

Glasgow City Integration Joint Board**IJB(M)2021-05**

Minutes of a virtual meeting held
at 2.00pm on Wednesday, 22nd September 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
Anne Marie Monaghan	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
Cllr Martha Wardrop	Councillor, Glasgow City Council

Non-Voting Members

Gary Dover	Assistant Chief Officer, Primary Care & Early Intervention
Allison Eccles	Head of Business Development / Standards Officer
Dr Julia Egan	Chief Nurse
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
Anne Scott	Social Care User Representative
Chris Sermanni	Staff Side Representative (GCC)
Ann Souter	Health Service User Representative
Shona Stephen	Third Sector Representative
Sharon Wearing	Chief Officer, Finance and Resources

In Attendance:

Mike Burns	Assistant Chief Officer, Children's Services
Stephen Fitzpatrick	Assistant Chief Officer, Older People's Services
Julie Kirkland	Senior Officer (Governance Support)
Karen Lockhart	Head of Older People and Primary Care
Claire Maclachlan	Governance Support Officer (Minutes)
Gerri McCormick	Head of Commissioning
Stephen O'Hagan	Audit Scotland
Dr Saket Priyadarshi	Associate Medical Director and Senior Medical Officer, Glasgow Alcohol and Drug Recovery Services
Pat Togher	Assistant Chief Officer, Public Protection & Complex Needs

Apologies:

Jonathan Best	Chief Operating Officer, NHSGG&C
Susan Brimelow	NHSGG&C Board Member
Patrick Flynn	Head of Housing Regeneration Services, Neighbourhoods, Regeneration and Sustainability, GCC

1. Declarations of Interest

The following declarations were noted:

Peter Millar – Item 14 – Rapid Rehousing Transition Plan Service Developments 2021/22

Peter Millar – Item 20 – National Care Home Contract Settlement 2021/22 Update

2. Apologies for Absence

Apologies for absence were noted as above.

3. Minutes

The minutes of 23rd June 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 were five open actions which are ongoing.

Ref No 39 – Set-aside budget – this will be discussed under Item 17 – Unscheduled Care Commissioning Plan Update.

Ref No 54 – Review of the Youth Advisor Representative position on the IJB Public Engagement Committee – this was discussed at the IJB Public Engagement Committee (PEC) on 25th August 2021 and there was general agreement to try to be more inclusive by inviting young people and other stakeholder members to attend relevant meetings. The IJB PEC will monitor how this approach works and feedback over the next year.

Ref No 60 – Short Life Working Group (SLWG) on Performance – the timescale for this is December 2021.

Ref No 61 – Scottish Government Funding for Improved Mental Health Services and Support for Children and Young People – No new update on this.

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 on COVID-19 in the City and the Senior Management Team response to this.

As at 21st September 2021, Glasgow City cases were 500 per 100k; the overall figure for Greater Glasgow and Clyde is 555. The Estimated Dissemination Rate (EDR) in Glasgow City is 0.7; Greater Glasgow and Clyde is also 0.7.

In terms of the ongoing impact and pressures across the services, there are particular COVID-19 pressures within Care Homes in Glasgow City where there has been an increase in the number of positive staff members and more recently residents testing positive within the care homes. There are currently 12 confirmed outbreaks in Older People Care Homes. Two of the HSCP Care Homes out of the 5 have confirmed outbreaks, and there are 23 positive residents across Glasgow City. This is a much smaller number than waves 1 and 2 of the pandemic.

There are pressures within Home Care and Mental Health Inpatients Services, although there are general pressures across all services. The pressures are usually connected to COVID-19 but there are also increases in underlying absence rates across Health and Social Care.

A decision was taken in Older People Day Care to temporarily suspend this service for three weeks which has been communicated to families and clients. This decision was to allow the transfer of staff from Day Care into Care Homes as the staff have the same qualifications and are registered in relation to Older People Care Homes.

Officers continue to work on the recruitment campaign.

Officers advised that although there is pressure, there is no appetite to step down IJB governance as was done previously, however there will be shorter presentations on reports from Officers, as was agreed by the Chair and Vice Chair at the IJB pre-agenda meeting.

