

# Glasgow City Integration Joint Board

IJB(M)2020-4

Minutes of a virtual meeting held  
at 9.30am on Wednesday, 23<sup>rd</sup> September 2020

<b>Present: Voting Members</b>	Bailie Ade Aibinu	Councillor, Glasgow City Council
	Susan Brimelow	NHSGG&C Board Member
	Simon Carr	NHSGG&C Board Member (Vice Chair)
	Bailie Annette Christie	Councillor, Glasgow City Council
	Cllr Archie Graham	Councillor, Glasgow City Council
	Cllr Mhairi Hunter	Councillor, Glasgow City Council (Chair)
	Cllr Elspeth Kerr	Councillor, Glasgow City Council
	Amina Khan	NHSGG&C Board Member
	Cllr Jennifer Layden	Councillor, Glasgow City Council
	Rev. John Matthews	NHSGG&C Board Member
	Cllr Jane Morgan	Councillor, Glasgow City Council
	Rona Sweeney	NHSGG&C Board Member
Flavia Tudoreanu	NHSGG&C Board Member	
Charles Vincent	NHSGG&C Board Member	
<b>Non-Voting Members</b>	Jonathan Best	Chief Operating Officer, NHSGG&C
	Mike Burns	Assistant Chief Officer, Children's Services
	Gary Dover	Assistant Chief Officer, Primary Care
	Dr Julia Egan	Chief Nurse
	Dr Richard Groden	Clinical Director (substitute for Dr John O'Dowd)
	Anne McDaid	Staff Side Representative (substitute for Mags McCarthy)
	Susanne Millar	Interim Chief Officer
	Anne Scott	Social Care User Representative
	Chris Sermanni	Glasgow City Council, Staff Side Representative
	Dr Michael Smith	Lead Associate Medical Director
	Shona Stephen	Third Sector Representative
	Sharon Wearing	Chief Officer, Finance and Resources
<b>In Attendance:</b>	Allison Eccles	Head of Business Development
	Courtney Farrell	Business Support Officer (Minutes)
	Stephen Fitzpatrick	Assistant Chief Officer, Older People's Services
	Julie Kirkland	Senior Officer (Governance Support)
	Geri McCormick	Head of Commissioning
Pat Togher	Assistant Chief Officer, Public Protection and Complex Needs	

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**Apologies:**

Mags McCarthy  
Peter Millar

Staff Side Representative  
Independent Sector  
Representative

Anne Marie Monaghan  
Dr John O'Dowd  
Ann Souter

NHSGG&C Board Member  
Clinical Director  
Health Service User  
Representative

Clr Tanya Wisely

Councillor, Glasgow City Council

**1. Declarations of Interest**

There were no declarations of interest raised.

**2. Apologies for Absence**

Apologies for absence were noted as above.

**3. Minutes**

The minutes of 24 June 2020 were approved as an accurate record.

**4. Matters Arising**

The following matters arising were raised:

Members highlighted that a report on testing was to be provided for the Integration Joint Board and sought clarity on governance arrangements around the Cabinet Secretary's instructions to the Chief Executive.

Susanne Millar reported that as testing is not yet stabilised the report has not been prepared for the Integration Joint Board, although Officers do have sight of this.

Members requested that this action is detailed on the Rolling Action List.

Officers

**5. Integration Joint Board Rolling Action List**

Allison Eccles presented the IJB Rolling Action List advising that there were two actions open which relate to Set Aside and Youth Involvement on the IJB Public Engagement Committee.

Care Home testing will be added to the rolling action list.

**6. Chief Officer Update**

Susanne Millar provided a Chief Officer Update to members advising:

The HSCP has challenges in planning and implementing recovery plans with the current infection increase in Greater Glasgow & Clyde and

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further restrictions being imposed as a result of this. There is work on-going on the potential impact on services however it has been agreed that recovery planning should continue with safety measures in place. There are concerns for a second surge with infection rates rising and winter approaching. Public Health are undertaking specific work in relation to this.

