These plans, for the period April 2021 to March 2022 were to be based on a template issued by Scottish Government and follow associated guidance that had also been issued and which accompanied the report.

Having explained the purpose of the guidance and commented on the template, the report outlined the various matters that the workforce plan was required to consider and address. This included provision of ongoing support to promote physical and psychological wellbeing, and short, medium and longer-term transformational staffing and skills changes required. Examples of short-term workforce risk were set out.

Details of the areas that workforce planning as being asked to consider in supporting staff through transformation having been set out, the report set out the proposed approach to be taken by the HSCP to meet the deadline.

The Board noted the report.

### **Sederunt**

**Dr Campbell joined the meeting at this point.**

### **EAST RENFREWSHIRE PEER SUPPORT SERVICE MENTAL HEALTH AND ADDICTIONS – TEST OF CHANGE**

**10.** The Board considered a report by the Chief Officer 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.

Having outlined that peer support was a person-centred approach, focussed on wellbeing and based on the key principles of respect, shared responsibility and a mutual agreement of what is helpful, the report explained that peer support for recovery was a key strand of the NHS GGC 5-Year Mental Health Strategy, it being highlighted that recovery did not need to take place in a clinical setting. Central to the approach was the role of lived experience, employing peer workers who had their own experiences around mental health and services, to work with individuals on their recovery.

Thereafter the report explained that locally, the potential of peer support to enhance recovery had been recognised, not only for mental health but also for alcohol and drugs. A 12 month test of change was proposed, with Penumbra, one of Scotland's largest mental health charities with significant experience of delivering peer work, identified as the preferred provider

The report then set out how the project had been rolled out, it being noted that in line with the test of change approach, a robust evaluation model had been built in from the outset. The peer support service took the first referrals in September 2020 and by December 2020 was operating at capacity with 2 full-time peer support workers working with 25 individuals. To date there had been 196 peer support appointments and as at the end of January a small waiting list had been established.

The report clarified that due to implementation delays associated with COVID-19 the test of change and evaluation had been based on 6 months of service operation. Whilst there had

been positive signs, it was too early to measure progress towards recovery outcomes or begin to estimate how long individuals may remain in peer support. Furthermore, the aspect of the test of change looking at embedding peer support in formal services was at an early stage.

Details of the activities that had steered the test of change and the shape of peer support were outlined. These included telephone interviews with service users to better understand what peer support could offer in addition to regular services; virtual workshop sessions with the HSCP, Penumbra and partner organisations; and interviews with individuals accessing the peer support service, amongst others.

In conclusion, having explained the basis for the design and development of peer support in East Renfrewshire, the report highlighted that early findings were positive in terms of benefits for service users, particularly the opportunity to discuss recovery in a safe and supported way with someone with a shared experience.

Councillor Bamforth introduced Cindy Wallis, Senior Manager, Recovery Services who provided some further background to the project before introducing Isobel Murray from Penumbra who spoke on the experience of providing peer support in East Renfrewshire. Thereafter, Ailsa Cook from Matter of Focus explained how the peer review had been carried out.

In response to questions, it was explained that the service was specifically for people with personal challenges and that there were other organisations who could support the family members of these people. However the project was at an early stage and the possibility of extending access to family members was something that could be considered as the project developed.

Ms Forbes having welcomed the report Ms Monaghan referred to her disappointment at the lack of service user involvement in the preparation of the Alcohol and Drugs Plan considered by the Board earlier in the year. She suggested that the consultation mechanisms used in this review were a model of good practice which if it was hoped would be reflected on in the development of future iterations of the Alcohol and Drugs Plan.

The Board noted the report and that the test of change would continue, with further evaluation work to be completed by June 2021, following which a final evaluation report would be prepared and published.

## **HSCP RESPONSE TO COVID-19**

11. Under reference to the Minute of the previous meeting (Item 5 refers), the Board considered a report by the Chief Officer providing an update on current service delivery in relation to the ongoing COVID-19 pandemic.

The Chief Officer, supported by the Chief Social Work Officer was heard at length on the report.

Thereafter, in response to questions, the Chief Officer acknowledged the likely increased demand for services including the Specialist Learning Disability Service. She explained that a lot of cross-system working had been taking place in preparation for the anticipated increased service demand and some additional funding was being made available which allow support levels to be enhanced in the community with the subsequent reduction in in-patient beds.

It was also confirmed that there did not appear to be any pushback from the public to the Astra – Zeneca vaccine following the recent developments in a number of countries where the use

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of the vaccine had been suspended due to concerns around the vaccine possibly causing blood clotting. Staff administering vaccines had been provided with information they could share with patients.

Responding to Ms Monaghan the Chief Office also gave an update in relation to the follow up inspection of the Care at Home Service by the Care Inspectorate.

The Board noted the report.

**APPOINTMENT OF REPLACEMENT REPRESENTATIVE**

**12.** Councillor Bamforth reported that Ian Smith the ERC Staff Side Representative on the Board had tendered his resignation as a result of which the Board needed to appoint a replacement. It was explained that Mr Smith had been the lead shop steward of UNISON but had stepped down from this position which had been taken on by Lynne Rankin. As such it was proposed that Ms Rankin replace Mr Smith on the Board.

The Board approved the appointment of Lynne Rankin (ERC Staff Side Representative) as a replacement for Ian Smith.

**DATE OF NEXT MEETING.**

**13.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 12 May 2021 at 10.30 am.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	12 May 2021
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 17 March 2021.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 May 2021**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 17 March 2021.

**RECOMMENDATION**

2. Integration Joint Board members are asked to note the contents of the report.

**REPORT**

**Carers Strategy and Short Breaks Statement**

3. Section 6 of the Carers Strategy has been updated following discussion at the last meeting. Both the Strategy and Short Breaks Statement are available to view online at <https://www.eastrenfrewshire.gov.uk/support-for-carers>
4. A seminar to look at the work with carers to date and the issues they are facing has been arranged for Monday 21<sup>st</sup> June 2021.

**Workforce Plan**

5. The IJB received an update on the development of the interim workforce plan for the HSCP at its last meeting in March. The draft workforce plan was submitted to Scottish Government on 30<sup>th</sup> April 2021 and a report on the plan, incorporating any comments received from Scottish Government will be brought to a future meeting of the IJB.

**RECOMMENDATIONS**

6. Integration Joint Board members are asked to note the contents of the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Julie Murray, Chief Officer  
[Julie.Murray@eastrenfrewshire.gov.uk](mailto:Julie.Murray@eastrenfrewshire.gov.uk)

30 April 2021

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	12 May 2021
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 17 March 2021.	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
Integration Joint Board members are asked to note progress.	