Members questioned how the numbers presented today compare with the previous few weeks.

Officers advised there is a decrease in numbers. There is optimism from Public Health that the numbers are on the way back down.

Members questioned if Officers are involved in the public inquiry in relation to COVID-19.

Officers advised they are not involved in the public inquiry.

Members asked for clarity on the self-isolation guidance if someone in Health and Social Care is in close contact with a COVID-19 positive person.

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Actions

Officers advised there has been a change in the guidance from the Scottish Government. If you receive a message from Test and Protect, but you are double vaccinated, have a negative PCR test, and are committed to daily testing for 10 days, you do not need to self-isolate and can return to work. This is the same for household contacts but there are caveats to this. There will be individual discussions depending on individual circumstances or their place of work. There is clear advice from the Scottish Government regarding working with people who are immunosuppressed.

Members questioned if there are specific staffing requirements beyond the three weeks with regards to the care home arrangements and closure of day care. Clarity was also sought on whether visits were permitted to the two HSCP care homes with outbreaks.

Officers advised the staffing requirements are flexed up and down to respond to outbreaks in care homes and it is impossible to predict the requirements beyond the three weeks. Officers advised in terms of staffing, there is ongoing recruitment and dialogue with staff to support them on their return to work.

Regulations around visiting are more nuanced now in relation to the response to outbreaks in care homes. There is a discussion with Public Health with regards to individuals testing positive. All HSCP care homes have separate wings therefore individual wings can be closed to allow residents to self-isolate. Visiting is still being facilitated with testing remaining in place

Members questioned the impact on demand for Care at Home Services due to the temporary suspension of Day Care Services.

Officers advised at the beginning of the pandemic all Day Care clients were offered home care and the vast majority had a home care package which was enhanced. No home care packages have been changed through the pandemic. Officers are looking at whether clients need anything else over the course of the next three weeks on a case by case basis.

Members asked for clarity on the ability of undocumented migrants to access Primary Care Services for testing or vaccinations, as this could affect the overall rates of infection in communities.

Officers advised that Glasgow is the only dispersal city in Scotland and there are emergency powers in relation to asylum. There are a number of people being supported and, through the work of the Asylum Bridging Team, access to testing and vaccinations is being delivered. Officers explained that the position in Scotland is different to England in that people presenting can access Health Services. Glasgow works with people who have no recourse to public funds and whose immigration status may be undocumented.

The Clinical Director updated that the Asylum Management Group met this morning and Officers are doing everything they can to make sure people have access to comprehensive Primary Care Services. There is an Outreach Service in relation to immunisation that has been very successful. The Board's policy

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has always been that you don't require to have a fixed abode to be registered and access services.

The Chair thanked the Chief Officer for the update.

7. Audit Scotland – Annual Audit Report 2020-21

Stephen O'Hagan presented the finalisation of the Audit for the year 2020-21.

This report was discussed at the IJB Finance, Audit and Scrutiny Committee on 8th September 2021, and following Board approval of the Accounts and Certification process, this report can then be issued as a final version.

At time of issue of the report the Auditors were awaiting assurances from external auditors of the NHS and Council to conclude the audit. The NHS assurances have now been received and the Council assurances are in the process of being concluded. It is expected to be complete in the next few days and Auditors don't anticipate these will have any impact on the Accounts.

Once the assurances are complete the electronic signatures will be added to complete the process.

8. Audited Annual Accounts 2020-21

Sharon Wearing presented report on the Audited Annual Accounts for the year ended 2020-21.

Members questioned how the reserves are being dealt with, both the earmarked and general.

Officers advised the 2% for general reserves has been reached this year which is in line with the agreed policy on reserves. The reserves position is also included in the Audit Scotland Annual Audit Report 2020-21. There is a requirement for IJBs to have a reserves position for difficult times. Earmarked reserves are committed for specific purposes and a lot of the spend from last year didn't happen due to COVID-19. This delay has resulted in earmarked reserves being more than usual, but a lot of this money is already committed.

Members noted their thanks to the Glasgow City HSCP Finance Team for their work on the Annual Accounts.

