

INTEGRATION JOINT BOARD

BY SKYPE, 4 NOVEMBER, 2020

Integration Joint Board Members:

Councillor A Stirling (Chair); Mrs R Atkinson, (NHS Grampian) (Vice-Chair); Ms A Anderson (NHS Grampian); Ms J Duncan (NHS Grampian); Ms R Little (NHS Grampian); Provost W Howatson; Councillor G Reynolds, Councillor A Ross; and Councillor D Robertson.

Integration Joint Board Non-Voting Members:

Dr C Allan, Primary Care Advisor; Ms F Culbert, Carers' Representative; Ms J Gibbs, (as substitute for Dr J Brown, Nursing Advisor); Mr D Hekelaar, Third Sector Representative; Mrs S Kinsey, Third Sector Representative; Mrs I Kirk, UNISON; Mr M McKay, NHS Unison; Mr G Mitchell, Public Representative; Ms A Mutch, Public Representative; Mr I Ramsay, Chief Social Work Officer; Mr A Sharp, Chief Finance Officer, Aberdeenshire Health and Social Care Partnership; and Ms A Wood, Interim Chief Officer, Aberdeenshire Health and Social Care Partnership.

Officers:

Mrs G Fraser, Mr M Ogg, Ms A MacLeod, Mrs C Miller, Mrs J Raine-Mitchell, Mr M Simpson, and Mrs S Strachan, Aberdeenshire Health & Social Care Partnership; Ms K Dunn, NHS Grampian; and Ms K Balinska, Ms J McRobbie, and Mr P Mitchell, Aberdeenshire Council.

Apologies: Drs Brown and Metcalfe.

1. DECLARATION OF MEMBERS' INTERESTS

The Chair asked for Declarations of Interest. No interests were declared.

2A. STATEMENT OF EQUALITIES

In making decisions on the following items of business, the Joint Board **agreed**, in terms of Section 149 of the Equality Act, 2010:-

- (1) to have due regard to the need to:-
 - (a) eliminate discrimination, harassment, and victimisation;
 - (b) advance equality of opportunity between those who share a protected characteristic and persons who do not share it; and
 - (c) foster good relations between those who share a protected characteristic and persons who do not share it: and
- (2) where an equality impact assessment has been provided, to take its contents into consideration when reaching a decision.

2B. EXEMPT INFORMATION

The Joint Board agreed, that under paragraph 7 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Item

13 of the business below, on the grounds that it involves the likely disclosure of exempt information of the class described in the relevant paragraphs.

3. MINUTE OF MEETING OF THE INTEGRATED JOINT BOARD OF 29 SEPTEMBER 2020

There had been circulated and was **approved** as a correct record the Minute of Meeting of the Integration Joint Board of 29 September, 2020.

4. INTEGRATION JOINT BOARD ACTION LOG

There had been circulated and was **noted** a report by the Interim Chief Officer providing updates on progress with actions which had still to be completed and advising when these were scheduled to be reported to the Joint Board.

5. CHIEF OFFICER'S REPORT – ORAL UPDATE BY INTERIM CHIEF

The Joint Committee heard from the Interim Chief Officer of the ongoing work in supporting the various requirements of Covid-19 related work and of the continuing pressures with the anticipation of the usual winter resilience requirements. She paid tribute to staff continuing to work incredibly hard, including the support for flu immunisation clinics at primary schools: lessons learnt here would be taken into account when planning for Covid vaccination. Mrs Wood spoke of the ongoing support for social care providers and working with care homes and local authorities to ensure residents and service users were kept safe. There were further emerging pressures, amplified by the impact of further or extended restrictions where there was an essential role in protecting mental health and wellbeing, both for the public and in order to support staff, who were being encouraged to use every support available to them for what was now appearing to be a marathon rather than a sprint.

There was discussion of the re-introduction of specific local clinics, and positive feedback was received on the smooth operation of flu immunisation programmes, with appointment letters received timeously in some areas, but less satisfaction in others; the increasing application of partnership working with both Aberdeenshire Council's Live Life Aberdeenshire and housing staff; the confusing media speculation about the likely delivery model to be applied to deliver the Covid vaccination programme;

The Joint Board heard from the Director of Public Health that the uptake rate was 65-70%, despite some operational glitches with various threads of delivery for specific age groups, the elderly, or those especially vulnerable by other reason, and school and maternity programmes, with over 52,000 already vaccinated, in a programme that was normally delivered over a three-month period.

The Joint Board **agreed:-**

- (1) to commend staff across all partnership working, on their continuing resilience and flexibility;
- (2) noting the constantly changing circumstances, that a "snapshot" Flu briefing be provided; and

- (3) that an Informal session to be arranged with staff, partners, and providers.