Susanne Millar gave reassurance to the IJB that business continuity remains in place; the GCHSCP Executive Team meet twice weekly, and the Interim Chief Officer attends the Strategic Executive Group (SEG) in the Health Board three times per week as the lead for the six HSCPs. Recovery Tactical Groups are in place for Health and the Interim Chief Officer is the lead for the HSCP Tactical Group. Officers highlighted the test on the resilience of staff over the past 6 months.

Officers reported that the Community Assessment Centre at Barr Street has continued to operate and work has been undertaken with primary care leads and the clinical director to ensure planning to obtain full staff capacity if required. Winter flu planning is underway. Officers noted the complexity around safe measures for vulnerable client groups which has more than doubled from the previous year.

Officers advised that the Mental Health Assessment Unit has been stabilised to manage mental health needs during Covid-19. A business case been accepted for an additional resource.

A lessons learned meeting has taken place around the experience with care homes throughout Covid-19, and procedures are in place around forensic cleaning. Julia Egan, Chief Nurse, has agreed to investment in care home liaison services which includes infection control.

Care Home testing is now being facilitated via Barr Street and the feedback from HSCP care homes has been positive with reports that tests are now coming back quicker and staff at Barr Street are responding to any issues.

Officers acknowledged the on-going challenges around Covid-19 however stated that immediate and longer term plans are still progressing and the Programme for Government is being considered. The Chair suggested that a Development Session is arranged to discuss the national review.

Members and Officers agreed to a development session taking place and that the work around Maximising Independence should be highlighted.

Members sought clarity if there has been any positive learning in general practice around telephone consultations and whether this will remain an option in the future to allow a more efficient service. Clarity was also sought on which type of consultations are taking place and if referrals to other services are on-going.

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Officers advised that there is work on-going in acute and primary care around the digital strategy which includes telephone consultations and there is a commitment from GP practices that this will remain on offer to patients given the positive feedback. GP's have also adapted to this approach and there is national work on video consultations taking place. There is on-going learning via the equalities leads and primary care governance group.

Officers further reported that the escalation plan for primary care across NHS Greater Glasgow and Clyde outlined which services were paused and what was continuing throughout Covid-19, and routine work was paused which included some referral services. GP's also have the responsibility to make their own clinical decision on which type of consultation takes place. Members were advised that should there be concern for any specific practices then this can be discussed with clinical directors.

Members referenced the digital strategy and work being done to facilitate a digital approach across health and social care and whether this could be shared.

Officers confirmed that the Strategy is still being progressed and it can be shared with the IJB when finalised.

Members noted that it is positive that care home testing is now an HSCP responsibility, although raised concern that as infection rates increase there will be discharges from acute and sought clarity on what the practice is around testing.

Officers advised that procedures have been in place since April 2020 and anyone over 70 is tested as they are admitted to hospital and there are no discharges to care homes unless there has been two negative Covid-19 tests. A discharge letter detailing the tests undertaken is issued which provides reassurance to care home staff. In addition, there are new regulations in place which requires care of elderly staff in hospitals to be tested on a weekly basis.

The Staff Side Representative sought clarify from officers in light of the latest announcement from the Scottish Government, and if there would be any changes to recovery plans for the staff who have underlying health conditions or were previously shielding.

Officers reported that there was no instructions given from the recent announcement around underlying health conditions or shielding however there has been early discussions with the Executive Team around plans should this position change. The risk assessment for underlying health issues has been further issued to management to update as required for individual staff. The HSCP will continue to seek advice from Public Health. Officers agreed for a meeting to take place with Staff Side Representatives.

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Members sought reassurance from Officers that essential services would continue to be delivered despite the recent Scottish Government announcement.

Officers advised that there is a commitment from the HSCP to provide essential services and there has been an increase of people being seen face to face where required. There is on-going liaison across the six HSCPs and the Health Board to ensure a whole system approach to delivering services.

Members sought clarity around the decision making process specifically for Social Work visits within Children's Services and if there was a set of principles that detailed the prioritisation of services.

Officers advised that weekly briefings have been issued to the IJB which contain detailed information regarding Children's Services. These are available on the HSP website. The Red Amber Green (RAG) approach was implemented quickly in liaison with Education Services, and these are reviewed weekly based on vulnerability. Officers added that weekly data is also provided to the Scottish Government specifically around face to face engagement with service users.