The Integration Joint Board:

- a) approved the additional earmarking proposed at 3.2 and;**
- b) approved for signature the audited Annual Accounts for the period from 1 April 2020 to 31 March 2021.**

9. Scottish Government Funding for Improved Mental Health Services and Winter Plan for Social Protection Support for Children and Young People

Mike Burns presented report to advise the IJB of the plan for the remaining funds following the new investment in Tier 1 and Tier 2 Mental Health supports for Children and Young People by the Scottish Government; to advise the IJB of the plan for allocating the remainder of the Winter Plan for Social Protection Fund; and to seek IJB approval for the plan for the Scottish Government's additional mental health and Winter Plan for Social Protection funding and endorse the proposed investment in services outlined.

Members asked for an explanation on the definition of Tier 1 and Tier 2.

Officers advised that Tier 2 is identifying children and young people with emergent mental health issues, such as anxiety, that Social Work Services, Health Visiting Services and Third Sector can deal with more effectively. Tier 1 is more universal with school counsellors, Health Visiting and Primary Care picking up a range of issues in a much more joined up way. This is aligned to Getting it Right for Every Child (GIRFEC), and the transformation and integration agenda will make giving help to people more straightforward.

Members requested assurance around recruitment and whether other parts of the system could lose out when trying to recruit to specialist posts.

Officers advised that this is a significant challenge across the Health Board area, and they are working in tandem with the other 5 HSCPs within Greater Glasgow and Clyde to make sure recruitment is much more coordinated and aligned.

Officers advised that work is ongoing across the 6 partnerships in relation to workforce planning and development. This is a 3-5-year plan, which includes Specialist Children's Services. There is also a national piece of work from the Mental Health Directorate at the Scottish Government which is looking at the needs across Scotland in the next 3-5 years.

The challenges with regards to the short notice funding was highlighted by the Chair which makes it difficult from a planning point of view. Officers welcomed the additional investment however agreed there are challenges attached to it when it relates to recruitment and particularly specialist resources.

Members welcomed the work and discussions with GCVS and requested further detail on the developments.

Officers advised the discussions are going well to create greater strategic alignment and coordination. The strategic partnership with GCVS is really helpful and has helped to take the conversations forward with Community Planning.

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Actions

Members highlighted that an EQIA has not been carried out in relation to the proposals and questioned the due process around approving a paper without this in place.

Officers noted their apologies for this which has been down to timing and work pressures. The Chief Officer acknowledged that it had not been carried out on this occasion but the approach to EQIAs has improved and this is not a recurring theme. Assurance was provided that the EQIA would be undertaken.

Members questioned if any issues arise from the EQIA, would the proposals be amended retrospectively.

Officers committed to make any changes that are required whilst acknowledging the difficulties around short-term funding.

Members questioned if there is any indication from the Scottish Government that this funding will continue.

Officers advised there are a lot of areas where there is non-recurring funding from the Scottish Government. There has been no commitment in writing to confirm it will be recurring and it is unlikely to be confirmed until the budget is announced in December 2021.

Members noted the objective of alignment in relation to the 84 organisations involved in Children's Mental Health and queried what proportion of those get funding from the Council or the Health Board.

Officers advised they would look into this and circulate the information to Members.

Officers

Members noted their interest in the secondment of a Child Poverty Coordinator and the anticipated outcome of this. Members also questioned if an evaluation framework is being developed on the partnership working with the 84 organisations, that will include reference to child poverty and link to the child poverty action plan that exists.

Officers advised they have recognised the impact poverty has on health and wellbeing, as well as mental health. The secondment of a Child Poverty Coordinator will ensure there is continued coordination with the child poverty action plan.

Members questioned if there is work being taken forward to evaluate the reductions in children going into care.

Officers advised that they have been working with CELCIS for a number of years in relation to ongoing evaluation of the work in shifting the balance of care and intensive family support. There is lots of feedback and outcomes that can be brought back at a future point.

