

**Glasgow City Integration Joint Board****IJB(M)2021-01**

Minutes of a virtual meeting held  
at 9.30am on Wednesday, 27<sup>th</sup> January 2021

**Present:****Voting Members**

Susan Brimelow	NHSGG&C Board Member
Simon Carr	NHSGG&C Board Member (Vice Chair)
Bailie Annette Christie	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
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
Cllr Martha Wardrop	Councillor, Glasgow City Council

**Non-Voting Members**

Jonathan Best	Chief Operating Officer, NHSGG&C
Gary Dover	Assistant Chief Officer, Primary Care & Early Intervention
Dr Julia Egan	Chief Nurse
Jacqueline Kerr	Assistant Chief Officer, Adult Services / Interim Chief Social Work Officer
Mags McCarthy	Staff Side Representative (NHS)
Peter Millar	Independent Sector Representative
Susanne Millar	Interim Chief Officer
Dr John O'Dowd	Clinical Director
Anne Scott	Social Care User Representative
Chris Sermanni	Staff Side Representative (GCC)
Robert Smith	Health Service User Representative (substitute for Ann Souter)
Shona Stephen	Third Sector Representative
Sharon Wearing	Chief Officer, Finance and Resources

**In Attendance:**

Mike Burns	Assistant Chief Officer, Children's Services
Allison Eccles	Head of Business Development / Standards Officer
Stephen Fitzpatrick	Assistant Chief Officer, Older People's Services
Julie Kirkland	Senior Officer (Governance Support)
Claire Maclachlan	Governance Support Officer (Minutes)
Rhoda MacLeod	Head of Service (Sexual Health, Prison and Police Custody Healthcare)
Fiona Moss	Head of Health Improvement & Equalities

**Apologies:**

Bailie Ade Aibinu	Councillor, Glasgow City Council
Cllr Jennifer Layden	Councillor, Glasgow City Council
Cllr Maggie McTernan	Councillor, Glasgow City Council
Anne Marie Monaghan	NHSGG&C Board Member
Dr Michael Smith	Lead Associate Medical Director
Ann Souter	Health Service User Representative

**1. Declarations of Interest**

There were no declarations of interest noted.

**2. Apologies for Absence**

Apologies for absence were noted as above.

**3. Minutes**

The minutes of 25<sup>th</sup> November 2020 were approved as an accurate record.

**4. Matters Arising**

Glasgow City HSCP – ICT and Digital Strategy

The Chair confirmed she has written to the Council's Chief Executive and the Glasgow City Digital Board to raise the issues regarding IT.

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

Allison Eccles presented the IJB Rolling Action List advising there were five open actions.

Officers confirmed the Short Life Working Group on Performance met on Wednesday 16 December 2020 and a follow-up meeting will be convened to look at the further work that has taken place.

Members asked for an update on the recording of IJB meetings.

Officers confirmed this is complex and options are still being explored. Members suggested the meetings are recorded and posted on-line retrospectively until the issues around adding guests to the Ms Teams invite are resolved. Officers agreed to look into this.

Officers

**6. Chief Officer Update**

Susanne Millar presented the Chief Officer Update – COVID-19 Report advising the purpose of this is to update the IJB on COVID-19 and the current arrangements in place across the Partnership to respond to the pandemic.

Officers highlighted the challenge in drafting the report as the information for COVID-19 changes frequently, and the information in the report is already out of date.

Officers outlined the incidence of COVID-19 across Greater Glasgow and Clyde (GGC) which has shown considerable increase since late August 2020. This is monitored daily by Public Health Scotland and is reported to the HSCP.

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The rate per 100,000 is stabilising and coming down, but not by huge amounts, and the GGC dissemination rate is currently 0.81.

The view from the Director of Public Health Scotland is positive, but cautiously positive.

With regards to the Community Assessment Centres (CACs), the HSCP have seen pressure in terms of numbers, but it is starting to stabilise this week. Barr Street CAC has seen an increase in patients requiring onward referral to SATA, currently sitting at 30%.

In terms of meeting structures, the Health Board's Strategic Executive Group (SEG) currently meets daily and the Interim Chief Officer for Glasgow attends. The GG&C HSCP Tactical Group meet twice weekly and continues to focus on recovery but is moving back into discussions regarding pressures in the system and change in demand.

Within Glasgow City HSCP there is a significant response structure with the Executive Group currently meeting 4 times weekly. There is enhanced governance in place in relation to care homes. Officers continue to meet Staff Side and local authority Trade Unions weekly to discuss any issues the HSCP are facing.