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## ACTION LOG: Integration Joint Board (IJB)

May 2021

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
321	17-Mar-21	5	Budget 2021/22	Make the necessary arrangements to proceed on the basis as agreed	CFO	CLOSED	17/03/2021	
320	17-Mar-21	6	Revenue Budget Monitoring	The Board noted the projected outturn for 2021 and agreed the approach to the proposed in-year addition to reserves, and the appropriate budgetary arrangements should now be made.	CFO	CLOSED	17/03/2021	
319	17-Mar-21	7	Presentation – The Future of Adult Social Care	Email the links to the COCIS Briefing paper and the youtube video to Anne Marie Kennedy	DSM	CLOSED	17/03/2021	
318	17-Mar-21	8	HSCP Interim Strategic Plan 2021/22	The Board approved the interim HSCP Strategic Plan for 2021/22 and arrangements should be made for its implementation.	PPPM	CLOSED	01/04/2021	The interim plan has been published and work has begun in preparation of our next 3 year plan
317	17-Mar-21	9	Carers' Strategy and HSCP Short Breaks Statement Updates	Make arrangements for the Strategy and Short Breaks Statement to be implemented	Carers Lead	CLOSED	01/04/2021	Final strategy and short breaks statement published: <a href="https://www.eastrenfrewshire.gov.uk/support-for-carers">https://www.eastrenfrewshire.gov.uk/support-for-carers</a>
316	17-Mar-21	9	Carers' Strategy and HSCP Short Breaks Statement Updates	Make arrangements to organise a future seminar on the Carers Strategy	GCO	CLOSED	28/04/2021	Seminar scheduled 21.06.2021
315	17-Mar-21	9	Carers' Strategy and HSCP Short Breaks Statement Updates	Make arrangements to feed the comments from Jacqui Forbes in relation to the section on "How much does it cost" back to the NHSGGC group.	HAHSL	CLOSED	01/04/2021	Section 6 updated
314	17-Mar-21	10	Workforce Planning Update	Continue with work to produce the 2021/22 Interim Plan as outlined in the report.	HAHSL	CLOSED	30/04/2021	Plan submitted to Scottish Government 30.04.2021
313	17-Mar-21	11	East Renfrewshire Peer Support Service Mental Health and Addictions – Test of Change	Submit a copy of the final evaluation report to a future meeting of the Board	SMRS	OPEN	11/08/2021	Added to forward planner - provisionally scheduled for August IJB meeting
312	17-Mar-21	-	Replacement of Ian Smith	The Board agreed that Lynne Rankin replace Ian Smith on the Board and the necessary arrangements should be made.	DSM	CLOSED	18/03/2021	
305	25-Nov-20	11	HSCP Recovery Update	Revisit the format of the update for future meetings to see if those actions that had occurred in the reporting period could be made clearer.	PPPM	CLOSED	01/04/2021	N/A - format of reporting has changed
297	23-Sep-20	10	East Renfrewshire Alcohol and Drugs Plan 2020-23	Submit a report to a future meeting on the impact of the plan and potential changes following engagement with people with lived experience.	LP (RS)	OPEN	11/08/2021	Deferred from May to August 2021 to allow a more comprehensive update. The ADP has begun a piece of work with The Advocacy Project to identify, engage and support individuals to have meaningful involvement and influence in the work of the ADP. It is proposed to report on this work at the August meeting. The IJB received a report in March on peer support, covering mental health and addictions, and how lived experience was reflected in this work.
287	24-Jun-20	11	Draft Unscheduled Care Strategic Commissioning Plan	The Board approved the draft plan and noted further work underway to finalise the plan, including the planned engagement process. Make arrangements to finalise the plan as outlined and submit a final version to a future meeting.	HAHSL	OPEN	23/06/2021	Provisionally scheduled for November IJB however deferred as final plan not yet available - Progress on the final plan has been delayed due to current pressures
282	29-Jan-20	4	Minute of meeting of IJB of 27 November 2019.	Provide information to a future meeting on levels of CAMHS access compared to other IJBs.	CO	OPEN	TBA	Deferred due to Covid-19
279	29-Jan-20	5	Rolling Action Log - Individual Budget Update	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSL	OPEN	TBA	March IJB paper on Implementation of Budget Calculator and SDS available online . Report on Overnight Support scheduled for April has been deferred to due to Covid-19
271	27/11/2019	9	Care at Home Improvement and Redesign Programme	Continue to submit progress reports to each meeting until further notice.	CO	OPEN	ONGOING	Next update scheduled for June 2021

263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	TBA	Deferred to due to Covid-19.
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBA	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

CCGC	Clinical and Care Governance Committee	BSM	Business Support Manager	DSM	Democratic Service Manager
IJB	Integration Joint Board	CD	Clinical Director	GCO	Governance and Compliance Officer
PAC	Performance and Audit Committee	CO	Chief Officer	HAHSCCL	Head of Adult Health and Social Care Localities
		CFO	Chief Finance Officer	PPPM	Policy, Planning & Performance Manager
		CN	Chief Nurse	SMRS	Senior Manager, Recovery Services
		CSWO	Chief Social Work Officer	LP (RS)	Lead Planner (Recovery Services)





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	12 May 2021	
<b>Agenda Item</b>	7	
<b>Title</b>	Update on HSCP Response to Covid-19	
<b>Summary</b>		
This report provides the Integration Joint Board with an update on developments in response to Covid-19.		
<b>Presented by</b>	Julie Murray, Chief Officer	
<b>Action Required</b>		
The Integration Joint Board is asked to note and comment on the report.		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGCC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGCC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 May 2021**

**Report by Chief Officer**

**UPDATE ON HSCP RESPONSE TO COVID-19**

**PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on any changes in relation to HSCP services since the report to the March meeting.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note the update

**BACKGROUND**

3. The Integration Joint Board have previously received updates in relation to the HSCP response to Covid-19 and the associated recovery programme. The recovery programme had been paused since January when we moved firmly back to response mode.
4. At its meetings on 3<sup>rd</sup> February and 17<sup>th</sup> March the Board received reports on key areas of work in relation to the HSCP's response and this report provides an update on any significant developments since the last report.
5. Our approach to recovery will be discussed in a separate presentation to the Integration Joint Board.

**REPORT**

**Vaccination Programme**

6. Our HSCP housebound vaccination team (mostly district nursing staff) supported by volunteers from other services) have commenced the second dose for local people who could not get to their GP or local vaccination centre. As of 27 April 770 second vaccinations have been given by the team.
7. The community mass vaccination programme (which in East Renfrewshire is being led by the Council in partnership with NHS Greater Glasgow and Clyde) is operating two vaccination centres; one in Carmichael Hall and another in the Barrhead Foundry. Currently, a schedule of around 12 weeks is being followed to allow more people to benefit from the protection provided from the first dose during the roll out phase. Longer term protection will then be provided by the second dose.

### **Support to Care Homes**

8. During the pandemic the need to restrict the number of professional visitors to care homes and restrictions on family visiting meant that some people living in care homes had not been seen by anyone other than care home staff. Earlier this year Scottish Government asked Chief Social Work Officers to undertake additional work to ensure all residents residing within a care home had an up to date review of their care
9. In response we have created a temporary Review Team. The Team consists of 5 Social Workers and 2 Team Managers with aligned business support and is overseen by one of the Locality Managers. The team is undertaking 268 reviews for individuals within the 12 East Renfrewshire care homes, including those placed by other authorities. The aim is for the outstanding reviews to be completed by the end of June 2021.
10. East Renfrewshire Chief Social Work Officer and Chief Nurse, supported by members of the Senior Leadership Team are carrying out support and assurance visits to all local care homes. The purpose of these visits is to provide HSCP support as care homes move into recovery phase and a level of assurance in relation to the quality of care provided to residents following the impact of the pandemic. Feedback from care homes is that the visits have been supportive and that our critical friend approach has been helpful. Excellent practice has been a key feature of these visits, particularly where staff in care homes have selflessly responded to ensure that the safety and risk to residents from transmission was paramount.

### **Enrichment Programme for Young People**

11. Our Children's Services staff ran an Easter holiday club in partnership with the Culture & Leisure Trust. The two week club was exclusively for vulnerable and valuable children and offered a range of enrichment activities.
12. The programme of enrichment activity will continue until August/September, offering young people:
  - Drama - classes for all abilities with opportunity for expression, collaboration and creativity, improving mood and confidence
  - Archery - opportunity to try target shooting using a bow and arrow
  - DJ Academy - learning basics of radio presenting and production, using mixers and studio equipment
  - Dance - breakdance classes delivered by one of Scotland's most active and experienced breakers
  - Virtual Reality – using Virtual Reality headsets to experience life on the International Space Station, cliff diving and swimming with dolphins.
13. The above will be complemented with float fit, hill and beach walks, singing, spin classes, trampolining and East Renfrewshire's own version of Come Dine with Me.
14. The inclusive support team also delivered their well-established holiday programme for our most isolated children and those in need. This also went down really well with children and young people taking part in a range of fun activities.