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Officers advised that the asset-based approach to working with families, together with the financial work carried out around the Winter Plan for Social Protection Fund, has resulted in a reduction in the number of children coming into care. Officers reported that a questionnaire has been compiled for families and the feedback has been very positive in terms of the impact. Officers advised they will continue to evaluate this and will bring an update to a future IJB.

Members highlighted the issues with regards to recruitment across the 6 partnerships and whether previous applicants who have not been suitable for other roles could be trained up to do something else. Members also suggested working with Universities and Colleges to attract students to other roles in health and social care.

Officers confirmed that this type of work is ongoing and is at the early stages. Recruiting to entry level jobs within the health and social care profession is key and the message that your first job in this sector may not be your destination job.

Officers advised the Workforce Strategy will be coming to the IJB in March 2022 and will pick up the points on recruitment.

Members outlined the importance of benchmarking to see if there is anything to be learned from other areas.

Officers advised there are structures in place in Children's Services across GG&C that allows sharing of best practice and working together.

The Integration Joint Board:

- a) **noted the contents of the report;**
- b) **approved the plan for the remainder of the funding to develop and expand community mental health and wellbeing supports;**
- c) **approved the plan for the remainder of the Winter Plan for Social Protection funding;**
- d) **approved the proposed change in use of £105,000 previously approved by IJB on 05 May 2021;**
- e) **noted the need to report to Scottish Government at prescribed time intervals; and**
- f) **seek a further progress report to IJB in March 2022, ensuring that the views of young people are incorporated, and the outcomes evidenced.**

10. Mental Health Recovery and Renewal Fund

Jacqueline Kerr presented report to update on proposals for the planned use of the first tranche of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23, and to seek approval for the proposals in relation to Psychological Therapies Services.

Members questioned if the proposals outlined in the report can be staffed.

Officers advised that as part of the Adult Mental Health Strategy, there is a detailed programme around workforce planning. The challenges are the same as was raised in the previous item and it has been raised nationally with the Scottish Government. There are particular challenges with recruitment of specialist posts.

Officers outlined that in Adult Mental Health this is operated across the Board area where centralised recruitment is carried out. The challenges in relation to non-recurring funding has been raised with the Scottish Government as well as the difficulties with recruitment and retention. The funding allocation letters offer no flexibility on how the funding can be used and permanent recruitment is being requested with no commitment on recurring funding.

Members questioned if there are alternative plans if the proposals can't be achieved due to staffing difficulties.

Officers confirmed that there is ongoing work around workforce planning and possible solutions which includes being more inventive and creative regarding career progression.

The Integration Joint Board:

- a) **noted the proposed allocation of the first tranche of the mental health recovery and renewal fund; and**
- b) **approved the planned allocation of funding for Psychological Therapies services as outlined at 2.8 above.**

11. Strategic Review of Accommodation Based Mental Health Services

Geri McCormick presented report to advise on the outcome of the Strategic Review of Accommodation Based Mental Health Services and to seek approval to proceed with the recommendation.

Members questioned, of the 179 placements, what proportion are people living together.

Officers advised it is a mixture, however the Services within the scope of this report are where people live together, and services are delivered across 6 provider organisations.

Members questioned if accommodation-based placements will reduce over time.

Officers advised this would be determined by the need that is identified, and it wouldn't be a straight forward reduction. The type of support may change to ensure there is a full spectrum of support to meet the demand, including a change in respect of individuals with forensic-based need.

Members highlighted parallels with other client groups, particularly homelessness, where the default position should be ordinary housing with additional support, with individuals being involved in the decision making.

Officers agreed that the parallel with homelessness is a good one and the experience Officers have gained in the last 2-3 years with Housing First and the Homelessness Alliance approach has informed the position, together with the work on Maximising Independence. Officers highlighted that those being supported in accommodation-based mental health services are not tenancy ready and the profile of need is across the spectrum, particularly for those delayed in hospital.

The Integration Joint Board:

- a) noted the contents of this report; and**
- b) directed the council to undertake a procurement exercise to establish a framework agreement for Accommodation Based Mental Health Services in Glasgow.**

12. Proposed Review of Private Sector Adaptation Policy

Jacqueline Kerr presented report to request agreement from the Integration Joint Board, to progress a review of the current private sector disabled adaptations policy within Glasgow City.