Officers outlined the impact on HSCP services and confirmed that the service had carried out significant planning around recovery however the balance of planning activity has shifted to immediate operational response. The current restrictions haven't resulted in reverting back to the original lockdown position at the end of March last year however and critical frontline services are still being delivered. HSCP staff are key workers and need to attend their workplace and travel around the city. Communication has been issued to all HSCP staff to confirm they should continue to go to their workplace where there's a requirement to do so and should continue to work from home where this is possible and practical, or a combination of both. Staff who were previously shielding should now remain at home and work from home if it's practical to do so.

Officers highlighted the workforce challenges the HSCP are facing with regards to absence, some are related to COVID-19, self-isolation, and child care. There is an impact on those services providing face-to-face care, particularly home care and residential care.

An update was provided on the Vaccination Programme which continues to be rolled out across GG&C in line with the priority groups identified by JCVI. Officers advised the numbers in the report are now out of date. Vaccinations have taken place for Older People Care Home residents and staff, both directly provided and the independent sector. The HSCP continue to vaccinate staff in priority 1 and 2 lists. There is currently 80% of eligible staff in care homes having received their first dose vaccination.

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The HSCP continue to see outbreaks in care homes despite 97% of residents being vaccinated. This relates to one or two members of staff that have tested positive for COVID-19 which necessitates mass testing of residents. Unfortunately there have been a few resident deaths in the last couple of weeks. Although outbreaks are continuing the picture in care homes is starting to stabilise.

Officers confirmed that, in general terms, the health and social care system is under great pressure but is coping.

Members asked if HSCP provided care homes have been targeted by anti-vaccination campaigners.

Officers advised the HSCP care homes have not been targeted specifically however there have been incidents in the independent care sector. The Health Board have produced FAQs around the vaccination programme and Dr. John O'Dowd, Clinical Director in the HSCP, has taken part in a webinar with HSCP staff with the questions and answers being posted online.

Members asked about the impact on Care at Home services in terms of cover for staff absences.

Officers advised the Care at Home service is reasonably stable. Staff absence is high, around the same level as April and May last year, but the recruitment campaign last year was really successful and the service is coping at this point in time.

Members questioned if the issues staff are experiencing with child care is caused by schools and nurseries not providing places to key workers.

Officers confirmed there has been good support from Education Services and they have been responsive to any issues the HSCP have raised. Some of the issues with child care relate to staff who are shielding and are not able to have their child in school or nursery.

The Health Service User representative thanked Officers for the comprehensive report but requested a return to a verbal update to ease the workload of Officers, particularly as the information contained in the report is out-of-date by the time it is presented

Officers welcomed this and noted the reason for the report was to have an audit trail that COVID-19 was being discussed. Officers agreed that the report reflects a point in time and will quickly become out of date. Reassurance was provided that the verbal updates provided at previous meetings are included in the detailed minutes of the meetings.

The Chair also reminded members that a fortnightly briefing is sent to IJB members from the Interim Chief Officer.

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Some members welcomed the chance to read the report before the meeting and following discussion it was agreed key bullet points on COVID-19 would be provided for the next meeting.

Members asked for clarification on the Vaccination Programme with regards to people with learning disabilities and what planning is happening for those hard to reach groups to ensure they won't be disadvantaged.

Officers confirmed the GG&C COVID-19 Programme Board are managing the planning and there are a number of sub-groups to this Board. The Population Sub Group is working through the JCVI Priority List and reps from HSCPs are on this group. Officers agreed that communication is key and uptake by hard to reach groups will be tracked. Currently people with learning disabilities are Priority 6 in the JCVI guidance.

With reference to staff vaccinations, members questioned how quickly staff are expecting to see patients face to face again.

Officers confirmed patients are seen face to face on a daily basis with restrictions in place, where required. There is still a lot of uncertainty at the moment when staff can shift back to more face to face interaction, the experts are guiding the HSCP on this. Officers noted there is real positivity around digital alternatives however there needs to be a balance of both.

Following the successful recruitment in summer 2020, Members asked if there is planned recruitment in 2021 to address the ongoing issues with staff absences and the underspend relating to vacancies.

Officers advised there is continuous recruitment in Home Care and Care Homes. The recruitment in summer 2020 was a good news story and an advertising campaign took place on radio and TV. There was a good response from people previously employed in the hospitality sector and recruitment is continuing. Officers confirmed the underspend relates to qualified posts and recruitment in this area this has been more difficult during the pandemic.