## CONSULTATION AND PARTNERSHIP WORKING

15. The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde tactical group in addition to regular Greater Glasgow and Clyde and National Chief Officer meetings. Both Chief Social Work Officer and Chief Financial Officer meetings continue to take place.
16. The Local Resilience Management Team (LRMT) includes staff side representatives and continues to meet fortnightly. The LRMT can also meet additionally on an ad-hoc basis as required.

## IMPLICATIONS OF THE PROPOSALS

### Finance

17. The HSCP finance team continue to monitor all costs associated with the HSCP Covid-19 response.

### Risk

18. The HSCP continues to monitor the risk implications from the Covid-19 response.

## DIRECTIONS

19. There are no directions arising from this report.

## RECOMMENDATIONS

20. The Integration Joint Board is asked to note the report.

## BACKGROUND PAPERS

IJB Paper – 17 March 2021: HSCO Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/4790/IJB-Item-12-17-March-2021/pdf/IJB\\_Item\\_12\\_-\\_17\\_March\\_2021.pdf?m=637511548494570000](https://www.eastrenfrewshire.gov.uk/media/4790/IJB-Item-12-17-March-2021/pdf/IJB_Item_12_-_17_March_2021.pdf?m=637511548494570000)

IJB Paper – 3 February 2021: HSCP Response to Covid-19  
<https://www.eastrenfrewshire.gov.uk/integration-joint-board-030221>

IJB Paper - 24 June 2020: East Renfrewshire HSCP Response to Covis-19  
[https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_04\\_-\\_24\\_June\\_2020.pdf?m=637284227714400000](https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration_Joint_Board_Item_04_-_24_June_2020.pdf?m=637284227714400000)

IJB Paper – March 2020: Delegated Authority for Chief Officer  
[https://www.eastrenfrewshire.gov.uk/media/1423/Integration-Joint-Board-supplementary-papers-2-18-March-2020/pdf/Integration\\_Joint\\_Board\\_Supplementary\\_Papers\\_2\\_-\\_18\\_March\\_2020.pdf?m=637347399888670000](https://www.eastrenfrewshire.gov.uk/media/1423/Integration-Joint-Board-supplementary-papers-2-18-March-2020/pdf/Integration_Joint_Board_Supplementary_Papers_2_-_18_March_2020.pdf?m=637347399888670000)

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	12 May 2021	
<b>Agenda Item</b>	9	
<b>Title</b>	East Renfrewshire Primary Care Improvement Plan – Year 3 Plan Report	
<b>Summary</b>		
<p>This report outlines the progress to date at the end of the transition period of March 2021 for year three of our East Renfrewshire Primary Care Improvement Plan (PCIP).</p>		
<b>Presented by</b>	Dr Claire Fisher, Clinical Director	
<b>Action Required</b>		
<p>The Integration Joint Board is asked to note the content of progress to date of the East Renfrewshire Primary Care Improvement Plan (2018 – 2021).</p>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****12 May 2021****Report by Clinical Director****EAST RENFREWSHIRE PRIMARY CARE IMPROVEMENT PLAN – YEAR 3 REPORT****PURPOSE OF REPORT**

1. This report provides members of the Integration Joint Board with the progress and achievements to date for year 3 of our East Renfrewshire Primary Care Improvement Plan (PCIP) 2018 – 2021.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note the progress and achievements to date of the East Renfrewshire Primary Care Improvement Plan (2018 – 2021).

**BACKGROUND**

3. The new Scottish General Medical Services (GMS) Contract was published in 2018 which embarked primary care in Scotland on a journey towards reducing unsustainable workload in general practice. Its aim was to expand the multi-disciplinary teams of health professionals in GP Practices to share the delivery of care and ease workload pressures on GP's, to improve the way healthcare was being delivered to patients in the community by modernising primary care services. Central to the development of the new contract were the four C's of primary care; Contact, Comprehensiveness, Continuity and Coordination and the new contract aimed to create an environment that supported the GP to fulfil these principles.
4. The Memorandum of Understanding (MOU) established a national agreement between the British Medical Association, Scottish Government, Integration Authorities and NHS Boards to implement the 2018 Scottish GMS Contract which outlined the funding available and agreed the principles of service redesign. It also set out the responsibilities of the Integrated Joint Board in developing the local HSCP Primary Care Improvement Plans.
5. The focus of East Renfrewshire Primary Care Improvement Plans (2018 – 21) was to reconfigure a number of specific services to help ensure sufficient, visible change to support the new contract. These priorities outlined in the MOU included:
  1. *The Vaccination Transformation Programme*
  2. *Pharmacotherapy Services*
  3. *Community Treatment and Care Services*
  4. *Urgent Care Advanced Nurse Practitioners*
  5. *Additional professional clinical and non-clinical services including Advanced Physiotherapy Practitioners, community mental health services and community link worker services*
6. East Renfrewshire Health and Social Care Partnership has continued to work with our local GP's, Practices and GP Sub-committee representative to implement our joint three-year Primary Care Improvement Plan, taking into account national, board wide and local priorities.

7. In January 2020 the Integrated Joint Board received an update on our mid-year two achievements and challenges against the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan (2018 – 21).
8. Following this in March 2020 the Covid-19 Pandemic broke out whilst we were halfway through our ambitious Primary Care Improvement Plan. Covid-19 clearly had a significant impact on PCIP delivery both directly and indirectly. In response to this, some, but not all PCIP Implementation came to a halt.
9. The early Covid-19 response in late March and early April 2020 resulted in:
  - The postponement of PCIP implementation groups at both NHS and HSCP level
  - The postponement or delay of recruitment to new Multi-Disciplinary roles
  - The introduction of some new services were put on hold
  - Premises/rooms previously allocated for new PCIP services were required for other purposes, specifically Community Assessment Centres (CAC)
  - Premises availability within both GP practices and wider HSCP premises were significantly impacted by the need to reduce footfall and maintain physical distancing.
10. Following NHS Greater Glasgow and Clyde (NHS GGC) Primary Care Challenge Escalation Plan in March 2020 some existing Multi-Disciplinary Teams (MDT) within GP practices were deployed to support the Covid-19 response including the Community Assessment Centres and Community Nursing as part of the winter/ Covid-19 response. Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners and Pharmacy staff were also temporarily withdrawn from some practices to support core services.
11. As with all health services, there have been challenges with staff absence and shielding within the MDTs. The relationship between MDT staff and practices has also been impacted by an increase in MDT staff working at from home or remotely to minimise footfall within premises.
12. In December 2020 the Scottish Government issued a *'Joint Letter - GMS Contract Update for 2021/22 and beyond'* to emphasise the continuing commitment to the 2018 GMS Contract in Scotland and to reconfirm the invested commitment into general practice and primary care. It acknowledged what had been achieved over the last two and a half years but recognised there was still some way to go.
13. In order to continue the development of NHS Board-employed MDTs and the transfer of responsibility for services from practices to Health and Social Care Partnerships they jointly agreed revised approaches, extensions to some timescales and possible transitional arrangements for each of MOUs to remain committed to the Contract. A new MOU was expected in March 2021.