Members welcomed the report and the proposal to review the policy but asked for clarification on a number of aspects: who is doing the review; who will it report to and when; and if a Terms of Reference is available.

Officers confirmed that the review would be undertaken in partnership with City Building, services users, advocates and carers and will be reported back to the IJB. It was noted that details of what the proposed review will cover is outlined in the report however a Terms of Reference will be developed in partnership with key stakeholders to ensure a co-production approach.

Members questioned the timing of reviewing the policy now.

Officers advised that they are responding to issues raised by Service Users and a commitment was made to review the policy in response this.

Members asked for clarity on what other adaptations are included, other than ramps.

Officers advised that it includes all major adaptation work such as walk-in showers and extensions. Officers advised that currently the HSCP and City Building only have specification within the current policy for permanent ramp provision, however there are modular ramps available that are a lot neater and compact and can be supplied quicker which will support hospital discharges. This type of ramp can also be recycled.

Members highlighted that individual needs assessments are required as modular ramps may not be suitable for everyone and questioned if there will be an opportunity for service users to take the budget, which equates to the cost of the ramp, and allow them to improve the specification of work by making up the difference in cost. This will give people the element of choice to choose an adaptation more attune to their own situation.

Officers advised that this will be added to the terms of the review however a commitment cannot be given at this stage.

Members asked for clarity on City Building's involvement in the review and requested assurance that this would be as a contributor and they would not be involved in any decisions around best value.

Officers advised this will be covered in the terms of reference. Officers confirmed that the IJB is giving direction to the Council to undertake the review and the outcome will be reported back to the IJB.

Members approved the report subject to the terms of reference being circulated to Members and an update report to a future IJB.

Officers

The Integration Joint Board:

- a) **approved a review of the policy for private sector adaptations including the service and processes which support it and ensure it is compatible with Self Directed Support legislation. This will include co-production as a key element to the review approach, in line with the HSCP Participation and Engagement Strategy;**
- b) **approved commissioning for a future policy that supports future service provision aligned to service user choice and best value; and**
- c) **supported a test of change that will inform on the possible benefits of utilising modular recyclable ramps, with expected outcomes to enhance timeous provision, value for money and a tenure neutral approach.**

13. Enhanced Community Living for Adults with a Learning Disability

Jacqueline Kerr presented the report to advise IJB Members that an opportunity has arisen to purchase accommodation within which to deliver an enhanced community living service for adults with a learning disability. This opportunity has arisen due to the allocation of GCHSCP's share of national Community Living Change Funds.

GCHSCP proposes to purchase and refurbish NHS vacant accommodation at Waterloo Close, Kirkintilloch which previously accommodated patients with a learning disability. Officers are also in negotiation with NHSGGC on the potential to purchase a second building, again to provide an enhanced community living service for adults with a learning disability.

GCHSCP will develop a specification for the enhanced community living service and, through a tendering process, secure the services for an adult social care provider(s) to deliver that service, from the aforementioned accommodation, for adults with a learning disability. The aforementioned proposal represents a change to the commissioning of a specialist care home for this client group, previously recommended to IJB members. Accordingly, GCHSCP proposes to cease work on that model of care and withdraw the intention to tender for that service.

Members welcomed the report and the proposed new model and questioned if there will be a single social care provider across all three establishments and whether they would be registered.

Officers advised that registration has not been decided yet as they want to do the modelling first but there may be elements that need to be registered due to complexity of need. It is hoped that there will be one provider for Waterloo Close. The proposal includes retaining 4 beds as rehabilitation beds, and there are a number of providers with the expertise to do this. Officers are working with East Renfrewshire HSCP with regards to a respite facility and will come back to the IJB with a proposal around this.

Members questioned if there has been wasted work undertaken in relation to the previous model and if there were costs associated with this.

Officers advised there has been no wasted work as a lot of it centred around involvement of users and carers and discussions with key stakeholders which will inform the design of the buildings. There was also work over this period with the Health Board on the board-wide learning disability strategy to ensure a board-wide approach to make the best use of expert approaches.

