

NOT YET APPROVED AS A CORRECT RECORD

**Glasgow City Integration Joint Board****IJB(M)2021-06**Minutes of a virtual meeting held  
at 2.00pm on Wednesday, 1<sup>st</sup> December 2021**Present:****Voting Members**

Simon Carr	NHSGG&C Board Member (Chair)
Bailie Annette Christie	Councillor, Glasgow City Council
Cllr Mhairi Hunter	Councillor, Glasgow City Council (Vice Chair)
Amina Khan	NHSGG&C Board Member
Cllr Jennifer Layden	Councillor, Glasgow City Council
John Matthews	NHSGG&C Board Member
Bailie Anne McTaggart	Councillor, Glasgow City Council
Cllr Maggie McTernan	Councillor, Glasgow City Council
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
Cllr Martha Wardrop	Councillor, Glasgow City Council

**Non-Voting Members**

Martin Culshaw	Deputy Medical Director – Mental Health & Addiction Services
Gary Dover	Assistant Chief Officer, Primary Care & Early Intervention
Allison Eccles	Head of Business Development / Standards Officer
Dr Julia Egan	Chief Nurse
Margaret Hogg	Assistant Chief Officer, Finance (substitute for Sharon Wearing)
Jacqueline Kerr	Assistant Chief Officer, Adult Services / Interim Chief Social Work Officer
Margaret McCarthy	Staff Side Representative (NHS)
Peter Millar	Independent Sector Representative
Susanne Millar	Chief Officer
Dr John O'Dowd	Clinical Director
Chris Sermanni	Staff Side Representative (GCC)
Shona Stephen	Third Sector Representative

**In Attendance:**

Ian Bruce	Chief Executive, GCVS
Mike Burns	Assistant Chief Officer, Children's Services
Stephen Fitzpatrick	Assistant Chief Officer, Older People's Services
Julie Kirkland	Senior Officer (Governance Support)
Karen Lamb	Interim Head of Specialist Children's Services
Claire Maclachlan	Governance Support Officer (Minutes)
Pat Togher	Assistant Chief Officer, Public Protection & Complex Needs

**Apologies:**

Susan Brimelow	NHSGG&C Board Member
Patrick Flynn	Head of Housing Regeneration Services, NRS, GCC
Anne Marie Monaghan	NHSGG&C Board Member
Anne Scott	Social Care User Representative
Ann Souter	Health Service User Representative
Sharon Wearing	Chief Officer, Finance and Resources

**1. Declarations of Interest**

The following declarations were noted.

Peter Millar declared an interest in the following items:

- Item 8 – Winter Planning for Health and Social Care
- Item 14 – IJB Stakeholder Members – Nominations Process
- Item 15 – Short-Life Working Group on Performance – Update
- Item 17 – Winter Planning 2021-2022
- Item 18 – Glasgow Alliance to End Homelessness

Councillor Jane Morgan declared an interest in Item 12 – Strategic Partnership with University of Strathclyde

**2. Apologies for Absence**

Apologies for absence were noted as above.

**3. Minutes**

The minutes of 22<sup>nd</sup> September 2021 were approved as an accurate record.

**4. Matters Arising**

There were no matters arising.

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

Allison Eccles presented the IJB Rolling Action List advising there are five actions which are ongoing so therefore remain open. The following actions were highlighted.

Ref No 39 – Older People's Transformational Change Programme – Set-aside budget – this action has a timescale of January 2022.

Ref No 54 – Review of the Youth Advisor Representative position on the IJB Public Engagement Committee (PEC) – this action is now closed as it has been passed to the IJB PEC to conclude the work and proposed approach.

Ref No 60 – Short Life Working Group (SLWG) on Performance – this action is now closed as a report is being presented under item 15 on the agenda today.

Ref No 61 – Scottish Government Funding for Improved Mental Health Services and Support for Children and Young People – this action remains open.

Ref No 63 – New IJB Complaints Procedure – Simon Carr advised this action is still ongoing and he will raise at the next IJB Chairs and Vice Chairs Executive Group meeting.