## REPORT

### Progress of Memorandum of Understanding commitments in year three

14. There continues to have been significant progress achieved across the MOU priority areas in East Renfrewshire, particularly in Pharmacotherapy, Vaccination Transformation Programme and Community Treatment and Care services where there is a clear associated commitment to change in responsibility for service delivery and with our Community Link Worker service commissioned through our third sector partner Recovery Across Mental Health. (RAMH)

15. However, the allocation and availability of workforce required to implement the priority areas of Urgent Care and Advance Professionals means that progress towards implementation in these areas has been slower.

#### The Vaccination Transformation Programme (VTP)

16. The delivery of the **routine childhood immunisations** continued across our two community clinics in East Renfrewshire during the pandemic by staff working to ensure social distancing in clinic settings, appropriate use of personal protective equipment (PPE) and additional support to allay parents'/carers' concerns prior to clinic attendance through phone calls and text messaging. Additionally, for shielded pre 5's /families a bespoke patient centred service was developed to deliver routine childhood immunisations at home when appropriate to ensure timely protection against serious vaccine preventable diseases.
17. The delivery of the **2-5 year old flu** was piloted in 2019/20 targeting approximately 6,000 children across 20% of NHS Greater Glasgow and Clyde GP practices. Following the successful pilot, which saw an overall 13% increase in vaccination uptake amongst participating GP practices, Public Health and the HSCP Children and Families Teams worked to fully transfer delivery from GP practices, along with primary school flu mop-up (approx. 3,000 children), and 6 months – 2 years (189 children) to childhood immunisation community clinics. Clinic accommodation was secured and additional temporary staff recruited to deliver the programme for 2020-21.
18. The vaccination of **primary school aged children** was halted with the closure of schools. The schools' vaccination teams were deployed into the NHS GGC board wide vaccination team to deliver Covid-19 vaccines.
19. Maternity services continued delivery of both flu and pertussis immunisation for **pregnant women** via women and children's services/midwifery across all Greater Glasgow and Clyde maternity centres in 2020-21 during the Covid-19 pandemic.
20. All **adult immunisations** (Flu, Pneumococcal, Shingles and Travel) were planned to be delivered through the formation of a centralised board led NHS GGC Adult/Older People's Team hosted across all HSCP's in year three of the plan using a similar model that was developed for childhood immunisations. However, the NHS GGC Adult Immunisations Implementation group leading this programme of work had to redirect their efforts and prioritise the delivery of the extended flu and subsequent Covid-19 vaccination programmes for 2020-21.
21. The flu immunisations for the **housebound** normally co-ordinated by the Senior Nurse had to be scaled up to a dedicated housebound team within the HSCP to accommodate the increased numbers of patients deemed housebound from the District Nursing caseload and from the GP Practices.
22. The **travel vaccines** planning was incorporated as part of the wider adult vaccination planning and was put on hold.
23. Delivery of these adult vaccine programmes in 2020-21 accelerated the transfer of flu immunisations from GP practices to HSCPs, with all cohorts (with the exception of the 18-64 at risk) being immunised by HSCPs. However, the arrangements were established in the context of Covid-19 physical distancing and PPE constraints and would not necessarily be replicated as part of the Vaccination Transformation Programme. The learning from this model of delivery could influence future planning of the Vaccination Transformation Programme when the NHS GGC Implementation Group re-establishes.

24. In the Scottish Governments Joint Letter (2020) it was confirmed that vaccinations, which are still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021. Whilst all childhood vaccination programmes have shifted, travel immunisations is a national led programme and we await confirmation of progress.
25. The joint policy position remains that general practice should not be the default provider of vaccinations and if there are delays a transitional payment arrangement will be negotiated until these services are transferred.
26. The adult vaccination programme in 2020/21 included additional cohorts of patients, a Covid-19 vaccine and required social distancing and infection control measures for delivery, none of which were included as part of the MOU and funding allocation.

### Pharmacotherapy Services

27. The final two practices were allocated resource at the end of 2019 with all 15 GP Practices having a minimum of 0.4wte (whole time equivalent) taking the total workforce to 8.8wte. However, the service elements (level 1-3) provided at practice level continues to vary depending on practice preference, as current and planned full resource is not sufficient to deliver all tasks within the contract.
28. The main focus of activity during 2020 was to increase workforce including the introduction of pharmacy technicians. Although recruitment has continued throughout it has been slower than anticipated.
29. We recognised in year two through the continued implementation and development of the pharmacotherapy service within all 15 GP Practices that challenges with planned workforce availability would delay full implementation. Therefore a phased approach to deliver the core and additional activities identified from the contract would require a review of the staffing skill mix. It was agreed at PCIP Steering Group to test a Pharmacy Hub model in one GP Cluster (four GP Practices) to meet the needs of the Level One activities for the contract in 2021 whilst continuing to deliver existing GP practice based services. If successful the hub model could be scaled up across all three GP clusters. This change to the skill mix of staffing also allowed for financial savings.
30. During the pandemic, the existing practice based pharmacotherapy service continued to operate with all routine tasks continuing to be provided either within practice or moved to remote working, or a hybrid model of both depending on the outcome of risk assessments. However, the focus of work change with fewer Immediate Discharge Letters (IDL) and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. Face to face chronic disease clinics were also suspended in line with GP practice pandemic arrangements.
31. In the Scottish Governments Joint Letter (2020) it was confirmed that pharmacotherapy regulations would be amended so that NHS Boards were responsible for providing level one pharmacotherapy service to every general practice for 2022-23 and if there were delays in this implementation a transitional payment arrangement will be negotiated until these services are provided.

Community Treatment and Care Services (CTAC)

32. All CTAC workforce have been recruited with the exception of the treatment room receptionist; a co-ordinator, two treatment room nurses, two treatment room CHCA's and four GP Practice based Community Health Care Assistants (CHCA). Four rooms have been allocated at Eastwood and Barrhead Health and Care Centres.
33. The CTAC Treatment Rooms were due to launch on the 1<sup>st</sup> April 2020 at both Eastwood and Barrhead Health and Care Centre's following the successful recruitment of the workforce and the setting up of the four treatment rooms. The services were developed according to need of the GP Practices by two short life working groups from the two localities.
34. However due to the Covid-19 pandemic the newly recruited staff were deployed to Community Nursing to support the core and additional service demands (including testing and vaccinations). The limitations from social distancing, infection control measures and the accommodating of Community Assessments Centre within the Health Centre restricted access and use of our previously allocated premises.
35. The existing Community Health Care Assistants hosted across our 15 GP Practices attended the Health Care Support Worker in Primary Care training at Glasgow Clyde College in 2020 to allow them to offer a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting and out in the community.
36. We developed Standard Operating Procedures to support the new HCSW tasks being carried out in the GP Practices and during the pandemic we reviewed these to accommodate the limitations in the buildings and during domiciliary visits from social distancing and infection control measures.
37. The move to more virtual consultations by GP's saw a slight increase in demand for domiciliary visits initially with a requirement to enable tests and investigations to take place to inform assessment or as a follow up from a virtual consultation. Shielding also contributed to an increase in the demand domiciliary visits.
38. In the Scottish Governments Joint Letter (2020) it was confirmed that Community Treatment and Care Services regulations will be amended so that NHS Boards were responsible for providing a community treatment and care service for 2022-23 and if there were delays in this implementation a transitional payment arrangement will be negotiated until these services are provided.