6. UPDATE FROM AUDIT COMMITTEE OF 30 SEPTEMBER 2020

There had been circulated a letter dated 4 October, 2020 by Ms Anderson, Chair of the Audit Committee, providing a detailed update of the business transacted at the most recent Audit Committee meeting on 30 September, 2020, which included the approval of the Audit Accounts for 2019/20 and the External Auditor's report; an Internal Audit report on the subject of Social Care Commissioned Services Contract Monitoring; updated guidance on Best Value; and updates from the work of other Audit Committees within the Grampian Area.

The Joint Board heard further from Ms Anderson on the unqualified judgement of the audited accounts, and of the Committee's thanks to Audit Scotland and partner staff in managing a timely report, despite Covid delays. It was also highlighted that the progress of the Audit Committee in widening its scope of activities, as agreed by the Board, had been commended and additional areas for consideration of further development identified.

There was discussion of the planned timetable for meeting Internal Audit agreed recommendations with the Commissioning Team, and the availability of Audit Committee papers on the public website; the independence of the Audit Committee, but the potential to share, for information, with all Joint Board members the detail of the questions asked and responses given; and the need for a partnership agreed method for the better coordination of NHS Grampian Internal Audit reports to the Integration Joint Boards.

The Joint Board **agreed:-**

- (1) that officers provide to all members by email details of the questions asked and responses given to the Audit Committee on the Audit reports;
- (2) to note that the Audit Committee papers were publicly available at <https://committees.aberdeenshire.gov.uk/committees.aspx?commid=490> ; and
- (3) to recognise the need for the Audit Committee, as one of several routes of delegated assurance to the Joint Board, to be independent.

7. FINANCE UPDATE AS AT AUGUST 2020

There had been circulated a report dated 12 October, 2020 by the Chief Finance Officer, requesting members' consideration of the financial position of the Health & Social Care Partnership as at August, 2020; approval of proposed budget adjustments, as detailed in Appendix 3 to the report; and reporting the progress towards achieving the agreed savings programme.

The Joint Board heard further from the Chief Finance Officer of the details of the report, including the assessment, five months into the financial year, of the impact of covid of planned spend, need for service changes and different ways of working, and unexpected changes in demand and priorities; of the assumption that cost variables because of virus related work were assumed to be fully recoverable by the Scottish Government, from whom funds in excess of £7M had been received to date; of the

recent announcement of additional central funding for social care over the winter period; underspends relating to a lower demand for care homes, community hospital reductions, decreased use of bank nurses and reduced staff travel; the level of cost for Community mental Health locums and continuing out of authority placements for specific complex social care services; the on-going risks relating to a nationally observed increased unit cost of drugs, and the uncertainty of continued Covid and Brexit impacts on that trend; savings which had occurred, not always relating to the agreed programme which was now forecast, with limited progress today, and estimated to achieve £3.8M this year of the £5.5M originally anticipated; and the matters which would be brought forward to inform how the 2021/22 budget would be framed.

There was discussion of the prescribing costs, and ongoing monitoring and planning at both a national and local level; the increasing assumed costs relating to mental health provision; the interconnectivity of successes in delayed discharge and increasing social care costs and provision; and that lower demands recorded for social care may reflect lack of provision as opposed to lack of care, particularly in areas where the full range of services had not yet been established.

The Joint Board, Consider and comment on the financial position set out in the report at paragraphs 7.3 and 7.10 and Appendices 1 and 2, **agreed:-**

- (1) to approve the budget adjustments as detailed in Appendix 3 to the report;
- (2) to note that reduced “demand” for some elements of social care may reflect a lack of supply or choice in terms of Self-Directed Support options; and
- (3) to note the progress to achieving savings as detailed in Appendix 4 to the report.

8. WINTER PLANNING ARRANGEMENTS

With reference to the Minute of Meeting of 28 August, 2019, (Item 15), there had been circulated a report dated 14 October, 2020 by the Partnership Manager (South) advising members on the winter planning arrangements for 2020/21.

The Joint Board heard from the Partnership Manager of the awareness of the additional importance which the Covid pandemic had added to the annual process of preparation for winter, as demonstrated by the operational plan, modelled around demand and capacity, and taking account of seasonal viruses, including flu and the norovirus, and the reduced capacity of hospitals, given the requirements of Covid, but with inherent flexibility to adapt to any changes. The key aim, and strategic priority, was to maintain as many people at home as possible, and support care homes and looked after accommodation was being coordinated via the Care Home Oversight Group; of the increasing use of digital technology, including “Near Me”, across GP practices and now rolled out across the wider Health & Social Care system, including physiotherapy, occupational therapists, and the social work team; and the interrelated trends in delayed discharge and care at home.