Members questioned the methodology used to share and examine property lists of partners for future opportunities, prior them being put on the open market.

Officers advised that the Chief Finance Officer for Glasgow chairs the Capital Group across the 6 HSCPs. Discussions have taken place with the Head of Property & Asset Management at NHS GG&C regarding what else may be available and this is being looked at.

Officers advised that they became aware of Waterloo Close when visiting another property. It only became available in June 2021 and Officers were made aware of it in July. Officers are looking to do something collectively across Greater Glasgow and Clyde to identify the most appropriate service users for the accommodation.

Members asked for clarity on the reasons for the change in plans to this new model and whether there would have been the opportunity to purchase similar properties on the open market rather than wait for the two bungalows in question to become available.

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Actions

Officers advised that when pursuing the original care home model and the engagement with service Users, patients, families and advocacy groups, the opportunity arose regarding the bungalows which led to the change in direction. As outlined previously, the work that took place with stakeholders will be vital in the design and delivery of this resource and the refurbishment of the bungalows.

Officers advised that it is difficult to get appropriate properties to the size and scale that is required. The bungalows at Waterloo Close are purpose-built units that provided inpatient care and are large enough to provide the 4 en-suite bedrooms required. Independence is the ultimate aim and the model will look at a combination of overnight support and technology enabled care. As the buildings are adjacent, they can be linked up to provide a safety element as well support to be more independent.

Members highlighted the challenges in planning for purpose-built accommodation without the ongoing commitment to the provision being there. The regulations around multi occupancy permits and fire safety was also highlighted.

Officers advised that as these buildings were previously purpose-built wards, some of this is already built in. In order to look at tackling all of the barriers in relation to the existing regulations it would take significantly longer and be more complex than moving forward with this proposal.

The Chair suggested that an off-line discussion takes place with the Vice Chair, Chief Officer and Chief Finance Officer on how to take forward the property issues and long-term planning.

Members /
Officers

Members questioned the strategic choice to look at a capital ownership option, managed by a third party, and what other options were considered.

Officers confirmed that there have been ongoing discussions about the model for 3 years and previous reports are referenced in the paper which set out the evidence regarding need. It is standard practice to own a property and commission the service which is done via a procurement framework agreement. The start and end of the process is reported to the IJB and there are pre-existing governance structures in the Council in relation to the contract.

Members asked for clarity on how many people the proposed model will support, as the original proposal was for 15 people.

Officers advised they have continued to look at the profile of need, particularly those people who have spent longer than they should in long-stay hospitals. Officers advised they are supporting community placements for some who were in hospital. Overall Officers are anticipating support will be provided to 12 but some people have managed to move back into the community.

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Actions

Members highlighted a theme around Models of Care and requested a development session to discuss possible approaches to take.

Officers advised this had been discussed at a previous IJB Development Session where a breakdown was provided of placements within Adult Services. Officers highlighted that shifting the balance of care is a workstream within Maximising Independence however committed to re-running an IJB Development Session on this topic for the benefit of new members on the IJB.

Officers

Members praised the collaboration in identifying the properties and maximising assets and questioned if there will be a release of budget pressures as a result of this and the £2.7m Change Fund monies. Clarity was also sought on best value and who decides the purchase price.

Officers advised the £2.7m Change Fund is non-recurring funding, therefore doesn't help the budget pressure. The valuation of the properties was carried out by the district valuer. As the IJB doesn't hold assets, the Council will buy the properties on behalf of the IJB. Officers advised a transfer of resources will potentially come once the inpatient ward closes.

Councillor Martha Wardrop requested more detail with regards to these points and Officers agreed to discuss with the member offline.