Urgent care (Advanced Nurse Practitioners) (ANP)

39. Following successful recruitment of 1wte transitioning Advance Nurse Practitioner she completed her portfolio with the support of two GP Practices within one cluster over a six month period. A wealth of data was collected as part of the test of change throughout to help inform the future model of service and scale up across all three clusters. The Advanced Nurse Practitioner now works across one cluster (five practices).
40. The Local Intelligence Support Team (LIST) analysed the collected data and helped develop a new collection tool for the scale up of the service.
41. A further 2wte, one for each cluster has still to be recruited as part of the original planning.

42. Ongoing implementation of urgent care services need to adapt to the changing relationships and oversight arrangements with Care Homes, and the wider context of whole system unscheduled care planning which will include opportunities of virtual triage and assessment.
43. In the Scottish Government Joint Letter (2020) it was confirmed that urgent care service legislation will be amended so that NHS Boards are responsible for providing an Urgent Care service to practices for 2023-24. Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress.

#### Additional Professional Roles

44. We currently have 2wte Advance Physiotherapy Practitioners embedded and providing support to four GP Practices with a plan to recruit a further 1wte which will be shared across a further two GP Practices.
45. Our Advanced Physiotherapy Practitioners were initially pulled from GP practices in order to support the Covid-19 response but were not required and returned to practices in July/August 2020 providing virtual consultations (telephone and video) either remotely or within practices in order to minimise risks caused by the current pandemic.

#### Community Link Workers

46. The full implementation of the community link worker service delivered by RAMH continued across all 15 GP Practices (4wte) offering support to patients for issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues.
47. As a result of the first phase of the pandemic, the practice based Community Link Workers were quickly moved to mainly a remote working model before continuing as a hybrid model of remote and practice based. Limitations for Community Link Workers to access clinical systems for patients remotely presented some challenges for both practices and Community Link Workers. However the service continued and adapted to the practices and patients' needs during Covid-19. In addition to the normal service, 'wellbeing calls' were provided to those identified by the practice staff as being more vulnerable at this time. Wellbeing support was also given to practice staff during the initial phase of the pandemic.
48. We developed a Community Link Worker dashboard from data collected by RAMH and analysed it with the support of the Local Intelligence Support Team (LIST). We were looking to measure impact of the service however SPIRE data (Scottish Primary care Information Resource) was not available to support this so we are working with one GP Practice to measure the impact of the service and the reduction of GP appointments.
49. The Scottish Government recognised that the pandemic highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. They agreed to work with HSCP's and NHS boards to consider how best to develop these services at a practice level and establish more clear Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) commitment in the Contract Offer by the end of 2021.

PCIP Implementation and Development Officer

50. We have retained dedicated project support through our PCIP Implementation and Development Officer to deliver on the priority areas of the MOU through our PCIP plan. The project management costs were for the life of the plan but would need to review should the commitment of the contract extend.
51. Dedicated project support has been crucial to plan and engage with the new contracted MDT team leads and liaise directly with GP practices to imbed these new services.

Measuring Impact

52. The success of the implementation of the PCIP and the extension of the PCIP Primary Care teams relied on the collection of robust information by services and practices to measure and track the shift of the demand from GPs. However data analysis remains a challenge due to the varied recording systems in use.
53. A PCIP Evaluation group has been established at NHS GGC to develop a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority MOU areas and GP practices.

**CONSULTATION AND PARTNERSHIP WORKING**

54. The NHS GGC Primary Care Programme Board continues to meet with representation from all HSCPs and MOU leads for Primary Care Improvement Planning and has been key in shaping the direction of travel, sharing learning and exploring opportunities in year three of the plans.
55. The local PCIP Steering group meets every eight weeks prior to the GP Forum and drives the local implementation and delivery of the PCIP plan. The collaborative working of the HSCP and GP Practice representatives have been crucial to progress implementation.
56. In 2020/21 we engaged with the PCIP Steering group and all three GP Clusters to explore remodelling some of the MOU priority areas within the plan with a small recurring underspend based on local cluster needs. We recognised that the pandemic had given opportunities to work differently including remote hubs and digital solutions.

**IMPLICATIONS**

Finance

57. The actual costs for the first three years of the plan are summarised in the table below and show that in total £2.446 million has been incurred from April 2018 to March 2021. When compared to the funding received of £3.323 million this gives an overall underspend of £0.877 million over the three years. As the Scottish Government have confirmed that all funding has now been allocated to the HSCP this means the IJB will hold the full £0.877 million in its reserves for future use.
58. The table also shows the planned costs for 2021/22 recognising that there will be some refinement of assumptions for pay award, the timing of recruitment for new posts and implications for the costs of the adult vaccination programme, where work is still ongoing. This currently shows a modest underspend of £25k against the current funding allocation of £2.419 million.

59. The 2021/22 costs and future modelling and forecasting will also be revised to take into account the utilisation of the reserve balance of £0.877 million as decisions are taken on the application of this funding.

Primary Care Improvement Plan Financial Summary	Total 2018/19 - 2020/21	Projected 2021/22
	£'000	£'000
Vaccine Transformation Programme	350	710
Pharmacotherapy Services	1,050	785
Community Treatment & Care	436	297
Urgent Care (Advanced Practitioners)	108	172
Additional Professional Roles (MSK Physio/ MH)	262	167
Community Mental Health Link Workers 2 FTE funded from PCIP	146	73
Community Mental Health Link Workers 2 FTE funded by HSCP		
Programme Support / CQL / Pharmacy First	94	50
Inflation, Pay and New Posts set up		91
Contingency		50
<b>Total Expenditure</b>	<b>2,446</b>	<b>2,394</b>
<b>Funded by:</b>		
Scottish Government Annual Allocation	3,290	2,419
Additional Allocation 2019/20	33	
<b>Underspend against allocation</b>	<b>877</b>	<b>25</b>

### Workforce

60. Although the recruitment of the workforce has progressed in the majority of our priority areas, pressure on key skill roles including Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners and Pharmacists remains where there is a high demand.
61. Staff turnover and retention has been difficult as services start developing in other HSCPs and board areas.
62. Staff absence has increased directly and indirectly due to the effects of the pandemic and the effects of long Covid-19 impact is yet unknown.
63. The lack of provision for backfill for staff absence continues to be an issue with services already imbedded in practices.

### Infrastructure

64. Implementation of the extended primary care teams with practices over the past two years had created pressure on space within GP premises but had been manageable as space had also been allocated for services locally at both of our Health and Care Centres. However social distancing and infection control measures continues to impact capacity within independent contractor and HSCP premises.
65. The roll out of digital platforms such as 'Near Me' video consultation technology supported remote working and potential new ways of working e.g. 'hub' models and will influence future delivery of services.



## Risk

66. Uncertainty of a new MOU, PCIP 4 and additional funding risks continued delivery of the PCIP.

## **DIRECTIONS**

67. There are no directions arising as a result of this report.

## **CONCLUSIONS**

68. Whilst we have achieved many of our aspirations outlined in our Primary Care Improvement Plan (2018 – 21) through collaborative working between the HSCP, local GPs and the NHS GGC Primary Care Programme Board we await further direction from Scottish Government following the joint letter in December 2020.
69. We will continue towards full implementation of our original plan by embedding the outlying staffing during the pandemic and beyond, with the main focus on the shift of demand from GP services.

## **RECOMMENDATIONS**

70. The Integration Joint Board is asked to note the progress and achievements to date of the East Renfrewshire Primary Care Improvement Plan (2018 – 2021).