## **6. Chief Officer Update**

Susanne Millar provided the Chief Officer Update.

In relation to COVID-19, as at 30<sup>th</sup> November 2021, Glasgow City cases were 248 per 100k; the overall figure for Greater Glasgow and Clyde is 303. The Estimated Dissemination Rate (EDR) in Glasgow City is 0.90; Greater Glasgow and Clyde is 0.94.

There is a level of uncertainty in relation to the new Omicron variant, and the advice from Public Health is that it will be a number of weeks until there is evidence in relation to the impact from this new variant and the subsequent impact on the Health and Social Care system. There is clear evidence on the transmissibility of the new variant.

In relation to staff, there is a clear approach in terms of risk assessments for office working. The Accommodation Group are adhering to all requirements provided by Public Health to ensure there is a consistent approach.

Weekly meetings are now in place with the Cabinet Secretary in relation to delayed discharges in Glasgow City. These are attended by the Cabinet Secretary, the Chief Executives of the Health Board and Local Authority, Councillor Currie from COSLA, GCHSCP Chief Officer and colleagues from the Scottish Government. Delays in the city as at 30<sup>th</sup> November 2021 were 108, 49 of which were Adults with Incapacity (AWI). Glasgow City is high in volume but not out of step with other parts of Scotland, and the level of complexity in the city is significant. There is good support from the Scottish Government in relation to the winter pressures money.

The Chief Officer passed on her congratulations to the HSCP's Homelessness Health and Asylum Team in Hunter Street who were announced as the winner of the People's Choice Award at the recent Scottish Health Awards. This is a significant achievement for the team who were subject to a complete service redesign in the face of COVID-19.

Members questioned how prepared Officers are in relation to the new variant, and the impact this could have on staffing and pressure on services.

Officers reassured Members that mitigation of staffing pressures is an ongoing consideration and is given daily focus. Staffing pressures have eased in the last 4 weeks in relation to COVID-19. There are initiatives in relation to recruitment, particularly in front line services and further detail is included in the Winter Pressures report at Item 8. As a result of the experience of the last 18 months, the HSCP is clear on critical services and the potential impact of another wave in the community. The COVID-19 pathway has been maintained

at the Community Assessment Centre in Barr Street which puts the HSCP in a better position in terms of being prepared for a further wave.

Members questioned if any actions have come from the Delayed Discharge meetings that the HSCP should be taking forward.

Officers advised there has been no specific actions or requirements from the Scottish Government thus far, however there is a better understanding of the complexity in Glasgow City.

Members congratulated the Homelessness Health and Asylum Team on their achievement at the Scottish Health Awards.

## **7. Glasgow City IJB Budget Monitoring Report for Month 6 and Period 7**

Margaret Hogg presented report which outlines the financial position of the Glasgow City Integration Joint Board as at 30<sup>th</sup> September (Health) and 23<sup>rd</sup> September 2021 (Council) and highlights any areas of budget pressure and actions to mitigate these pressures.

Members referred to the unfunded re-grading for health visiting from 2018 and questioned if Officers have advocated for funding for this.

Officers advised they continue to have discussions with the Scottish Government in relation to the health visiting re-grading. This is historic and has been in place for a number of years, but to date Officers have not had any success in securing additional funding. Officers will continue to raise this issue with Scottish Government.

Members sought clarity on the net underspend of £4.7m that is forecast in the probable outturn and how Officers reached this figure.

Officers advised the underspend is linked to the pandemic and the reductions in some service areas, such as purchased care homes, personalisation, etc. This was similar to the situation in 2020 and is still being seen in 2021/22. It is important that the underspends relating to the pandemic are noted separately from those related to operational service delivery.

Members questioned what the human impact is with regards to the lack of services.

Officers advised the Finance Team work closely with Strategic and Operational Teams to make sure links are made. New demand is closely monitored and there is whole system working which gives a sense of volume as well as an understanding of acuity.

