

INTEGRATION JOINT BOARD

BY SKYPE, 29 JULY, 2020

Integration Joint Board Members:

Councillor A Stirling (Chair); Mrs R Atkinson, (NHS Grampian) (Vice-Chair); Ms J Duncan (NHS Grampian); Councillor G Reynolds; Councillor D Mair (as substitute for Councillor A Ross); Councillor D Robertson; and Ms S Webb.

Integration Joint Board Non-Voting Members:

Dr C Allan, Primary Care Advisor; Dr J Brown, Nursing Advisor; Ms F Culbert, Carers' Representative; Mr D Hekelaar, Third Sector Representative; Mr M McKay, NHS Unison; Ms A Mutch, Public Representative; 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 P Berry, Mr F Campbell, Ms J Howie, Ms A McGruther, Mr M Ogg, Mrs J Raine-Mitchell, Mr M Simpson, and Mrs S Strachan, Aberdeenshire Health & Social Care Partnership; and Ms J McRobbie and Mr P Mitchell, Aberdeenshire Council.

Apologies:

Ms A Anderson (NHS Grampian); Provost W Howatson; Ms S Kinsey, Third Sector Representative; Mrs I Kirk, UNISON; Ms R Little (NHS Grampian); Dr M Metcalfe; Mr I Ramsay, Chief Social Work Officer, Aberdeenshire Health and Social Care Partnership; and Councillor A Ross.

In Attendance:

Mr A Gray, Director of Finance, NHS Grampian.

1. DECLARATION OF MEMBERS' INTERESTS

The Chair asked for Declarations of Interest. No declarations were made.

2. 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.

3. MINUTE OF MEETING OF THE INTEGRATED JOINT BOARD OF 24 JUNE, 2020

There had been circulated, and was approved as a correct record, the Minute of Meeting of 24 June, 2020.

4. AUDIT COMMITTEE

4(a) MINUTE OF MEETING OF 26 FEBRUARY, 2020

There had been circulated and was **noted** the Minute of Meeting of the Audit Committee of 26 February, 2020.

4(b) REPORT TO INTEGRATION JOINT BOARD

With reference to the meeting of the Audit Committee of 24 June, 2020, there had been circulated a report dated 28 June, 2020, by the Chair of the Audit Committee, reporting on the various areas of discussion at that meeting, including the Internal Audit Annual Report 2019/20; updates from other Joint Boards' Audit Committees; progress on the External Audit 19/20 Audit; the Annual Governance Statement and Internal Control Environment; the Unaudited Accounts 2019/20; and evaluation of the response for Personal Protective Equipment during the Covid-19 pandemic.

The Joint Board heard from the Chief Finance Officer as to the details of the report and there was discussion of (a) the factors which had delayed the development of a Scheme of Delegation, relating to the lack of formal basis rather than any Covid related issues; and (b) the definition of "trivial" in the Audit Scotland assessment of budget performance.

The Joint Board **agreed**:-to note the key points and welcome assurances from the Committee in relation to audit matters as detailed in the report.

5. ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) PERFORMANCE & OUTCOMES FRAMEWORK: ANNUAL PERFORMANCE REPORT - 2019/2020

With reference to the Minute of Meeting of 24 June, 2020 (Item 7,) there had been circulated a report dated 29 June, 2020 by the Partnership Manager, Strategy and Business Services, reporting national guidance on delaying the publication of the 2019/20 Annual report, and requesting members' consideration of an alternative approach to the 2019/20 report.

Having heard further from the Partnership Manager (Strategy and Business Services) of the various issues, including the need to publish a statement on the website to explain the delay in producing the report, there was discussion of the need to rely solely on evidence based of published data and the sourcing of case

studies to bring the information alive in a more accessible form; and the availability of staffing and other resources to support the work.

The Joint Board **agreed:-**

- (1) to acknowledge the national guidance issued on the delayed publication of 2019/20 Annual Performance Reports;
- (2) that the suggested wording as detailed in the report be published on the website to explain the reasons for the delay in publication and a new publication date;
- (3) that the 2019/20 Annual Performance Report be published by the end of October, 2020; and
- (4) that a special meeting of the Integration Joint Board be held on 30 September, 2020, in advance of the Development Session planned for that date, to consider the Annual Performance Report.

6. OPERATION HOME FIRST

With reference to the Minute of Meeting of 24 June, 2020, (Item 5), there had been circulated a report dated 14 July, 2020 by the Partnership Manager (Central), providing an update on how Operation Home First was being applied in the context of the current pandemic and also looking forward to the continued application of the principles in the months to come.

The Joint Board heard from the Interim Chief Officer of the cross sectoral work in preparing for the way ahead, beyond the acute sector plan for winter, building from the joint working in response to Covid-19, with the main focus on collaboration between primary and secondary care with a whole system refocusing. The success of the regular meetings of the four Chief Officers across Grampian had provided a firm foundation on which to enable shared discussions across a range of services, but the innovations made needed to be underpinned, long term, with an appropriate transfer of resources, either staff or funding, to allow care to be delivered closer to home.