## **REPORT AUTHOR AND PERSON TO CONTACT**

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28 April 2021

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB PAPER: 29 January 2020 – Item 13. Report on Progress of the Primary Care Improvement Plan  
[https://www.eastrenfrewshire.gov.uk/media/1435/Integration-Joint-Board-Item-13-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_13\\_-\\_29\\_January\\_2020.pdf?m=637284294602930000](https://www.eastrenfrewshire.gov.uk/media/1435/Integration-Joint-Board-Item-13-29-January-2020/pdf/Integration_Joint_Board_Item_13_-_29_January_2020.pdf?m=637284294602930000)

IJB PAPER: 1 May 2019 – Item 12: Report on Progress of the Primary Care Improvement Plan (PCIP)  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24318&p=0>

IJB PAPER: 27 June 2018 – Item 14: Primary Care Improvement Plan Update  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22737&p=0>

IJB PAPER: 14 February 2018 – Item 9: GP Contract  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21802&p=0>

The 2018 GMS Contract in Scotland

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/11/2018-gms-contract-scotland/documents/00527530-pdf/00527530-pdf/govscot%3Adocument/00527530.pdf?forceDownload=true>

GMS Contract MOU

<https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2017/11/delivering-the-new-gms-contract-in-scotland-memorandum-of-understanding/documents/delivering-gms-contract-in-scotland---memorandum-of-understanding/delivering-gms-contract-in-scotland---memorandum-of-understanding/govscot%3Adocument/Delivering%2BGMS%2Bcontract%2Bin%2BScotland%2B-%2BMemorandum%2Bof%2Bunderstanding.pdf>



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	12 May 2021	
<b>Agenda Item</b>	10	
<b>Title</b>	HSCP Interim Equalities Outcomes 2021-22	
<b>Summary</b>		
<p>This paper presents the Integration Joint Board with a recently developed set of interim equality outcomes for the HSCP covering the period 2021-22. The equality outcomes are a subset of the priorities set out in the HSCP Interim Strategic Plan and Interim Workforce Plan.</p>		
<b>Presented by</b>	Steven Reid, Policy, Planning and Performance Manager	
<b>Action Required</b>		
<p>The Integration Joint Board is asked to approve the interim HSCP equality outcomes for 2021-22.</p>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 May2021**

**Report by Chief Officer**

**INTERIM EQUALITY OUTCOMES 2021-22**

**PURPOSE OF REPORT**

1. The purpose of this report is to present the Integration Joint Board with a recently developed set of interim equality outcomes for the HSCP covering the period 2021-22. The equality outcomes are a subset of the priorities established in the HSCP Interim Strategic Plan and Interim Workforce Plan.

**RECOMMENDATION**

2. The Integration Joint Board is asked to approve the interim HSCP equality outcomes for 2021-22.

**BACKGROUND**

3. Under the Equality Act 2010, the HSCP is required to meet the Public Sector Equality Duty to:
  - Eliminate unlawful discrimination, harassment and victimisation;
  - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
  - Foster good relations between people who share a protected characteristic and those who do not.
4. The relevant protected characteristic groups identified in the Act are:
  - age
  - disability
  - gender reassignment
  - race
  - religion or belief
  - sex (gender)
  - sexual orientation
  - pregnancy and maternity
  - marriage and civil partnership (in employment only)
5. We are required to develop and publish equalities outcomes at least every 4 years that will enable us to better perform the Public Sector Equality Duty. These should:
  - Take reasonable steps to involve people from equality groups;
  - Consider relevant equality evidence.

6. In line with our agreed approach to strategic planning as we recover from the Covid-19 pandemic we have chosen to develop 'interim' equality outcomes for the year 2021-22. This means that the proposed interim equality outcomes are a cross-cutting subset to the priorities set out in our plans for 2021-22 including the Interim HSCP Strategic Plan and Interim Workforce Plan. The content and background evidence for these plans have been considered in the development of the equalities outcomes as well as the findings from the research and engagement activity carried out by East Renfrewshire Council and NHS Greater Glasgow and Clyde. We will review the equalities outcomes as we gather evidence through further engagement work for the next HSCP Strategic Plan.
7. The Equality and Human Rights Commission (EHRC) provide guidance on equality outcome setting, as follows:

<p>Equality outcomes <b>should</b>:</p> <ul style="list-style-type: none"> <li>• Bring practical improvements in the lives of those who experience discrimination and disadvantage</li> <li>• Change things for individuals, communities and society as a consequence of your work</li> <li>• Be bold and ambitious</li> <li>• Narrow or remove the biggest inequalities experienced by particular groups</li> </ul>	<p>Equality outcomes <b>should not</b>:</p> <ul style="list-style-type: none"> <li>• Improve the lives of everyone (not everyone is in a disadvantaged group)</li> <li>• Duplicate other specific duty requirements</li> <li>• Duplicate existing equality obligations</li> </ul>
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8. The equalities outcomes should be SMART (Specific, Measurable, Achievable, Relevant, Time-bound) and should clearly meet the requirements of the Public Sector Equality Duty, i.e. eliminate discrimination, advance equality of opportunity, or foster good relations.

## REPORT

9. The HSCP has been participating in the East Renfrewshire Equality Officer Working Group which has been undertaking engagement and research to develop equality outcomes for the wider East Renfrewshire family.
10. In December 2020 the HSCP representative attended an event hosted by the Equality and Human Rights Commission (EHRC) which provided an overview of the proposed outcome setting approach and the main thematic areas of inequality between protected characteristic groups, according to their research. The event had a specific focus on health and social care.
11. On 9th December 2020, the Equality Officer Working Group led two workshops with local Equality group representatives to consider the thematic areas shared by EHRC and how these were experienced at a local level. The workshops also included discussion about an online survey to be shared with all interested residents and service users. There were 20 attendees who represented the views of disabled people and carers, young people, older people, religious communities, LGBTQi and BAME communities in East Renfrewshire.

12. On 16th December 2020, the Council published an online survey to invite feedback on equality of experiences and outcomes between the protected characteristic groups. This survey was made publicly available for all residents, and promoted through social media and through local Equality groups. A total of 207 responses were received which were widely representative of the local population in terms of demographics.
13. The workshops, survey and desk-based research all focused on the following 9 themes, covering a broad range of experiences:
- Living standards are equal for all groups.
  - All groups have the required support and access to facilities and services to enable them to live independently.
  - All groups have equal experiences of mental health and wellbeing.
  - All groups feel safe in their communities or at home.
  - All groups feel connected with their community or neighbourhood and have a sense of belonging.
  - The experiences and outcomes in education are equal for all groups
  - Employment opportunities, both in finding and sustaining quality work, are equal for all groups.
  - All groups are digitally included (being online).
  - All groups are represented in public life and able to influence decision making.
14. A detailed research report was produced setting out key findings from the workshops, survey and secondary research in relation to each of the protected characteristic groups. Highlighted issues and proposed responses of particular relevance to the HSCP were as follows:

<p><b><u>Age</u></b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Older people are more vulnerable to social isolation and reduced mental wellbeing as a result of service closures due to Covid-19.</li> <li>• Older people may feel disconnected due to closure of services in current climate.</li> <li>• Older people have reduced access to facilities.</li> <li>• Older people are more likely to be digitally excluded.</li> <li>• Lack of mental health support for young people.</li> </ul> <p>Proposed responses:</p> <ul style="list-style-type: none"> <li>• Increase mental health support for late-teen to early-adult stage</li> <li>• Increase mental health services for minority ethnic young people</li> <li>• Offer alternative methods, including telephone, for older people who do not want to engage digitally</li> <li>• Provide more support for older people to get online, including inter-generational work via schools and links with third sector organisations.</li> </ul>
<p><b><u>Disability</u></b></p> <p>Issues:</p> <ul style="list-style-type: none"> <li>• Increased impact of closure/reduced opening hours of services as a result of Covid-19 and reduced access to facilities and services.</li> <li>• Reduced access to mental health and wellbeing services in relation to alternative formats of leaflets, letters and other publications.</li> <li>• Those with a disability have reduced access to services and facilities.</li> </ul>

- Those with a disability or long-term health condition are the highest proportion of users of money advice and welfare services.
- Adults with a learning disability in East Renfrewshire are less likely to be in employment than the national average.