Members noted the difficulties with regards to the funding from the Scottish Government being allocated with specific guidelines for spend with very tight timescales, and the challenges around recruitment. The importance of explaining this to the public was highlighted.

Officers advised that they continue to have discussions with the Scottish Government with regards to the non-recurring funding and the difficulties in delivering the spend. The IJB Annual Accounts which are published on the HSCP website for public viewing highlighted significant money received in the last part of the financial year which will generate an underspend, however it notes this is earmarked for specific purposes.

Discussion took place regarding recruitment and Officers highlighted the strategic approach being taken to this. The Assistant Chief Officer (ACO) for HR has met with the other ACOs in the HSCP to look at a 3-year financial plan. This is being mapped against what the recruitment requires to be. Options are being looked at for entry level into the organisation and how to better develop talent coming into health and social care. An internal learning academy approach is being explored. Recruitment is being discussed with all Chief Officers across Greater Glasgow and Clyde (GG&C) to minimise taking resource from elsewhere.

Members questioned how effectively awareness is being raised to the opportunities and rewards of working in non-graduate areas of health and social care and suggested Skills Development Scotland may have a role in this.

Officers highlighted success in recruitment from the care leaving population into entry level home care and significant supported employment work in the recovery movement into the HSCPs addiction teams, however agreed that this this is not as systemic as it could be.

Members questioned if Officers are seeing any impact from Brexit with regards to recruitment.

Officers advised there has been no significant impact in terms of the HSCP workforce in the city, however, there has been some impact on agencies and providers.

**The Integration Joint Board:**

- a) noted the contents of this report;**
- b) approved the budget changes noted in section 3;**
- c) noted and accepted and the final budget offer from NHS Greater Glasgow and Clyde (Appendix 2); and**
- d) noted the summary of current Directions (Appendix 3).**

**8. Winter Planning for Health and Social Care**

Margaret Hogg presented report to update on the funding received from Scottish Government for Winter Planning for Health and Social Care including the proposed use of these funds to support the health and social care system over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This report was developed jointly with all Assistant Chief Officers in the HSCP.

Members questioned how Hospital at Home will be provided and whether the independent and third sector are part of the proposals.

Julia Egan, Chief Nurse, confirmed that some guidance from the Scottish Government on Hospital at Home is prescriptive but there is some flexibility to work with partners. A lot of work has been done across the UK and these models are being looked at to learn lessons from what has already been set up. A Test of Change is being carried out working with patients who come into Queen Elizabeth University Hospital (QEUH) for a year and working with practitioners in the South locality. The emphasis just now is on recruiting nurses and EHPs into the team and it is hoped the service will start on 8 January 2022. The service will be rolled out further depending on the results of the test of change. There are links to frailty and falls work at the QEUH and building in referrals from GPs with the aim of avoiding people going into hospital in the first place.

Members questioned if the funding can be spent in an effective manner given the nature of how the funding is allocated and the tight timescales.

The Chief Officer welcomed the additional funding which is a recognition of the pressures in social care. The Executive Team in the HSCP have already carried out the strategic work and understand what they want to achieve medium term. Officers reassured Members that the direction of travel is not being governed by the need to spend the money. Decisions are being made based on the strategic oversight.

Officers continue to raise the issues with regards to non-recurring finding with the Scottish Government.

Members questioned if some programmes and projects can start earlier, given the underspend position.

Officers advised there are no issues with gaining access to funds to start programmes or projects earlier if required, however other factors to be considered include recruitment and the roll-out of the new I.T. system, Eclipse.