Members noted concerns with regards to outreach for hard to reach groups to ensure their participation in the vaccination programme and questioned whether the work at Barr Street CAC should be promoted to support this.

Officers advised that people are referred to Barr Street CAC through the GP hub if they have COVID-19 symptoms or are unwell. The primary function is to support people to remain at home with COVID-19 symptoms or refer to hospital. A care home testing team was developed with its own nursing team who are responsible for testing in care homes. This was further developed as a vaccination team for care home residents and expanded into staff and now forms part of the GG&C vaccination team. The team schedule any vaccinations that need to take place out with the mass vaccination centres. Work is

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ongoing with the COVID-19 Programme Board in relation to priorities 1 and 2. Options will be considered for the other priority groups and contact may be made by this team via outreach for hard to reach groups but this is still being worked through.

Members asked if people will have a choice to use the outreach service if they don't feel comfortable attending the mass vaccination centres.

Officers confirmed that the service is not in a position to offer choice as the scale is too big and the process would take longer. Plans will be made for those who are hard to reach once there is further detail on the uptake.

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

**a) noted the contents of this report.**

#### **7. West of Scotland Sexual Assault and Rape Service – Report on Current Progress made in Developing a Regional Service**

Rhoda MacLeod presented a report on the West of Scotland Sexual Assault and Rape Service to advise on progress and seek approval for the implementation of a model for the West of Scotland Sexual Assault and Rape Service which is hosted for the west region within NHS Greater Glasgow & Clyde. It also seeks approval for the future service and financial arrangements for implementation of the agreed service model.

Jonathan Best noted this report has gone through the Corporate Management Team in the Health Board and they are fully engaged and supportive.

Members raised concern that the service model is not fully compliant as it doesn't provide full peripatetic provision 24/7 and questioned what the issues are.

Officers clarified that if living out with Glasgow or GG&C and you require an examination overnight you would need to travel into Glasgow to receive this. Services in other areas are only available from 9am until 9pm. Out of hours (9pm-9am) all patients will be examined in the Glasgow facility. If the cases are shifted to during the day when more staff are available then very few people would be examined overnight. Officers confirmed the numbers are low and the vast majority of people are examined before midnight. In some cases if the person who has been assaulted is under the influence it is usually better to delay the examination and they can be seen in their own locality.

Members suggested Officers report back in one years' time to provide an update. Officers agreed to this however stressed that no-one is being left at risk.

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Members welcomed the joint working with police and legal partners and questioned if there is a role for Non-Governmental Organisations (NGO).

Officers confirmed the West of Scotland Regional Programme Board has representatives from the Third Sector. Rape Crisis Glasgow are part of the service and have established a reference group to get feedback from women who have been sexually assaulted. They are key partners on the Board.

Members noted the therapeutic and advocacy support is limited with no clear route map to what is available and asked if this has been rectified through this new model.

Officers confirmed funding has been identified for this and the Children and Family Support Worker will do a mapping exercise.

Members questioned if one forensic nurse and one forensic medical examiner is sufficient to meet the demand.

Officers confirmed they are comfortable this will cover the demand. A lot of performance information is available and 90% of patients are being examined within 3 hours. Officers also noted all staff are now female as research shows that a female examiner is preferred whether the victim is male or female.

Members questioned, how lived experience is being used in the trauma informed approach.

Officers advised a patient feedback form has been developed which will help to inform service improvement.

Members questioned if staff can be mobile for the overnight examinations to allow them to go to the victim

Officers confirmed they looked at the volume of activity versus the costs associated with having two doctors overnight. There would also be challenges in recruiting to this post. Officers outlined the difficulties there would be for one team spreading themselves across a large geographical area. There are also health and safety issues for staff traveling across the country overnight. Officers agreed to keep this under review and will re-evaluate if concerns are raised.

Members highlighted the requirement for throughcare and emotional support and asked that future reports provide a full overview of the work. A future update on the 12 month pilot for a Child and Family support worker was also requested and Members highlighted working with children's organisations and taking children's feedback is vital.

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Officers provided reassurance in relation to throughcare that onward and follow up support is currently provided. There is not a huge gap in this area but it needs further developed in Lanarkshire and Ayrshire to provide the service locally.

Members asked if there is any evidence that changing practice will help towards getting convictions.