There was discussion of the interface between local and governmental planning; the critical role of self-management for both chronic and immediate conditions; the critical role which public communications would play in relation to the different

streams of information, in the context of potential information overload with other health messages from a variety of sources; the important role which existing groups could play as conduits of appropriate messages to stakeholders, service users, and the wider community; the role of members of the Integration Joint Board to be champions in their local communities, geographical and of interest; the availability of appropriate sources and supplies of PPE, across all aspects of health and social care, public, third sector, family carers, and private sector provision; and the need to remain flexible and adaptable to respond to any unforeseen events.

The Joint Board **agreed:-**

- (1) to acknowledge the increased pressure upon services during winter;
- (2) to endorse the overall approach adopted by the Aberdeenshire Health and Social Care Partnership (HSCP) in planning for winter and managing seasonal pressures;
- (3) to endorse the overall approach for managing seasonal winter arrangements during the Covid-19 pandemic;
- (4) that the operational plan be circulated to members for their information;
- (5) that self-management options be included in public statements as a counterbalance to the acute care focus; and
- (6) that an overall engagement strategy be considered and reported.

9. GRAMPIAN-WIDE FRAMEWORK FOR MENTAL HEALTH AND LEARNING DISABILITIES

With reference to the Minute of Meeting of 25 March, 2020 (Item 6), there had been circulated a report dated 9 October, 2020 by the Lead Planning Manager, Mental Health and Learning Disabilities, NHS Grampian, providing an update on the Grampian-wide strategic framework for the hosted provision of mental health and learning disabilities across the three Health and Social Care Partnerships, linked to the refresh of their individual strategies for community based services for 2022; and indicating that the draft Performance Framework and Programme Transformation Plan would be returned for consideration in December, 2020.

The Joint Board heard further from Ms. Dunn, including work which had been done since April including the addition of an executive summary to strengthen the message of sustainable services, improved information on the data capture, ensuring appropriate links to integrated Children's Mental Health planning (CAHMS), and discussions with the various Community Planning Partnerships around locality planning. It was reported that Moray Integration Joint Board at its most recent meeting had requested that additional information be added to include reference to the current national provision and review workshops around mental health; the recommencement of transformation boards which had temporarily been paused due to the Covid implications; the implementation planning for Operation Home First; and the intention to report to a future meeting on progress against Operation Home First in terms of Grampian mental health and learning disability provision, and a review of

safety, quality, and assurance currently under consultation with stakeholders, carers and partners, and a draft Transformation framework for consideration.

The Joint Board heard from the Partnership Manager (North) that strategy, currently voiced at a very high level was about hosted services, most commonly those based at in-patient services at Cornhill and would interleave with the Health & Social Care Partnership's own local provision, and there was discussion of the details which might follow in terms of the details of the Transformation Framework, to be reported in December, 2020; the inclusion of all relevant stakeholders in the ongoing engagement; and the out of hours provision and its impact on partners such as Police Scotland if these were not available:

The Integration Joint Board **agreed:-**

- (1) to approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLDD) 2020-2025;
- (2) to note Aberdeen City Health and Social Care Partnership (AC-HSCP), Aberdeenshire HSCP (A-HSCP), and Moray HSCP (M-HSCP) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community-based services in 2022; and
- (3) that the Chief Officer for Aberdeen City HSCP to report back on the Draft Performance Framework and Programme Transformation Plan to Integration Joint Boards in December 2020 to provide assurance of detailed plans for service redesign, timelines, and measures to monitor progress and sustainability.

10. ABERDEENSHIRE ALCOHOL AND DRUG STRATEGY 2020-2025

With reference to the Minute of Meeting of 30 October, 2019, (Item 9), there had been circulated a report by the Partnership Manager (North), requesting members' consideration of a draft Alcohol and Drug Strategy for Aberdeenshire and of a proposed partnership agreement in support of the strategy.

The Joint Board heard further from the Partnership Manager and the Acting Alcohol and Drugs Lead Officer as to the context and history of the evolution of the strategy review, of the extensive engagement on the strategy, including those with lived experience, the interrelationship with national strategies, the continuing stigma in communities towards users of drugs and alcohol, the stressing of "no wrong door" in accessing support, and of the multi-agency approach being adopted.

There was discussion of the performance measures which had been identified, as they were not always entirely within the gift of the partnership approach, and a disconnect between focus on kindness and try to assess this in numerical measures, rather than qualitative outcome; the inclusion of delivery actions in the delivery plans of various partner organisations, as opposed to constructing its own delivery plan; the need to identify when accountability sits, in the event of non-delivery or concerns about assurance; and the potential need to review the strategy in light of the experiences of Covid.