Officers

The Integration Joint Board:

- a) **approved the decision to purchase accommodation at Waterloo Close and to refurbish it fully to provide enhanced community living for adults with a learning disability. Following IJB approval, a recommendation will be made to Glasgow City Council to purchase the properties on behalf of GCHSCP;**
- b) **noted the intention to stand-down work relating to the development of a specialist care home for that client group; and**
- c) **noted the intention to continue working closely with key stakeholders on the proposal, including service users, families and carers and to secure a service provider(s) through a tendering process.**

14. Rapid Rehousing Transition Plan Service Developments 2021/22

Pat Togher presented report to update on the activity within Homelessness Services to mitigate the impact on homeless households and to address the likely economic impact of the pandemic. The report also updates and seeks approval for the proposals for phase 3 (Year 3) spend aligned to the Rapid Rehousing Transition Plan 2019/20-2023/24.

The Integration Joint Board:

- a) **noted the contents of the report, with particular reference to Homelessness Service's response to the public health emergency and the impact on RRTP objectives; and**
- b) **approved the RRTP financial commitments set out within the report.**

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15. Glasgow City IJB Budget Monitoring Report for Month 4 and Period 5

Sharon Wearing presented report which outlines the financial position of the Glasgow City Integration Joint Board as at 31st July 2021 (Health) and 30th July 2021 (Council) and highlights any areas of budget pressure and actions to mitigate these pressures.

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).**

16. IJB Membership

Allison Eccles presented report to provide an update on and seek approval for appointments to the IJB and its Committees.

Officers highlighted in terms of the IJB, Bailie Anne McTaggart has replaced Councillor Elspeth Kerr as a Council Voting Member.

In terms of changes to Committees, Bailie McTaggart replaces Councillor Archie Graham on the IJB Finance, Audit and Scrutiny Committee. Bailie McTaggart also replaces Councillor Elspeth Kerr on the IJB Public Engagement Committee.

With regards to Stakeholder changes, David Reilly is now the named substitute for Peter Millar, the Independent Sector representative.

The Integration Joint Board:

- a) **noted the appointments to the IJB outlined in section 3.1;**
- b) **approved the appointments to IJB Committees at 4.1 and 4.2; and**
- c) **noted the change in the named substitute for the Independent Sector Stakeholder representative outlined at 5.1.**

17. Unscheduled Care Commissioning Plan Update

Stephen Fitzpatrick presented the draft Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care.

Officers advised this update considers the impacts from the pandemic over the past year, and updates on the activity in this period.

Members questioned who owns the plan and who approves it.

Officers advised that it is set out in regulations that it is IJBs, in agreement with the Health Board. The version presented today is draft as Officers are still taking comments from Corporate colleagues within the Health Board. It has

been agreed across the 6 HSCPs in GG&C to present the plan at this stage with the final plan going back to IJBs for approval when it has been through the round of consultation.

Members questioned how the plan fits into set-aside and what the total set-aside budget is for all IJBs.

Officers advised that discussions have continued across Scotland with regards to set-aside. A decision was made in Greater Glasgow and Clyde, within the 6 partnerships and the Board, to try to find a resolution within the financial framework to support a joint commissioning plan.

The change programme and the investment committed across the Board and IJBs is included in the joint commissioning plan. Officers confirmed that discussions have taken place with the Scottish Government on the best way to take this forward and meet the objectives of set-aside.

Councillor Martha Wardrop asked for further clarity on the funding arrangements and Officers agreed to discuss the detail with the Member offline.

Officers

The Integration Joint Board:

- a) **noted the content of the draft Design & Delivery Plan 2021/22-2023/24 attached as the updated and re-freshed Board-wide unscheduled care improvement programme;**
- b) **noted the financial framework outlined in section 7 of the Plan, and note specifically that the funding shortfall identified will require to be addressed to support full implementation of phase 1;**
- c) **noted the performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23 outlined in section 8 of the plan;**
- d) **noted the governance arrangements outlined in section 9 of the Plan to ensure appropriate oversight of delivery;**
- e) **noted the ongoing engagement work with clinicians, staff and key stakeholders;**
- f) **noted that the Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle; and**
- g) **receive a further update on the draft Design & Delivery Plan including the financial framework towards the end of 2021/22.**

18. GCHSCP: Acute Delays Associated with Adult with Incapacity (AWI) and Improvement Actions

Stephen Fitzpatrick presented report to describe the HSCP's: i) responsibilities in relation to adults with incapacity (AWI) awaiting discharge from Acute hospital; and, ii) its performance improvement activity relating to AWI delayed discharges from Acute hospitals.