Proposed responses:

- Support employers and organisations to recruit people with additional support needs; work with local disability networks to enhance the recruitment process and provide funding to employers of disabled staff.
- Ensure employment policies are inclusive, including mental health, and provide more equalities training to staff who are recruiting.
- Increased training and awareness amongst front-line staff of additional support needs and different disabilities, including mental health conditions.
- Work with third sector organisations to engage disabled people digitally.
- Make more information available in a range of formats including easy read and other accessible formats of digital information.

## **Race**

Issues:

- Reduced access to mental health and wellbeing services in relation to alternative language provision and communication methods.
- Reduced representation in public life and ability to influence decision making (political representation and within senior management positions).
- Standard recruitment processes could be detrimental to those from minority ethnic communities; in particular in relation to language barriers and the inclusion of names on application forms.
- Direct, indirect, and institutional racism.
- Highest national rate of minority ethnic residents seeking money advice and welfare support.
- A disproportionate number of minority ethnic woman and children experience domestic abuse, and are supported in refuges.

Proposed responses:

- More promotion of mental health services available in a variety of media, languages and cultural tones.
- Provide more information and support to those from ethnic minority groups to become involved in their community.
- Improve the lack of ethnic diversity amongst staff.
- Create a safe space for those living, studying, and working in East Renfrewshire to record their experiences of racism.

## **Gender**

Issues:

- Increased concerns about mental health and wellbeing as a result of Covid-19 amongst more women than men.
- Women much more likely to experience domestic abuse than men.
- ERC gender pay gap above national average.

Proposed responses:

- As an employer ensure flexibility for staff to fit around childcare.



**Sexual Orientation**

## Issues:

- Homophobic attitudes in workplaces.
- Homophobic bullying and attacks.
- Lack of understanding about mental health concerns for LGBT+ young people.
- LGBT+ people are much more likely than others to feel isolated and/or lonely.
- LGBT+ people are at much higher risk of mental health problems than heterosexual people

## Proposed responses:

- More LGBTQ+ trained counsellors.
- Actively encourage and promote influential and decision-making roles within LGBT+ groups.

15. Two further workshops with community equality representatives and an Information and Consultation event involving Elected Members have been held on behalf of the East Renfrewshire family. From these the Equality Officer Working Group has developed six draft equalities outcomes presented to Council on 28 April 2021.
16. As the Integration Joint Board is required to set its own equality outcomes, the HSCP propose the following equality outcomes to support our interim planning arrangements for 2021-22. These build on the findings from the engagement work through the Equality Officer Working Group as well as engagement for the development of our Strategic Plan and supporting plans. They also take into account equalities in health work undertaken by Greater Glasgow and Clyde, A Fairer NHS 2020-24 and the specific work undertaken in relation to the Mental Health Strategy.
17. The outcomes will be reviewed and updated as appropriate for the next full HSCP Strategic Plan for 2022-25. Our interim equalities outcomes are:

- Older and disabled people are connected and digitally included in wellbeing supports.
- The design, delivery and evaluation of mental health supports and services will ensure services are accessible, person centred, and consider the needs of all equalities groups.
- Minority ethnic carers have improved access to support.
- The needs of residents with protected characteristics influence HSCP strategic priorities and the redesign of services as we recover from the Covid-19 pandemic.
- Domestic abuse survivors are protected from further harm and abuse.
- Our workforce planning promotes a workforce that reflects the diversity of the local population at all levels.

## **CONSULTATION AND PARTNERSHIP WORKING**

18. As described above, the equalities outcomes have been developed following local partnership working. The outcomes are also informed by the recent development of our interim Strategic Plan which involved engagement with multi-agency partners and a public consultation survey, as well as broader equalities work undertaken by NHS Greater Glasgow and Clyde.
19. The interim equalities outcomes will be reviewed by the Strategic Planning Group on 29 April and the IJB will be informed of any substantive feedback from the group. We will revise our equalities outcomes to reflect the evidence gathered as we develop our next full Strategic Plan for 2022-25. This development process will include a comprehensive public engagement process and an inclusive, equalities-focused needs assessment.

## **IMPLICATIONS OF THE PROPOSALS**

20. There are no operational implications arising from this report.

## **DIRECTIONS**

21. There are no directions arising from this report.

## **CONCLUSION**

22. Despite resource constraints due to the pandemic, significant development work has been undertaken locally to gather evidence and views from equalities representative groups. In developing a set of interim outcomes for the HSCP we have drawn on our own evidence base and the outcomes complement our recently developed interim Strategic Plan and interim Workforce Plan.
23. The HSCP is committed to working to reducing inequalities between different groups within our local population. We continue to place equality and fairness at the heart of our planning process. We will work to deliver our interim outcomes over the next year and will build on these as we move into the next strategic planning cycle for 2022-25.

## **RECOMMENDATION**

24. The Integration Joint Board is asked to approve the interim HSCP equality outcomes for 2021-22.

## **REPORT AUTHOR AND PERSON TO CONTACT**

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0141 451 0746

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

COUNCIL PAPER: 28-04-2021 – Equality and Human Rights Mainstreaming Report

[https://www.eastrenfrewshire.gov.uk/media/4879/Council-Item-08-28-April-2021/pdf/Council\\_Item\\_08\\_-\\_28\\_April\\_2021.pdf?m=637546913937730000](https://www.eastrenfrewshire.gov.uk/media/4879/Council-Item-08-28-April-2021/pdf/Council_Item_08_-_28_April_2021.pdf?m=637546913937730000)

NHS GGC A Fairer NHS Greater Glasgow & Clyde 2020-2024

<https://www.nhsggc.org.uk/media/260193/eih-a-fairer-nhs-accessible.pdf>

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	12 May 2021
<b>Agenda Item</b>	11
<b>Title</b>	HSCP Management Review - Adult and Recovery Services
<p><b>Summary</b></p> <p>This report provides the Integration Joint Board with an update on the proposed changes in relation to the management review of adult services within the Health and Social Care Partnership.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the report</p>	
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 May 2021**

**Report by Chief Officer**

**HSCP Management Review**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide the Integration Joint Board with an update on the proposed changes in relation to the management review of adult services within the Health and Social Care Partnership.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note and comment on the report.

**BACKGROUND**

3. The current HSCP Leadership Team has 4 Heads of Service, a General Manager and 2 Clinical Leads. Julie Murray, Chief Officer has the following direct reports within the Senior Leadership Team:
  - Head of Adult Health and Social Care Localities
  - Head of Recovery and Intensive Services
  - Head of Finance and Resources (Chief Financial Officer)
  - Head of Public Protection and Children's Services (Chief Social Work Officer)
  - Chief Nurse
  - Clinical Director
  - General Manager, Specialist Learning Disability Services
4. Candy Millard, Head of Adult Health and Social Care Localities has announced that she will retire with effect from 30<sup>th</sup> June 2021. Cindy Wallis, Senior Manager Recovery Services, will also be retiring from the HSCP on 1<sup>st</sup> August 2021.
5. Following these announcements, the HSCP took the opportunity to review the current management structure and in order to ensure continuity and stability within the HSCP, changes to the structure and the remits of 2 Heads of Service posts have been proposed.