The Joint Board **agreed:-**

- (1) to approve the Draft Strategy of the Aberdeenshire Alcohol and Drug Strategy (Being Human) 2020-2025; and
- (2) to approve the Aberdeenshire Alcohol and Drug Partnership (ADP) Partnership Agreement.

11. ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (H&SCP) PERFORMANCE AND OUTCOMES REPORTING FRAMEWORK 2020

With reference to the Minute of Meeting of 18 December, 2019, (Item 12), there had been circulated a report dated 14 October, 2020 by the Interim Chief Officer, requesting the consideration of a new approach and indicative reporting timetable for the continued monitoring, and providing a summary of work undertaken to reshape the Partnership's performance and outcomes reporting framework in line with both statutory arrangements and to meet the outcomes anticipated for each project in terms of the strategic plan.

The Joint Committee heard further from officers of the requirement to adopt a consistent methodology, and not merely use the data which was available; to better articulate the impact on outcomes for service users, whilst still meeting national Performance indicators; and how the framework would link to the strategic delivery plan relating to different projects, and be measured against the mid-term financial strategy currently under development. The four main areas of reporting on the transformational projects would come under the headlines of partnership, Operation Home First, Digital First, and Reshaping Care – Primary Care Improvement Plan.

There was discussion of the need to have awareness of the collated picture of proposed reporting on other performance work, by whom, and to which group via which governance process; the developing use of patient information to provide a more holistic approach, using the national health care survey as a benchmark; the creation of tiers of information to allow managers access to local input to operational matters; and the potential establishment of by exception reporting on the performance and the need to track continuous improvement.

The Joint Board **agreed:-**

- (1) to agree the proposed approach and methodology for the future Integration Joint Board performance reporting framework, including reporting timetable;
- (2) that the experience of individuals be captured and linked to the Best Value Improvement Route;
- (3) that information be provided on what performance information goes to which groups in terms of assurance governance, and when this these are timetabled for this be shared with Joint Board members;
- (4) to be assured by proposed exception reporting, underpinned by regular operational and strategic management overview; and
- (5) that staff be commended on their work in reshaping the performance framework.

12. SCHEDULE OF MEETINGS, 2021

There had been circulated a report dated 20 October, 2020 by the Interim Chief Officer, requesting members' consideration of a proposed schedule of meetings for 2021.

Having heard from the Interim Chief Officer that, for the foreseeable future, it was intended that the Joint Board continue to meet online, and that there was no clear timetable for any return to meeting in a physical space, the Joint Board **agreed** to approve the undernoted meeting dates for 2021:-

Wednesday 3 February, 2021;
Wednesday 31 March, 2021;
Wednesday 19 May, 2021;
Wednesday 21 July, 2021;
Wednesday 29 September, 2021; and
Wednesday 3 November, 2021,

13. COMMISSIONED MENTAL HEALTH COMMUNITY SUPPORTS

There had been circulated a report dated 1 September, 2020 by the Partnership Manager (North) requesting members' consideration of a proposed approach to the retendering, for commissioned mental health community support, currently extended with SAMH for an additional 12 months due to the Covid-19 pandemic and due to expire in October, 2021 and providing information on the current provision in different parts of Aberdeenshire.

There was discussion of who might be defined as appropriate stakeholders for the consultation, and assurances were given this would be based on those with whom relationships had already been forged in engaging with the development work in 2019 on the mental health and wellbeing strategy; consideration of a trans-Aberdeenshire contract, or the need to have different contracts to best support the differing needs and experiences of different areas, and might also allow consortium bids; the need to consider whether early intervention could be separated out from treatment support; consideration of the inclusion of autism support in mental health and wellbeing provision, given it is a life-long condition which cannot be approached on the basis of recovery; the need for the options for Self-Directed Support to have the choice to buy in appropriate services locally; and the timescale for the proposed tender to be returned for Joint Board consideration.

The Joint Board, having considered the services currently commissioned as mental health community support, **agreed**:-

- (1) to note that the current contract will expire on 31 October, 2021;
- (2) that officers commence engagement with all relevant stakeholders to inform a draft service specification for any future tender;

- (3) to remove reference to consideration of future budget requirements to a future meeting when the policy approach had been determined;
- (4) to note the ongoing but Covid delayed progression with a specific autism strategy, but be assured that support could currently be accessed via SAMH;
- (5) that the new contract would need to balance the local or distinct needs versus the wider service or potential consortium approach; and
- (6) to receive a further report in due course outlining feedback from stakeholders and a proposed service specification.