Officer advised that the current practice is excellent and if more people can be encouraged to come forward it is hoped there would be an improvement on conviction rates. The self-referral system across Scotland will have an impact. This is already done in the West.

The Chair reminded IJB members that there is an opportunity to ask specific questions on reports prior to the IJB and this should be used to ask questions of detail prior to the meeting.

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

- a) noted the contents of this report and the efforts of staff across all Boards to secure the considerable progress made;**
- b) approved the service model proposed for implementation and;**
- c) approved the financial contribution to be made on a recurring basis by Glasgow City IJB from April 2021, which Greater Glasgow and Clyde Health Board have provided a commitment to provide recurring funding to meet.**

### **8. Older People's Mental Health Strategy – Appin Ward, Stobhill Hospital**

Stephen Fitzpatrick presented a report on the Older People's Mental Health Strategy – Appin Ward, Stobhill Hospital to seek approval for the proposed future use of the Appin Ward, Stobhill Hospital.

Officers confirmed the proposal has been presented to the Health Board's Corporate Management Team and received support.

Members asked how the closure of the other Older People Mental Health wards at Stobhill will affect the flow of patients into the Appin Ward.

Officers confirmed the Older People wards were closed due to COVID-19, however the Jura Ward is about to reopen. There has been a smooth transition in closing of other wards into the new wards.

Officers confirmed they will report back on the proposals on the two wards vacated in Stobhill to a future IJB.

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

- a) approved the change of the use of Appin Ward to meet the needs of functional patients, in line with the wider OPMH**

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**Strategy NHSGGC, and receive an update on the wider OPMH Strategy later in 2021.**

### **9. Scottish Government Funding for Improved Mental Health Services and Supports for Children and Young People**

Mike Burns presented a report on Scottish Government Funding for Improved Mental Health Services and Supports for Children and Young People Report to advise the IJB of the new investment for children and young people with respect to their mental health. The report seeks IJB approval for the initial plan for the Scottish Government's additional mental health support funding and endorsement of the proposed themes around investment.

Members referred to the coordination with organisations who received funding under the Communities Fund and alignment with their activity. As organisations had to set outcomes when they applied for money, Members questioned if Officers are finding enough flexibility to allow that alignment.

Officers agreed alignment is critical and work is starting to align the Community Fund with the Family Support Fund and Mental Health Fund. It is not at the stage of seeing outcomes however enough flexibility has been requested. Officers advised there will be a greater focus on outcomes and conversations are taking place with GCVS as well as the 84 providers who provide mental health/family support. Officers highlighted that it is a significant ask and task over the next 3 to 5 years and they will report back to the IJB Finance, Audit and Scrutiny Committee. It will also be reported to the Community Planning Boards and discussions are taking place to ensure the work is strategically pulled together, as well as operationally, to create better outcomes for children.

Members highlighted their concern with regards to young people struggling with mental health during the pandemic and not getting enough support and asked for clarification on the role of Police Scotland in partnership working

Officers advised that discussions are taking place in the Children Services Executive Group and Community Planning Board to ensure all partners are sighted. The HSCP are working closely with Police Scotland regarding the COVID response and there has been a positive response regarding children looked after in residential units. Officers confirmed they are well sighted on the mental health aspects and are working with GCVS, Education and partners across the Third Sector. Police Scotland are key partners and are supportive of the work being carried out.

Members sought assurance with regards to the more vulnerable groups and BAME children and young people which ensures they and their families are being supported in a more targeted way, noting the mental health needs of those people may require some adaptation to services.

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Officers advised that in light of the new funding it has raised that issue in relation to BAME and LGBT, and in relation to neurodevelopment. The HSCP will be focusing on the short term money available but this will be the foundation for further work. An Equality Impact Assessment will be carried out for the broader work, linking to the 9 National Outcomes.

Members raised concern with the timeframe given by Scottish Government with regards to the funding and suggested representation is made to the Scottish Government that awarding funding within these timescales is not effective.

Officers advised that the funding is welcome and staff feel supported as a result. Concerns have been raised with the Scottish Government however regarding the difficulties experienced when the funding is awarded in this way. The Mental Health money needs to be joined up with other initiatives to ensure alignment and cohesion with the transformation agenda and the finance associated with it.

Members noted the outcomes need to be developed more to give children a voice in relation to their views on mental health services. Listening to people with lived experience allows the service to measure the impact of the service being delivered.

Officers confirmed the issue with lived experience is being picked up and care experienced young people have spoken to the service about the need for access to good mental health services.