**The Integration Joint Board:**

- a) noted the funding being made available to support winter planning and system pressures within Health and Social Care;**
- b) approved the proposed investment as outlined in section 3;**
- c) noted that funding of new demand identified in Expanding Care at Home Capacity will be finalised as part of the 2022/23 budget once the full year impact of funding is known;**
- d) agreed that the Partnership will offer a 5.47% uplift to an agreed percentage of full contract values (detailed at paragraph 3.18), in line with typical workforce costs, to providers of Adult Social Care within**

**Glasgow Purchased Services including providers subject to the National Care Home Contract; and**

- e) **noted that this uplift will be subject to Providers confirming they will pay staff providing direct care within Adult Social Care at least £10.02 per hour from 1<sup>st</sup> December 2021.**

**9. Mental Health Recovery and Renewal Fund: Funding to Support the Increase in Eating Disorder Presentations Due to the COVID-19 Pandemic**

Jacqueline Kerr presented report to seek approval for the planned use of the nonrecurring emergency NHS Greater Glasgow and Clyde (NHSGGC) financial allocation 2021/22 to meet the urgent needs of eating disorder patients and services.

Members sought clarity on the transition from Child and Adolescent Mental Health Services (CAMHS) from age 18-25, and whether this was a change. Officers confirmed that children between 18 and 25, in certain circumstances, should continue to be seen in CAMHS and a transition programme is being developed to allow this to be seamless in terms of transition and care.

**The Integration Joint Board:**

- a) **approved the proposed utilisation of the non-recurring funding 2021 / 2022 allocation of the mental health recovery and renewal fund. Full year effect will not exceed £988,457, indicative expenditure quarter 4, Jan – Mar 2022 £246,000;**
- b) **noted the equal split of 2021 / 2022 funding resource between Child & Adolescent and Adult Eating disorder services;**
- c) **noted the planned use of the eating disorder allocation from the mental health recovery and renewal fund; and**
- d) **receive an updated progress report on any Mental Health Division Performance Unit assurance and written agreement of the Scottish Ministers to 12-month funding at a future meeting.**

**10. Mental Health Recovery and Renewal Fund: Phase 2 – Psychological Therapies**

Jacqueline Kerr presented report to update on phase two of the Scottish Government Mental Health Recovery and Renewal Fund which focuses on Psychological Therapies Improvement. The report seeks agreement to the proposed use of phase two funding.

Members questioned what the mitigation is in terms of risk in relation to the full year overspend in this area.

Officers advised the funding is now recurring which mitigates the risk.

**The Integration Joint Board:**

- a) **approved the planned use of phase two of the mental health recovery and renewal fund.**

**11. Mental Health Recovery and Renewal Fund: Child and Adolescent Mental Health Services**

Mike Burns presented report to update on proposals for the planned use of the first and second tranche of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23 specifically in relation to Specialist Children's Services: Child and Adolescent Mental Health Services (CAMHS).

Members asked for clarity on the implementation of the CAMHS specification and what impact this will have in relation to performance standards being met.

Officers advised they are beginning to see steady progress in relation to waiting times and integration still remains key in relation to Tier 1 and Tier 2 and the ability to divert pressure from CAMHS and waiting lists. A multi-faceted solution is required to meet waiting time standards and this report outlines proposals to build capacity in CAMHS. The speed on which recruitment can take place is key and won't be achieved in a single recruitment programme.

The Chief Officer suggested an IJB Development Session is arranged on Specialist Children's Services to outline the complexities. The funding outlined in the report will allow more children to be seen and waiting lists to be reduced however other factors will have an impact such as the significant investment in family support and the relationship with Education colleagues.

Members welcomed a development session on this topic.

Officers

Members requested more detail on the establishment of a national data gathering and research facility in NHS GGC.

Officers advised that the funding is for a national programme led by Greater Glasgow and Clyde and will predominately look at the I.T. infrastructure to collect data sets associated with CAMHS and neurodevelopmental conditions. It is not yet clear what the research element will focus on and a meeting is taking place with the Scottish Government in the next few weeks to discuss further.