Officers advised there is a commitment to review the AWI legislation as it is recognised that it is an issue across Scotland. The timescale for the review is a challenge however.

The Integration Joint Board:

- a) noted the HSCP's responsibilities in relation to the Adults with Incapacity (Scotland) Act 2000;
- b) noted the increase in delayed discharges since the closure of 60 offsite AWI beds in January 2020 following a legal challenge by the Equality & Human Rights Commission; and
- c) noted the HSCP's improvement focus, captured in the AWI Improvement Plan and associated documents and resources.

19. National Records of Scotland (NRS) Drug Related Deaths (DRDs) 2020 publication and Implementation of the Medication Assisted Treatment (MAT) Standards for Scotland 2021

Jacqueline Kerr and Dr Saket Priyadarshi presented report and presentation to update the IJB on the recent publication of the NRS Drug Related Deaths (DRDs) 2020 report, and arrangements for progressing implementation of the Medication Assisted Treatment (MAT) Standards for Scotland.

The presentation has been published on the Glasgow City HSCP [website](#).

Members highlighted the programmes being developed and questioned if it was too early to see any results or outcomes of those initiatives.

Officers advised it is too early and the impact of COVID-19 will also need to be factored in. All of the projects that the Alcohol and Drug Partnership (ADP) approved are undergoing evaluation and are being monitored there. Officers advised that, anecdotally, some are being very effective, for example, the Assertive Outreach Service for people who have a near fatal overdose.

Members questioned if the prison population is included in the prevalence and data in the report.

Officers advised the figures are for specialist services and shared care and do not include the prison population. The MAT standards apply to the prison population however and the prison service is part of the project plan and implementation plan.

Officers advised it has taken some time to get representation from the Scottish Prison Service (SPS) onto the ADP but there is now representation from the Governor of Barlinnie.

Officers advised that the ADP are organising sessions to do more in-depth analysis into drug related deaths and alcohol related deaths and an invite to the development session will be extended to IJB members. Officers will circulate information once a date is confirmed.

Officers

The Integration Joint Board:

- a) noted the contents of this report; and
- b) supported the program and planning work currently being progressed.

20. National Care Home Contract Settlement (2021/22) Update

Sharon Wearing presented report to update the IJB on the increased uplift to the one-year National Care Home Contract (NCHC) settlement for 2021/22 and the commitments within the contract in relation to the NHS pay settlement and the proposed increases on our other commissioned services.

The Integration Joint Board:

- a) noted the report; and
- b) noted that the report attached at Appendix 1 was approved under delegated authority in consultation with the Chair and Vice Chair agreeing:
 - to note the increased nursing care uplift from 3% to 3.2% and rates to be applied from 12 April 2021 in Appendix 1;
 - to apply the increased NCHC contract uplift to commissioned services as outlined in Appendix 1;
 - to allocate £0.153m to pay for the care home fees uplift; and
 - to instruct the council to vary the contracts with providers in line with the conditions at 4.1.

21. IJB Committees – Update from Chair of Public Engagement Committee (meeting of 25 August 2021)

This item was not discussed.

22. IJB Committees – Update from Chair of Finance, Audit and Scrutiny Committee (meeting of 8 September 2021)

Rona Sweeney provided an update from the IJB Finance, Audit and Scrutiny Committee held on Wednesday 8th September 2021.

The Audit Scotland Annual Audit Report and the Audited Annual Accounts were discussed, and Members were pleased with both.

There was an update from Internal Audit on the sustainability payments to providers.

Performance data was presented on Primary Care and the impact of the pandemic and there was a discussion on targets and interim measures in relation to the pandemic.

The Clinical and Professional Quarterly Assurance Statement was also presented.

23. Glasgow City Integration Joint Board – Future Agenda Items

Allison Eccles presented to the Integration Joint Board the future agenda items for the IJB in 2021 for information.

24. Next Meeting

The next meeting will be held at 9.30am on Wednesday 1st December 2021 via Microsoft Teams.