The Chair agreed to write to the Scottish Government to raise Members' concerns regarding the process for awarding funding.

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

- a) noted the contents of the report and the additional funding;**
- b) approved the initial plan for the additional funding in year (2020/2021) and for the allocated £434,000;**
- c) noted the proposed themes with respect to the additional £1.3 million;**
- d) sought a further updated report on the above combined spend and also the anticipated £1.7m for 2021/2022;**
- e) noted the request from Scottish Government, as specified in the grant letter, to report back on outcomes ensuring that the views of young people are incorporated;**
- f) noted the preliminary template (available on request) submitted to Scottish Government and note the need for further additional template incorporating the approved financial commitments;**
- g) noted the involvement of a range of key partners in developing the plan, and the need for alignment to achieve a whole system response, and seamless pathways and good mental health outcomes for children and young people;**

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- h) sought a report to IJB in March 2021 outlining proposal for full spend; and
- i) sought a report to the IJB in March 2022 to provide an update on impact and outcomes.

### 10. Glasgow City IJB Budget Monitoring Statement for Month 8 / Period 9 2020/21

Sharon Wearing presented the Glasgow City IJB Budget Monitoring Statement for Month 8 / Period 9 2020/21 to outline the financial position of the Glasgow City Integration Joint Board as at 30<sup>th</sup> November 2020 (Health) and 20<sup>th</sup> November 2020 (Council), and highlights any areas of budget pressure and actions to mitigate these pressures.

#### The Integration Joint Board:

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

### 11. Integration Joint Board Governance

This item was discussed after Item 6 on the agenda.

Susanne Millar presented a report on Integration Joint Board Governance which proposes alternative Integration Joint Board meeting arrangements during the period of operational pressure being faced by Health and Social Care Partnership staff.

Officers proposed that the IJB agenda is reduced to business critical or time sensitive items that fall within a number of key business areas. It will be assumed that members have read reports in advance of meetings and the focus will be on the recommendations in the report. Agenda items will be agreed by the Chief Officer and Chief Officer Finance and Resources, following discussion with the Chair and Vice Chair of the IJB and Finance, Audit and Scrutiny Committee.

As the Public Engagement Committee is not a decision making Committee it is proposed that the meeting on 24 February 2021 is cancelled.

A review will take place at the March IJB on whether the arrangements are continued.

Members were fully supportive and queried if the arrangements also apply to development sessions. Officers confirmed the January development session had been cancelled.

Members queried that the key business areas did not refer to the quality of health and social care and requested assurance that this is not omitted.

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Officers confirmed that Clinical and Care Governance structures remain in place in the HSCP and a quarterly Clinical and Professional Assurance Statement is reported to the IJB Finance, Audit and Scrutiny Committee. Performance is also covered at that Committee. The Clinical Director highlighted that this has not stopped and there are various meetings which cover mitigation and are proactive regarding quality assurance.

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

- a) **considered and approved the temporary changes to IJB governance arrangements as outlined at sections 4.2, 4.3 and 4.4 of this report; and**
- b) **considered and approved the changes proposed at sections 4.5 and 4.6 in relation to the Finance, Audit and Scrutiny and Public Engagement Committees.**

### **12. Review of Participation and Engagement: Public Engagement Committee**

Allison Eccles presented the Review of Participation and Engagement: Public Engagement Committee Report to update the IJB on the findings of the review of the Public Engagement Committee presented to the Committee on 2<sup>nd</sup> December and to seek approval for the revised Committee Terms of Reference.

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

- a) **noted the update in relation to the review of the Public Engagement Committee; and**
- b) **approved the revised Terms of Reference for the Committee at Appendix 1.**

### **13. Learning Disability Transformational Change Programmes: Progress Report on Service Integration and Review of Overnight Supports**

Jackie Kerr presented the Learning Disability Transformational Change Programmes: Progress Report on Service Integration and Review of Overnight Supports. The report updates IJB members on progress being made to introduce a more integrated service delivery model within GCHSCP's Learning Disability services, as well as progress on the transformational change programme to review overnight supports, in the context of technology enabled care and support (TECS) and provider-led 'Responder Service' solutions.

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

- a) **noted the contents of the progress report;**
- b) **noted the revised timescale of September 2021 to conclude both change programmes, with a commitment to report to IJB members thereafter; and**

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- c) **noted the intention to explore the alignment of wider work on the use of TECS for adult service users with GCHSCPs Maximising Independence Programme.**

### 14. **Mental Health Assessment Units**

Jackie Kerr presented a report on Mental Health Assessment Units which provides an update on the provision of MHAUs as a core function of mental health unscheduled care provision within NHS Greater Glasgow and Clyde.