**The Integration Joint Board:**

- a) **noted the priorities and funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery & Renewal priorities for CAMHS;**
- b) **agreed to a centralised whole GGC approach to increasing the workforce, undertaken in the initial stages, using an approach similar to that which is used for Action 15 monies in Adult Mental Health with budget delegated thereafter. Recruitment decisions will follow governance arrangements within each IJB;**

- c) **approved the proposed spending priorities identified for Phase 1 funding as outlined in Appendix 4 for Glasgow City as part of the wider plan; and**
- d) **noted that funding proposals for Phase 2 funding will be the subject of a future report.**

## **12. Strategic Partnership with University of Strathclyde**

Susanne Millar presented report to advise the IJB of discussions with University of Strathclyde Health and Care Futures Institute and to seek agreement to enter into a Strategic Partnership Agreement with University of Strathclyde.

Members welcomed the report and suggested Officers report back to the IJB in 18 months-2 years to see the output from the partnership agreement.

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

- a) **noted the partnership working already underway between GCHSCP and University of Strathclyde; and**
- b) **agreed there is now a formal strategic partnership agreement signed and a Strategic Board established.**

## **13. Justice Social Work Recovery Planning and Maryhill Women's Community Custody Unit**

Pat Togher presented report to update on progress made by justice social work in utilising the additional Scottish Government grant award received to support COVID-19 recovery work and the planning underway for the Women's Community Custody Unit (CCU) in Maryhill.

Members asked for clarity on the funding request and questioned if there should be funding in the system already for the model.

Officers advised that this service is being considered as new demand due to the unit being an additional facility and the services that will need to mobilise around the women in the unit.

Members questioned why the GP and nursing service was being proposed as an in-house service rather than community provision.

Officers advised that there is a need to balance risk management and the women located in the CCU will be assessed accordingly. For women who have community access they will have access to health and support services in the community and, where possible, in the Local Authority they will be returning to upon release. Some women in the Glasgow CCU will not have community access however and there will be a requirement to deliver some in-unit health and social work provision. The challenges in getting SPS staff to accompany people outwith the prison environment to health care was also highlighted.

It is still the aspiration of the model to entirely integrate women into the community who are nearing the end of their sentence however Officers highlighted that it has become complicated in terms of the profile of the women and the risk and how this can be managed with SPS and Social Work. The HSCP would be supporting a risk enabled approach and will support SPS in that aspiration in the community.

There is a workstream underway with SPS and Justice Services in relation to communications and engaging the local community and Officers will be incorporating that into this work.

Members questioned if there are not enough women assessed as low risk to fulfil the unit's purpose.

Officers advised that discussions have taken place on who the unit would best serve in terms of need and complexity of need. There is no threshold in terms of someone being ready. It would be based on individual's needs and how this can be managed through the CCU with the right support.

Members questioned if trans gender women would have access to the unit.

Officers advised that transgender inmates are looked after in the prison of their biological sex and are therefore not included in the community facility at the moment.

**The Integration Joint Board:**

- a) **noted the updates outlined in this report;**
- b) **noted both the Health and Social Work proposals to support the Glasgow CCU and the request for additional funding from Scottish Government; and**
- c) **supported and approved Officers to write to the Scottish Government and formally request that funding is allocated to support the Glasgow CCU.**

**14. IJB Stakeholder Members – Nominations Process**

Allison Eccles presented report to update on work to consider the process of appointing stakeholder representatives on the Integration Joint Board.

Members questioned how the membership of Local Engagement Forums are formed.

Officers advised that Locality Engagement Forums are open to local people and agreed to circulate information to Members.

Officers

Clarity was sought on the process for the Third and Independent Sector representatives in relation to who makes the decision and what criteria will be used.

Officers confirmed nominations for stakeholder members will be considered by the Chief Officer.

The Independent Sector representative suggested someone from that sector could be involved in the decision process and it was recommended that this is discussed outwith the meeting with the Chief Officer and Chair.

**The Integration Joint Board:**

- a) **noted the content of the report; and**
- b) **noted the decision to use the current processes to seek re-nomination/nomination of stakeholder representatives to the Integration Joint Board.**

**15. Short Life Working Group on Performance – Update**

Allison Eccles presented report to update on the work undertaken by the IJB's Performance Short Life Working Group (SLWG) and to seek approval for their recommendations.

Members thanked Officers for the work that was carried out in the SLWG.