**REPORT**

6. It is proposed to change the current remits for the Head of Adult Health and Social Care Localities and the Head of Recovery and Intensive Services with these becoming:
  - Head of Adult Services, Learning Disability and Recovery Services
  - Head of Adult Services, Communities and Wellbeing
7. These changes will ensure there is stability and integration within the services across both health and local government to deliver a stronger health and social care experience for our residents. To ensure a clear alignment, Recovery Services (mental health and addictions) and learning disability will all sit within the one remit and all adult,

community and wellbeing, primarily including older adult social work and care services, will sit under the other remit. The reconfiguration of the remits of these Heads of Service are set out below.

### Current Remits

<b>Head of Health and Social Care Localities</b>	<b>Head of Recovery and Intensive Services</b>
Delivery of Adults Social Work and Health Services Older Adults Mental Health Services Learning Disability Services Health Improvement Strategic Planning Lead Commissioning Lead for Adult Services Primary Care Improvement Plan	Care at Home and Responder Services Day Care and Residential Provision for Older People Development of Out of Hours Services Recovery Services: Mental Health and Addictions Services Professional leadership and governance of adult social work and quality assurance

### Proposed Remits

<b>Head of Adult Services, Communities and Wellbeing</b>	<b>Head of Adult Services Learning Disability and Recovery</b>
Adult social work professional/practice lead (delegated from CSWO) Initial Contact Team and Talking Points Care at Home and Responder Services Telecare/Telehealth Bonnyton House Locality Teams Rehabilitation Unscheduled Care Adult Support and Protection Care Home Assurance	Hosted LD Inpatients Scottish Centre of Technology for the Communication Impaired (national service) Autism Team (board wide) LD Board wide planning LD Community Team LD Day Services/Support Addictions Mental Health Services (Social Work, Primary Care, Community Mental Health Team, Older People's Mental Health)

8. As part of the revised remits, it is proposed to integrate the General Manager, Specialist Learning Disability Services into the wider Head of Service structure within the HSCP. This would strengthen the remits of the Heads of Service and will ensure stability at a time where the HSCP is faced with an unprecedented increase in demand for services. The revised remit of Head of Adult Services, Learning Disability and Recovery will ensure a good link with the hosted learning disability, learning disability services within East Renfrewshire and recovery services.
9. In order to increase management capacity as service demands increase, additional changes within the management structures below the Head of Service level are planned.

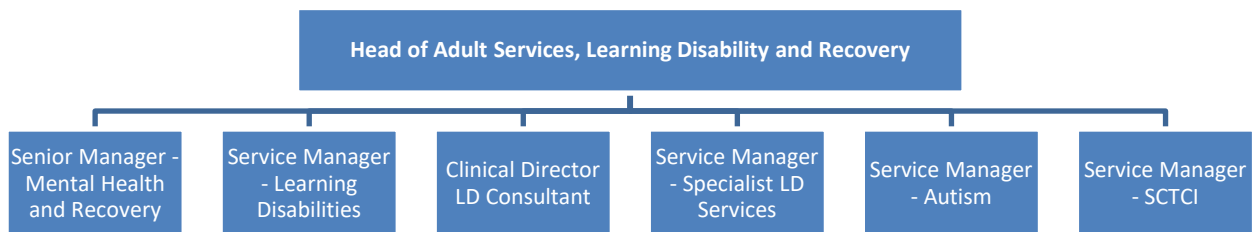
### Adult Services, Learning Disability and Recovery

10. In order to ensure robust management capacity remains of the Learning Disability Inpatient Service, it is recommended a Service Manager be appointed on a permanent basis, reporting to the Head of Adult Services, Learning Disability and Recovery. Inpatient operational leadership and board wide professional leadership will fall under the new post. This will ensure ongoing continuity in our board wide responsibilities.



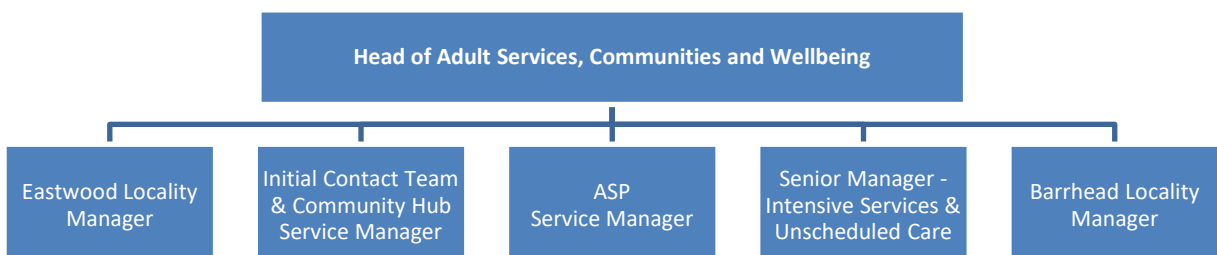
Additionally, given the retirement of the existing post holder, and therefore a loss of clinical leadership, we plan to introduce a Lead Nurse on a temporary 12 month basis to ensure stability during a significant period of change and re-mobilisation against a backdrop of increasing demand.

11. East Renfrewshire Community Learning Disability Team and Day Services will also be realigned under this Head of Service remit. In order to increase management capacity, it is proposed to introduce a Service Manager for Learning Disability. This will allow additional capacity for work on the overnight support and leadership for how our day services will adapt to people's needs as we learn to live with Covid-19. It is also anticipated that we will be taking forward a programme of work following the Scottish Government's announcement of a change fund to provide better support to people with complex needs.
12. It is proposed that the Service Manager for Mental Health and Recovery is realigned under the Head of Adult Services, Learning Disability and Recovery. The Older Adult Mental Health Team will also be realigned under this service manager. As the Service Manager for Mental Health and Recovery is a NHS employed post, it is proposed that the Service Manager for Learning Disability would be a Council employed post. This will ensure a balanced approach to professional leadership and accountability.
13. The proposed structure is shown below



### Adult Services, Communities and Wellbeing

14. As part of the redesign, the Intensive Services Manager will assume responsibility for Unscheduled Care. It is anticipated that a single point of leadership around this agenda will strengthen links between Care at Home and Home from Hospital in order that we can avoid hospital admissions, and provide smooth, effective and rehabilitative support to individuals on discharge from hospital.
15. The proposed structure is shown below



## **CONSULTATION AND PARTNERSHIP WORKING**

16. At its meeting on 15<sup>th</sup> March Council approved changes in remits and agreed in principle to appointing/matching process for Head of Service.
17. The HSCP Joint Staff Forum agreed the revised structure at its meeting on 16<sup>th</sup> March. We will continue to work in partnership with the Joint Staff Forum to implement the new structure.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

18. The purpose of the review was not to make a saving but to reinvest in services at a critical time whilst strengthening the capacity within these.

### Workforce

19. Workforce implications are detailed throughout the report.

## **DIRECTIONS**

20. There are no directions arising from this report.

## **CONCLUSIONS**

21. This report set out changes to Head of Service remits and strengthening of senior management arrangements for adult services.

## **RECOMMENDATIONS**

22. The Integration Joint Board is asked to note and comment on the report

## **REPORT AUTHOR AND PERSON TO CONTACT**

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0141 451 0746

## **BACKGROUND PAPERS**

Council Paper: 15.03.2021 – Item 7. Chief Officer Organisational Changes  
[https://www.eastrenfrewshire.gov.uk/media/4763/Council-item-07-15-March-2021/pdf/Council\\_item\\_07\\_-\\_15\\_March\\_2021.pdf?m=637510756163530000](https://www.eastrenfrewshire.gov.uk/media/4763/Council-item-07-15-March-2021/pdf/Council_item_07_-_15_March_2021.pdf?m=637510756163530000)