Members highlighted that arrangements were put in place quickly, but some aren't sustainable in terms of cost and questioned how this is being addressed.

Officers confirmed work has taken place to see what could be realigned. Some Out of Hours (OOH) services have now merged into the MHAUs which has brought the cost down. Funding this year is being met through COVID-19 and it will be discussed further as part of the budget process. A specific direction was issued as part of the Programme for Government in relation to MHAUs.

Officers also highlighted the service redesign through Unscheduled Care which is looking at different types of support such as peer support workers. The Alcohol and Drug Partnership are working jointly with MHAUs and the OOH Addiction Crisis Team will now operate out of the MHAUs.

Officers highlighted that the Mental Health Assessment Units were established in a short timeframe and it has been a significant service redesign which has resulted in improved outcomes for patients and stakeholders.

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

- a) **noted the contents of the report.**

### 15. **Update on Expansion of Youth Health Services**

Fiona Moss presented a report which provides an Update on the Expansion of Youth Health Services across the city.

A report was presented to the IJB in June 2019 and a commitment was given to come back and provide an update. The report outlines what has been happening since then and the impact of COVID-19. Officers confirmed that the service is ready to expand further into Easterhouse and Pollok, with Springburn and Govan being the last phase.

Members noted that boys tend to use this service less than girls, and asked if there are any actions taken to encourage use by boys.

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Officers confirmed this is something they are aware of and they continue to look at along with other groups. Some work has been impacted by the pandemic as staff have been deployed elsewhere. The service has recently recruited a Community Link Worker focusing on the online and digital world and it is hoped to engage with boys in a different way

Members highlighted the student population have been struggling with the impact of COVID-19 and raised concerns that this cohort may be missed. Assurance was sought that their needs are being addressed somewhere in the system.

Officers confirmed that if students had been working with the service pre-18 then that would continue. The same applies to care experienced young people. The broader agenda is being picked up in the work by Mike Burns. Universities are also doing in-house work to support students.

Members highlighted the lack of face to face appointments at the moment and asked if that has returned for children who are unable to access services online.

Officers advised there are a small number of face to face interactions taking place and there is a prioritisation exercise for those who need to be seen.

Members welcomed the roll out across the city but questioned how the service is keeping people involved at the moment. Clarity was sought on whether there was a link worker for each area with local knowledge.

Officers advised the Community Link Worker is funded by PCIP for all youth health services in the city. Discussions are taking place with Glasgow Life as the connection into youth services is really important. Proposals are underway to have a Young Person Guarantee Worker which would cover the whole service, however can be spread across the service in the initial phases.

Officers acknowledged the restrictions that are in place at the current time due to the pandemic but advised that the service can still be contacted and consideration will be given to what support can be provided.

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

- a) noted the contents of the report.**

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### **16. IJB Committees – Update from Vice Chair of Public Engagement Committee (meeting of 2 December 2020)**

John Matthews provided an update from the IJB Public Engagement Committee held on 2<sup>nd</sup> December 2020.

John highlighted the Petition regarding Bed and Breakfast Accommodation at Hillhead, noting this was the first petition for the Committee and the discussion ran very smoothly. Officers agreed to monitor the situation in Hillhead and report back in one year.

John also highlighted the Review of the IJB Public Engagement Committee which was covered at Item 12 in today's agenda.

### **17. IJB Committees – Update from Chair of Finance, Audit and Scrutiny Committee (meeting of 9 December 2020)**

Councillor Jane Morgan provided an update from the IJB Finance, Audit and Scrutiny Committee held on 9<sup>th</sup> December 2020.

Councillor Morgan highlighted the Complaints Report for 2019/20, noting the rise in complaints, particularly for Home Care. The report and draft minute from the meeting are available on the Glasgow City HSCP website for members to read.

#### **AOCB**

Simon Carr reminded all that under the current Integration Scheme the Council Lead and NHS Lead rotate the Chair each year. The Chair will transfer back to Simon on 6 February 2021. Members and Officers thanked Councillor Hunter for her role as Chair over the past year.

### **18. Next Meeting**

The next meeting will be held at 9.30am on Wednesday 24<sup>th</sup> March 2021 via Microsoft Teams.

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