Dr Allan spoke of the building on previous service level agreements in place over a number of years across the various spheres of operation, augmented by new public willingness to present to different centres, embracing the “Near Me” initiative, and boosted in Aberdeenshire by the successes of the Virtual Community Ward (VCW). He suggested that there was now an opportunity to look at any inequalities of provision across Aberdeenshire, accepting that there would be different challenges and priorities across the different communities and areas. In looking at real life cases, Dr Allan confirmed that analysis of real life cases had demonstrated that current practices may potentially cause harm to people if the model pursued were over hospitalised and so the focus should be at enabling people to keep well in their own homes; this would require a move to both working and engaging differently.

There was discussion of the consistent use of terminology and the need for a shared understanding of what a “whole system” approach meant in practical application across projects, including the resources of Live Life Aberdeenshire, third sector partners, and carers; the need for careful scrutiny of where funds, regardless of source, were directed; any timescale of consideration of transfer of resources; the potential need for the Joint Board to issue Directions to support the work; the benefits in having acute care consultants involved as equal partners in the

discussions of new ways of working, which had already evidenced a significant improvement in GP referral for consultations being processed in an average of 5 days; the ongoing work by officers to identify gaps in service along side what could be done differently, which may even include one practice, with the appropriate technology, being able to support another geographically distant; the whole system preparedness for winter demands on top of any ongoing Covid-19 required responses; and support for unpaid carers who had played and would continue to play a major role in Operation Home First.

The Joint Board **agreed:-**

- (1) to endorse the Aims and Principles of Operation Home First, as set out in paragraphs 3.4 and 3.5 of the report respectively;
- (2) to agree that the Aberdeenshire Health and Social Care Partnership continues to progress work to achieve the Aims of Operation Home First, as set out in this report;
- (3) to note that the Initiative would be launched on 31 July, 2020;
- (4) to delegate to the Interim Chief Officer, in consultation with the Chair and Vice-Chair, subject to clarity on the use of Directions, the finalisation of arrangements for the use of Directions, with any such use to be reported to the Board;
- (5) that an update report be presented to the Board in six months, with the expected outcomes and proposals for assessing these shared as soon as is practicable; and
- (6) to commend officers and partners across all organisations in the system for their collaborative work to date, and continuing, with teams demonstrating their adaptability and flexibility in response to new challenges.

7. NHS GRAMPIAN – RE-MOBILISATION PLAN

There had been circulated a report dated 15 July, 2020 by the Interim Chief Officer, presenting the NHS Grampian Re-Mobilisation Plan, as considered by the NHS Board on 2 July, 2020.

The Chair, on behalf of the Joint Board, welcomed Alan Gray, Director of Finance, NHS Grampian, to the meeting, which thereafter heard of the implications of the plan for the Aberdeenshire Health and Social Care Partnership.

It was noted that some of the detail behind the plan had been discussed at an informal briefing session held on 27 July, 2020, and Mr Gray spoke of the further work to be done to develop the plan, including marking the contributions of the public and third sector, to re-establish necessary services, highlighting that not all service would return initially. Any short- and medium- term risks in this were acknowledged.

To date, Grampian had the lowest incidence of Covid cases compared to the rest of Scotland, but the learning experience, in terms of areas such as public education, food parcels, and the provision of PPE demonstrated collaboration across shared purposes at the highest level.

The plan would be revised at the end of July, and it was hoped the Joint Board would welcome a further opportunity to see and comment on the new plan, based on an evidence based approach, with real time information coming from both the University

and local authority teams which would more proactively identify fluctuations for response.

Mr Gray welcomed Operation Home First as bringing together lessons learnt from the past with the benefits of digital enhancements which had led to both positive changes as well as challenges. In particular, the community hubs and unscheduled hubs were areas which he saw as being very positive.

There was discussion of the test and protect numbers, and whether these could be presented in age categories; the critical need for accessible information about changes in care home visit guidance; the mental health and well being of young people in society; the resources required to augment the standard delivery of immunisation, in a context where it was expected that additional numbers would wish to have the flu injection; and the need for additional work on the definition and understanding of “whole system”, in particular to include the third sector and expand beyond primary and secondary care alone.

The Joint Board **agreed** the undernoted comments on the progress of the development of the remobilisation plan for the period post July, 2020:-

- (1) The undernoted response to the questions posed in the report:
 - Question A** - reflects critical requirements, but “whole system” definitions to be worked on, in particular to include the third sector, Live Life Aberdeenshire, social care, and unpaid carers, not solely primary and secondary health care;
 - Question B**– noting that “TOM” means Tactical Operating Model, to agree that the response reflects the critical requirements;
 - Question C** – reflects the critical requirements, but requires greater mention of the third sector and unpaid carers on delivery of community-based services, and social care, across the wider system as in detailed in response A above; and
 - Question D** – that the Interim Chief Officer feedback on Integration Joint Board discussions of “whole system” but otherwise agreed as reflecting the critical requirements; and
- (2) to welcome proposed continuing dialogue and ongoing sharing of the revised plan with Integration Joint Boards.