**The Integration Joint Board:**

- a) **noted the content of this report; and**
- b) **approved the recommendations set out in 4.1 to 4.3**

**16. Maximising Independence in Glasgow City**

Stephen Fitzpatrick, Jacqueline Kerr and Ian Bruce presented the Maximising Independence presentation.

Officers highlighted the following points from the presentation.

Programme Structure:

- MI structured around Five Workstreams:
  - Changing the Nature of Care
  - Communication and Engagement
  - Communities
  - Maximising Wellbeing
  - Workforce and Culture

Changing the Nature of Care:

- Reforming the front door of services
- Development of Maximising Independence Teams across the City
- Development of the Multi-Disciplinary Teams in Primary Care
- Delivering community alternatives for complex needs
- Overarching focus on Shifting the Balance of Care

Communications and Engagement:

- Relationships are being built with key communications contacts and new material produced and evolving
- Engagement with stakeholders and the gathering of constructive feedback is progressing
- Developing the next stage of the communications and branding plan reflecting the Snook research
- The need for tangible examples demonstrating potential before and after positive impacts from MI is a challenge

Communities:

- Connections being made across workstreams influencing and strengthening proposals, but this can impact time taken to progress.
- Commissioning processes are challenging good community-based practice. There is a collective commitment to make this work and have reason for optimism with commissioning colleagues input at all stages now.

Radical Help – Hilary Cottam:

- Welfare state is no longer fit for purpose
- Care for long term conditions needs a completely different model
- The shifts in our social and economic realities are so fundamental we need to take a risk on changing the framework itself.
- Focus on supporting individuals, families and communities to grow their own capabilities - “modern welfare must create capability rather than manage dependence”.
- Modern challenges require our participation – “they cannot be cured by an expert or a process that is done to us”.

National Care Service:

- The collective HSCP/IJB view is that integration in its current form is working
- Maximising Independence is the best and most progressive strategic direction for community health and care
- Our strategic aim is to influence the NCS engagement process to promote both policy and direction

Members questioned when tangible examples will be available of what the service is currently, and what it will become.

Officers advised that there are two main areas where this will be demonstrated. The first is the Single Point of Access which will be a cultural change for social work staff as people will come into the system in a different way. This will align with the new social work information system (Eclipse) and the team will be in place in June 2022. The second area falls within Mental Health Recovery and Renewal and the commitment over a 5-year period around positive mental health in Primary Care. Three multi-disciplinary teams will be created, linked to clusters, which will provide a direct access route into specialist mental health services or other forms of support.

Officers will bring an update to the IJB when these models have developed. There is a move to a community asset approach and as part of the communication and engagement process, stories will be developed to provide real examples as soon as this is possible.

**17. Winter Planning 2021-2022**

Stephen Fitzpatrick presented report on the winter planning arrangements for 2021/22.

Members suggested involving the Third and Independent Sector in the planning arrangements for next year and questioned if agency staff could be used to assist with staffing.

Officers outlined the partnership approach in the joint planning structures that have been put in place during the pandemic. Weekly meetings take place and providers are key partners in this. Daily intermediate care huddles also take place and providers have been brought into the huddles to share challenges and solutions. A series of webinars has also taken place with the independent sector and care home sector.

**The Integration Joint Board:**

- a) **noted the report.**

**18. Glasgow Alliance to End Homelessness**

Pat Togher presented report to update on progress to date of the Glasgow Alliance to End Homelessness (GAEH), share key milestones and future priorities as detailed within the GAEH Strategy for 2021/22.

**The Integration Joint Board:**

- a) **noted the content of the report; and**
- b) **noted the key improvements and priorities as set out in the Glasgow Alliance to End Homelessness (GAEH) Strategy 2021-22 (Appendix 1).**

**19. Glasgow City HSCP Domestic Abuse Strategic Plan**

Pat Togher presented report to update on arrangements for progressing strategic planning proposals in relation to Domestic Abuse. This paper reflects on existing progress and sets out a structure which will assist in achieving the necessary change.