Members requested clarity on the governance process and what opportunities were available for the IJB to scrutinise the decision making process. Officers highlighted that it is a clinical and professional decision making process and principals have been set out across each client group. Members suggested that it would be appropriate for the IJB to sign off the principles rather than the detail. The Interim Chief Officer agreed to speak to the HSCP Executive Team to consider how best to give assurances to the IJB on the governance processes around decision making. Officers highlighted that weekly data is provided to the Scottish Government regarding Adult Protection and Child Protection which includes a comprehensive data set. Officers suggested that some context to that could be included in the Clinical and Professional Quarterly Assurance Statement that is reported to the IJB Finance, Audit and Scrutiny Committee.

Members noted the resilience of staff during Covid-19 and queried what options there are to provide on-going support to staff and increase capacity.

Officers confirmed that additional resources were brought in at the start of the pandemic and resources have also been redirected where necessary. Business support staff have also provided additional capacity to support the strategic work. There is also work on-going from the Organisational Development team around staff experiences of the past six months and what further support should be put in place.

Members sought clarity around staffing capacity in home care. Officers confirmed that a recruitment campaign is underway and the HSCP are looking to recruit 200 new staff across care homes and home care.

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There has been a good response with a high quality of applications so far. This will ensure resilience in the workforce

#### 7. NMSGC Remobilisation Plan

Susanne Millar delivered a presentation on the Remobilisation Plan for NHS Greater Glasgow and Clyde for the period August 2020–March 2021. The presentation provided an update on; key principles; Covid-19 predictions; engagement; public engagement; public health; planned care; unscheduled care; mental health; primary and community care; workforce; digital and innovation; infection control; and finance.

The plan focuses on responding to Covid-19 and winter planning, and strengthening the response to health and inequalities. The key principles are maximising digital tools, supporting staff health and well-being, flexible recovery planning, and access to clinical decision makers quickly.

Officers advised that future Covid-19 predictions were remodelled by the Scottish Government. The Recovery Tactical Group is led by Jennifer Armstrong, Medical Director, which sits along-side Acute and HSCP Tactical Groups. Clinical advisors were identified to support the process and staff engagement was embedded on all recovery work. The Board's Scientific and Technical Advisory Group also provided guidance around infection control.

The remobilisation plan has not yet been presented to the public although there has been public engagement around experiences with virtual models, GP Out of Hours and community assessment centres. There is on-going liaison with Public Health who have been repositioned to address any enquiries via assessment centres.

Officers reported that the work in planned care expanded the use of digital consultation with outpatients, extending the evidence-informed quality improvement programme, and clinical validation and reprioritisation of waiting lists. There has been a lot of work undertaken in unscheduled care to support successful service changes implemented during Covid-19 and the use of RAG status to support the flow of patients.

Officers highlighted that mental health remains a high priority and Glasgow City are leading on the remobilisation work with an expected increase in demand for mental health support. The use of digital response is being optimised and there is work with third sector organisations as key partners to remobilise these services.

Officers advised that the primary care improvement plan (PCIP) covers care at home, building based work and respite. The activity in MSK physiotherapy and podiatry has been increased and pharmacy first has been implemented.

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Officers acknowledged that staff mental health and well-being remains a priority, particularly front line staff around their experiences throughout Covid-19, and there has been a lot of learning from working from home. The HSCP have implemented frameworks to support the workforce and recognise individual needs.

The HSCP continue to work with Acute on infection control and there has been benefits of having infection control in community settings.

Officers reported that the financial position for remobilisation plan needs confirmed from the Scottish Government

Officers highlighted the challenges for the HSCP for the forthcoming year are; patient and staff safety; wellbeing of staff; health inequalities; flexibility to manage Covid-19 escalations and winter planning; service re-designs whilst managing backlog and new demand, and the financial sustainability.

Members thanked officers for the work undertaken throughout the pandemic and highlighted the importance of parallel work for non-pandemic activity.

Members welcomed the recruitment to increase infection control capacity across care homes and asked for an update on how the recruitment process was going.