Members suggested the strategy also look at people with disabilities, addiction and mental health issues. Sensitives in relation to BAME groups should also be considered as well as young people and the connections to Sexual Health and relationship education in schools.

Officers advised this is a substantial piece of work which links across every component in the HSCP and the correlation with poverty and deprivation is also running through it.

**The Integration Joint Board:**

- a) **noted the contents of the report; and**
- b) **provide comments on the proposal for Glasgow City HSCP Domestic Abuse Strategy.**

**20. Multi Agency Public Protection Arrangements (MAPPA) Annual Report 2020-2021**

Pat Togher presented report to highlight to the IJB the Annual Multi Agency Public Protection Arrangements (MAPPA) report which was published on 5 November 2021.

**The Integration Joint Board:**

- a) **noted the content of this report.**

**21. Alcohol and Drug Partnership (ADP) Annual Report 2020-2021**

Jacqueline Kerr presented report to advise the IJB of the Alcohol and Drug Partnership (ADP) Annual Report 2020/21. To give IJB members an understanding of national plans for a Delivery Framework for ADPs. To update on progress on a local performance framework linked to the development of the ADP Intelligence Hub and our goal of aligning this with the national work.

Following submission of the Annual Report to the Scottish Government, a national report is produced.

**The Integration Joint Board:**

- a) **noted the contents of the Glasgow City ADP Annual Report 2020/21;**
- b) **noted the progress on the development of a national performance framework by Scottish Government and COSLA; and**
- c) **noted the progress on the development of an ADP Performance Framework aligned with national plans.**

**22. Chief Social Work Officer Annual Report 2020-2021**

Jacqueline Kerr presented the annual report from the Chief Social Work Officer for the year 2020/21, prepared in line with interim guidance for the 2020/21 report provided by Scottish Government.

**The Integration Joint Board:**

- a) **noted the report; and**

- b) noted that the Interim Chief Social Work Officer report has been submitted to the Scottish Government.

**23. North East Health and Social Care Hub**

Margaret Hogg presented report for the IJB to note the content of the Full Business Case (FBC) and approval of funding for the HSCP contribution of costs for the North East Health and Social Care Hub, and progression of the FBC to the Scottish Government's Capital Investment Group.

**The Integration Joint Board:**

- a) noted the contents of this report;
- b) noted the contents of the Full Business Case; and
- c) noted the progression of the FBC to the Scottish Government's Capital Investment Group on 15 December 2021.

**24. National Care Service Consultation – Glasgow City IJB Response**

Susanne Millar presented report to update on the submission of feedback on behalf of Glasgow City IJB to the consultation on the National Care Service.

**The Integration Joint Board:**

- a) noted the contents of the report and attached submission to the Scottish Government on the National Care Service consultation.

**25. IJB Committees – Update from Chair of Public Engagement Committee (meeting of 24 November 2021)**

This item was deferred.

**Item No 26 was excluded from the Public.**

**26. IJB Committees – Update from Chair of Finance, Audit and Scrutiny Committee (meeting of 20 October 2021)**

This update includes an item which refers to an Independent Contractor and as such this arrangement is governed by a contract between Glasgow City Council and the Independent Contractor. In line with Standing Orders (Section 8), the Chair is resolved to hear this item in private.

Rona Sweeney provided an update from the IJB Finance, Audit and Scrutiny Committee held on Wednesday 20<sup>th</sup> October 2021 and confirmed that other agenda items covered included an update on the Primary Care Improvement Plan; Complaints Activity; and Whistleblowing Standards for the NHS.

**27. Glasgow City Integration Joint Board – Future Agenda Items**

Allison Eccles presented to the Integration Joint Board the future agenda items for the IJB in 2022 for information.

**28. Next Meeting**

The next meeting will be held at 9.30am on Wednesday 19<sup>th</sup> January 2022 via Microsoft Teams.

The Chair advised that today would be the last IJB meeting attended by Flavia Tudoreanu and thanked Flavia for her contributions.