Officers advised that a specific team will be created for care homes which will allow nursing and MDT staff to work in a wrap-around environment. A number of adverts are out which includes a lead nurse, team leaders, practice development nurses and infection control nurses. There will also be care home liaison nurses to support the three locality areas.

There has been a lot of interest and a high quality of applications from experienced infection control nurses.

Members acknowledged the inequality around dental health and sought any information around this.

Officers advised that they are aware of this issue and noted that Oral Health is led by East Dunbartonshire as this is a Hosted Service.

## **8. Alcohol and Drug Partnership Investment Plan Update**

Pat Togher presented to the Integration Joint Board an update on the Alcohol and Drug Partnership (ADP) development plans for investment, including the 2020/21 third year allocation of Scottish Government Local Improvement Fund (LIF) for alcohol and drug services and the new Drug Death Task Force (DDTF) funding.

Officers reported that the report details the activity since January 2019 and includes approval of two further investments; The Navigators

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Project and Outreach Sexual Health and HIV services to Homeless and Addiction Services. Drug Death Taskforce Funding is highlighted within section 5 of the report and the appendix displays the activity of the six strategic priorities.

Members sought further clarity on the expected outcomes and the impact the expenditure will have. They also queried if funding resources will be explored for the prison pilot, should this not be fully funded.

Officers highlighted that the expected outcomes are detailed within the six strategic priorities and these are reviewed via the ADP Executive Group. Officers added that the overall outcome is to reduce drug related deaths, Further consideration will be given to the prison pilot and this will be fed through the ADP.

Members queried what the impact has been on services not being as active during the lockdown period.

Officers noted that the RAG system was beneficial to mitigate risk and complex cases continued to be seen frequently. The city centre outreach services also continued throughout the pandemic which has resulted in getting more people into treatment from ages 18-25. The HSCP also placed around 600 service users in hotels.

#### **The Integration Joint Board:**

- a) noted the proposals outlined in this report;**
- b) approved the additional planned activity funded from the Scottish Government ADP Local Improvement Funding; and**
- c) approved the activity funded by Drug Death Task Force fund.**

#### **9. Mental Health Strategy and Implementation**

Michael Smith presented to the Integration Joint Board an update on further development and implementation of the Mental Health Strategy across the City and the progress of spend in relation to Action 15 funding.

Officers reported that the mental health strategy preceded the Moving Forward Togher (MFT) programme although MFT has since been suspended pending remobilisation plans and it is anticipated that there will a service redesign. The key aspects are noted within 2.2 of the report with officers noting that Covid-19 has emphasised the importance of early intervention and the need to strengthen the strategy.

Unscheduled Care will be redesigned to shift the balance of care to support community services. The Scottish Government have provided additional funding and there will be close liaison with primary care to invest resources with an intention to recruit 100 new posts by 2021; the appendix highlights how this will be achieved. A further report will be presented to the Integration Joint Board in 2021.

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Members questioned how the work is being assessed to ensure outcomes are being met and if there is a way to set milestones to ensure the measures are producing the outcomes we are hoping for. Members would welcome further discussion outwith today's meeting and suggested a Development Session which looks to progress an outcomes based approach.

Officers reported that proxy measures are in place however acknowledged the complexity to measure outcomes individually, particularly in mental health. There is however early indication of outcomes within unscheduled care and clinical mental health and the Integration Joint Board will have the opportunity to view these outcomes.

Members referenced the budget for £2.9m for this financial year which states that further funding will be available if required, and queried whether officers expect that this will be needed.

Members referenced data for England around the impact of Covid-19 on the general mental health of the population and questioned whether there is anything specific for Scotland. Members also advised that they are fully supportive for lived experience to be part of the workforce.

In terms of funding, Officers advised that the service is responding to situations as they happen and there is a need to link with Acute, Primary Care and Health Improvement to ensure it is coordinated to good effect. Officers advised that the mental health assessment unit will incur additional costs and discussions are required with the Health Board on how this will be met. .

Officers reported that there is no specific data for Scotland on the impact on mental health however it is expected that findings from England will be similar for Scotland. Officers advised that a steering group has been set up to look at the impact on the BME community which involves clinicians, academics and community organisations.

Members highlighted that there is a lot emerging evidence from the pandemic regarding the BME community and this has been discussed at the social recovery taskforce. Members queried if there will be a mid-term review of the Mental Health Strategy to ensure it is meeting all the outcomes and actions due to the changing picture as a result of the pandemic. Members also suggested that the EQIA requires to be updated regarding the emerging evidence coming out from the protected characteristics groups.

Officers agreed and confirmed a short life working group has been set up which will carry out a strategy refresh to prioritise what is being done. Officers highlighted opportunities to rethink the approach to the needs and preferences of protected characteristic groups.

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**ACTION**

**The Integration Joint Board:**

- a) noted the content of the report;**
- b) approved the Programme of Spend for 2020/21; and**
- c) requested a further update on the implementation of the Mental Health Programme by September 2021.**

**10. Commissioning and Procurement Strategy 2020/21**

Geri McCormick presented to the Integration Joint Board an update to the previous Commissioning and Procurement Strategy and set out the strategic context within which Glasgow City Health and Social Care Partnership will continue to develop and apply their approach to procurement and commissioning.

Officers advised that the report gives a summary of the work implemented since it was last presented to the Integration Joint Board. The forthcoming tender activity is highlighted within section 7 and 8 of the report and has emphasised the need for commissioning to be applied to the development of services with on-going monitoring and support. Covid-19 has highlighted the crucial role of commissioning to support providers and the need for partnership working for a collaborative approach. Officers noted the successful work on the Alliance to End Homelessness, with lived experience being crucial and this will be the approach going forward.

Officers reported that there is work on-going with Scotland Excel around national contracting arrangements and quarterly meetings are in place.

**The Integration Joint Board:**

- a) noted the contents of this report;**
- b) approved the Commissioning and Procurement Strategy for the IJB as outlined within this report;**
- c) approved the planned tender activity outlined in section 8.2; and**
- d) approved the proposal to delegate authority to the IJB Finance, Audit and Scrutiny Committee to approve and direct the Council to carry out tender activity at 8.2 for which full details are not currently available.**

**11. Glasgow City IJB Budget Monitoring Statement for Month 4/ Period 5 2020/21**

Sharon Wearing presented to the Integration Joint Board the financial position of the Glasgow City Integration Joint Board as at 31<sup>st</sup> July 2020 (Health) and 31<sup>st</sup> July 2020 (Council), and highlighted any areas of budget pressure and actions to mitigate these pressures.

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Officers reported that initial savings set out will not be achieved and highlighted challenges with Maximising Independence for this financial year. The underspends and overspends for each client group is noted within section 5 of the report with Officers highlighting the overspends within the prescribing budget and the price increases in some prescription drugs. The budget may also be impacted by Brexit.

Officers referenced section 5.5 of the report which highlights the response to Covid-19. The Scottish Government has provided £5.8m funding with funding from Health expected in October 2020. There has been an overspend of £224k which is lower than the budget to date. This does not take into account future funding from health.

Members sought clarity on whether savings not achieved as a direct result of funds being diverted to other areas for the Covid-19 response were being recorded and if the financial challenge has been raised with the Scottish Government

Officers advised that that there are some areas where there has been specific funding from the Scottish Government for Covid-19 response specifically Action 15, ADP, Mental Health and Primary Care. There is also a monthly return to the Scottish Government around delegated services and any loss of income and non-delivery of saving is highlighted. There have however been direct savings coming from Covid-19 and the financial position will be clearer when funding is known.

Officers advised that a report will be presented to the Integration Joint Board on school nursing which will require specific funding.

Members sought further clarity around the challenges with Maximising Independence and the importance of this funding being protected.

Officers clarified that initial savings set out cannot be achieved as the work was unable to be progressed due to Covid-19, and advised that funds are protected as these were moved to earmarked reserves.

#### **The Integration Joint Board:**

- a) noted the contents of this report;**
- b) approved the budget changes noted in section 3; and**
- c) noted the summary of current Directions (Appendix 2).**

## **12. Equalities Outcomes 2020-2024**

Fiona Moss presented to the Integration Joint Board the development of the new equalities outcomes 2020-2024 for consideration and approval.

Officers reported that the Integration Joint Board approved the equalities mainstream report in March 2020 and acknowledged that engagement activity was impacted due to the pandemic.

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Officers highlighted the Integration Joint Boards responsibilities at 2.2 of the report and outlined the seven equality outcomes. The outcomes have been influenced by engagements prior to and post lockdown and the general feedback was positive but also challenged the organisation to do more.

The seven new equality outcomes for 2020-2024 are noted within section 4 of the report and cover a number of strategic areas of work across the HSCP.

Officers highlighted key actions specific to protected characteristics groups and acknowledged the challenges to demonstrate changes over time. Officers emphasised that equalities issues have been further evidenced throughout Covid-19.

Members welcomed the equalities outcomes being reviewed but queried whether there is confidence that the emerging issues arising from Covid-19 are being met.

Officers reported that a midpoint review will be presented to the IJB and there is a commitment to carry out a health and wellbeing survey with the five largest BME groups in the city.

The Interim Chief Officer requested views and opinions from members and advised that the HSCP are using this as an opportunity to reflect on what we are not getting right in relation to equalities. Officers are happy to take further comments outwith today's meeting.

Members acknowledged the work that has been undertaken around the revised outcomes but questioned if engagement had also addressed the proposed measures of progress. Members suggested that the measures needed to better reflect progress towards outcomes rather than, for example, measuring inputs such as training.

Officers acknowledged the comments around measures and will ensure this is addressed.

Members highlighted the wording around BME patients at outcome 4 and suggested the wording needs to be reviewed to avoid racial profiling. Members further suggested that outcome 7 is amended to outline the diversity within the Integration Joint Board and senior management team should be strengthened

Fiona Moss acknowledged and welcomed comments from members and agreed to discuss further outwith the meeting.

The Chair welcomed the report but agreed that further conversations are required around language and outcomes. Officers to bring an update back to a future meeting.

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**ACTION**

**The Integration Joint Board:**

- a) approved the new equalities outcomes 2020-2024 which will be incorporated into the previously approved Equalities Mainstreaming Report 2020-2024;**
- b) considered and commented on the Equalities Outcomes; and**
- c) authorised the Interim Chief Officer to provide final approval for any changes arising from IJB member feedback**

**13. Annual Performance Report 2019/2020**

Susanne Millar presented to the Integration Joint Board the Annual Performance Report for the Health and Social Care Partnership for the year 2019/20 to seek approval.

Officers highlighted that the report was presented at the IJB Development Session on 16 September 2020 with lengthy discussion taking place.

**The Integration Joint Board:**

- a) approved the attached Annual Performance Report;**
- b) noted that some final year-end figures will be included once available;**
- c) approved that responsibility for any final amendments to the report to incorporate these year-end figures will be delegated to the Interim Chief Officer; and**
- d) noted that a Summary Version will also be produced and published.**

**14. Review of Participation and Engagement: Participation And Engagement Strategy**

Allison Eccles presented to the Integration Joint Board the findings of the review of the IJB Participation and Engagement Strategy to seek approval for the revised Strategy and Action Plan.

Officers noted that the reports for Item 14 and Item 15 were presented at an IJB Engagement Session on 10 August 2020 with substantial discussion. The feedback and key findings are highlighted within section 4 of the report and updates to the strategy are outlined at section 5.1.

**The Integration Joint Board:**

- a) noted the findings in relation to the review of the Participation and Engagement Strategy; and**
- b) considered and approve the revised Participation and Engagement Strategy and Action Plan.**

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#### 15. **Review of Participation and Engagement – Communications Strategy**

Allison Eccles presented to the Integration Joint Board the findings of the review of the HSCP's Communications Strategy to seek approval for the revised Strategy and Action Plan.

##### **The Integration Joint Board:**

- a) noted the findings in relation to the review of the Communications Strategy and;**
- b) considered and approved the revised Communications Strategy and Action Plan.**

#### 16. **Glasgow Integration Joint Board Membership**

Allison Eccles presented to the Integration Joint Board Membership an update on IJB membership and sought approval for a number of appointments to the IJB and its committees.

Officers outlined the appointments requiring approval at 5.1 and 5.2 and updated that Flavia Tudoreanu has confirmed she will fill the remaining NHS Non-Executive vacancy on the Finance, Audit and Scrutiny Committee.

##### **The Integration Joint Board:**

- a) noted the appointments to the IJB outlined in section 3.1, 3.2 and 3.3;**
- b) noted the appointments to IJB Committees at 4.2 and 4.3; and**
- c) approved the appointments outlined at 5.1 and 5.2.**

#### 17. **Primary Care Improvement Plan Interim Report September 2020**

Gary Dover presented to the Integration Joint Board the progress made to implement Glasgow's PCIP and described some of the additional, wider work that has taken place in primary care in response to the Covid-19 pandemic.

Officers advised that it was agreed that a 6 monthly report on progress would be presented to the Integration Joint Board and advised that there is a lot of information that relates to pre lockdown and a lot of services have since been paused. The overall objective is to reduce the general practice work to free up GP time to focus on complex needs and to focus on improving patient experience.

Officers highlighted the six workstreams outlined in the plan. There will be challenges to deliver the expectations and a decision was taken this year on priorities for the use of PCIP funding. Agreement was reached on the commitment around the vaccination transformation process as well as additional mental health support

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#### **The Integration Joint Board:**

- a) noted the progress made during in progressing the PCIP for Glasgow;**
- b) noted the main risks, challenges and opportunities associated with the PCIP; and**
- c) noted the work that has been undertaken in response to Covid-19.**

#### **18. Reframing and Renewal of the Glasgow City HSCP Maximising Independence Programme**

Stephen Fitzpatrick presented to the Integration Joint Board an update on the reframing and renewal work underway to support the delivery of the Maximising Independence Programme and sought their endorsement of the key requirements identified to support continued progress and momentum.

Officers highlighted the impact of the pandemic resulted in the Maximising Independence activity being paused, with this resuming in June 2020 and monthly Board meetings taking place. These will move to a quarterly cycle with monthly executive meetings taking place which will include the five workstream leads.

A range of recruitment is ongoing and is expected to be concluded by September 2020. The learning and experiences from the pandemic will be reflected in the programme going forward.

Officers advised that the HSCP has commissioned an external research company to test the vision and mission statements as well as other key messages with the public. Officers reported that one key lesson has been the infrastructure around the inclusion agenda and the recognition that a priority focus is robust digital infrastructure. Maximising Independence will be the umbrella for that across the HSCP.

Members acknowledged that it is helpful to see what is emerging from the work being undertaken

#### **The Integration Joint Board:**

- a) noted progress to date;**
- b) supported the renewal and reframing plans for Maximising Independence;**
- c) endorsed the recommended key requirements to ensure programme delivery and momentum**
- d) noted the proposed resumption of routine progress reports to the IJB; and**
- e) supported the development of singular approach for the HSCP's digital infrastructure and inclusion strategy through the Maximising Independence Programme.**

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#### **19. Annual Risk Management Review 2019/20**

Allison Eccles presented to the Integration Joint Board an annual summary on the risk management activity and risk registers maintained within the Glasgow City Health & Social Care Partnership during 2019/20 for information.

##### **The Integration Joint Board:**

- a) noted the content of this report; and**
- b) noted the attached Integration Joint Board, Social Care and Health risk registers.**

#### **20. IJB Committees – Update from the Chair of the Finance, Audit and Scrutiny Committee**

Cllr Morgan presented an update to the Integration Joint Board as the Chair of the Finance, Audit and Scrutiny Committee advising:

The Annual Audit plan for 2020/21 is being reviewed in light of Covid-19 and will be presented to the next Committee.

A report was presented on inspections of Care at Home and Housing Support Services and all gradings were good or very good.

Performance presentations were provided on Older People; Care Services and Homelessness which was beneficial and the full discussions around these will be contained within the minutes.

#### **21. Glasgow City Integration Joint Board – Future Agenda Items**

Allison Eccles presented to the Integration Joint Board the future agenda items for the IJB in November 2020.

#### **22. Next Meeting**

The next meeting will be held at 9.30am on Wednesday 25th November 2020.