

## **INTEGRATION JOINT BOARD**

**BY SKYPE,31 MARCH, 2021**

### **Integration Joint Board Members:**

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

### **Integration Joint Board Non-Voting Members:**

Ms F Culbert, Carers' Representative; Mr D Hekelaar, Third Sector Representative; Mrs S Kinsey, Third Sector Representative; Mrs I Kirk, UNISON; Mr M McKay, NHS UNISON; Dr M Metcalfe, Acute Sector Representative; Mrs A Mutch, Public Representative; Dr S Reary, Primary Care Representative; Mr A Sharp, Chief Finance Officer, Aberdeenshire Health and Social Care Partnership; Mr I Ramsay, Chief Social Work Officer; and Mrs A Wood, Interim Chief Officer, Aberdeenshire Health and Social Care Partnership.

**Officers:** Mrs K Davidson, Mrs G Fraser, Ms L Flockhart, Mrs J Howie, Mrs A MacLeod, Mr M Simpson, and Mrs E Skinner, Aberdeenshire Health & Social Care Partnership; Ms A McGruther, NHS Grampian; and Mr J Evans, Ms J McRobbie, Mrs J Raine-Mitchell, and Mrs J Stewart-Coxon, Aberdeenshire Council.

### **Apologies:**

Ms J McNicol, Nursing Representative.

### **In Attendance:**

Ms S MacLaren, Chair, Aberdeenshire Adult Protection Committee.

## **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 6 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 15 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.”

### **3. MINUTE OF MEETING OF 3 FEBRUARY, 2021**

There had been circulated, and was approved as a correct record, subject to the amendment of Item 11, page 10 to read “exacerbated by the pandemic “, not exasperated, the Minute of Meeting of 3 February, 2021.

Arising from consideration of the Minute, (Item 8), Miss Little, Chair of the Clinical Adult Social Care and Governance Committee, advised the Joint Board that, following legal guidance, it had been determined not possible to share that Committee’s confidential reports with the full Joint Board, but that additional detail would be included in the Minutes submitted to the Joint Board for information. The Joint Board **noted** the update provided.

### **4. AUDIT COMMITTEE: MINUTES OF MEETING (a) 24 June, 2020**

There had been circulated and was **noted** the Minute of Meeting of the Audit Committee of 24 June, 2020.

### **(b) 30 September, 2020**

There had been circulated and was **noted** the Minute of Meeting of the Audit Committee of 30 September, 2020.

Arising out of consideration of the above, the Chair advised the Joint Board that the regular rotation of Chairing of the Audit Committee would apply from 1 April, 2021, when the Chair would fall to Aberdeenshire Council.

It was noted that a report would be submitted to the next Joint Board meeting regarding an alteration in Aberdeenshire Members on the Audit Committee, and the Joint Board **commended** Mrs Anderson, for her chairing of the Committee for the last 18 months.

### **5. CLINICAL ADULT SOCIAL CARE AND GOVERNANCE COMMITTEE- UPDATE FROM MEETING OF 11 MARCH, 2021**

There had been circulated a report dated 17 March, 2021, by the Chair of the Clinical Adult Social Care and Governance Committee, providing an update on matters considered by that Committee at its most recent meeting on 11 March. The report highlighted (a) the update from the Professional & Clinical Oversight Group (Care Homes and Very Sheltered Housing), currently undertaking a fifth round of Quality

and Assurance visits to Aberdeenshire Homes, exceeding that required by the Scottish Government and welcomed the increased participation of providers at the Care Home Providers Forum; (b) feedback from the HMP& YOI Grampian Liaison Visit, noting the progress to date on ongoing work to improve healthcare facilities; (c) the continuing delivery of the Covid Vaccination Programme across Aberdeenshire; (d) the outcome of the independent review of Adult Social Care which recommended future emphasis on a Human Right's based approach, Unpaid carers, and listening to the voice of servicers and on which an informal development session with the Joint Board had been scheduled; and (e) an update presentation on the Health & Social Care Partnership's approach to risk, how risks were reported, managed, and mitigated.

The Joint Board heard further from the Chair of the Committee of the assurances which had been provided by the reports considered and there was discussion of how any recommendations arising from the development session on the review of Adult Social Care would be brought forward and how risk would continue to be reflected in future reports.

The Joint Board **agreed:-**

- (1) to note the key points and assurances regarding governance matters; and
- (2) to thank the group for their continuing diligence in providing assurance.

## **6. 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.

## **7. CHIEF OFFICER'S REPORT**

There had been circulated a report by the Interim Chief Officer providing updates on (a) the refinement of the Frailty Pathway plan for early supported discharge in line with the Home First principles, with ongoing tracking of users and the inclusion of carers to the evaluation package being developed; (b) the delivery of the Covid vaccination programme to the identified priority cohorts on track to meet the Scottish Government deadline of 18 April; (c) the further development of meaningful contact in Care Homes and in Very Sheltered Housing, supported and overseen by Oversight Group; (d) the reshaping of the Strategic Plan, in cognisance of the recommendations of the Feely review of Adult Social Care with the key themes of Digital First, Reshaping Care, Home First, and Partnership to be developed in phases with the Strategic Planning Group monitoring delivery progress and ensuring, amongst other actions, that equalities were central to all workstreams, with improvement on stakeholder engagement also a particular focus; and (e) advising of the development by Acute and Primary Care colleagues of a new innovative model of care for patients receiving out-patient Secondary Care in the community.

The Joint Board heard from the Interim Chief Officer that all the updates were developed in the awareness that Covid, from being an emergency response, was now integral to everyday thinking and planning and would continue to be so; of the huge progress and increasing numbers of those vaccinated in Aberdeenshire, with

the system, supported also by Live Life Aberdeenshire and Area Manager colleagues, able to adapt to meet national and local changes.

There was discussion of the current, and anticipated, location for the Secondary Care Hubs, noting that this was an NHS Grampian initiative, not Partnership led, and sought to balance demand versus appropriate staff in appropriate and accessible locations, with real pressure to meet the areas of care identified; the requirement for Members of the Joint Board to be timeously advised of progress and developments of the Care Hubs; the need for language to be refined to reflect carers being fully integrated into various spurs of development work, noting that some areas had been progressed as part of an emergency response to Covid-19 and so had had less involvement and a faster speed of implementation; the reasons behind “Did not Attend” (DNA) statistics from vaccinations, noting there may be issues of delivery delay from the national invitation system, and elements of double invitation where several patient list sources had been merged, with assurances given of a robust process to use all the vaccine to ensure it was not wasted if a number of appointments were missed; how any continued need for Covid-19 vaccinations might sit alongside traditional flu programmes.

The Joint Board **agreed:-**

- (1) to congratulate all involved for their sustained effort and commitment to support the vaccination programme, at local delivery sites in Aberdeenshire as well as at TECA (The Event Complex, Aberdeen);
- (2) that updates on Secondary Care Hubs be provided to the Joint Board as appropriate;
- (3) that language in documents around the proper engagement with stakeholders, service users, and carers be revisited to more properly reflect, where possible, the intention of co-production;
- (4) to note issues with nationally generated vaccination invitations, and local efforts to address double entries from collated information and to scrutinise the local DNA statistics;
- (5) in all other respects, to note the terms of the Interim Chief Officer’s report.

## **8. FINANCE UPDATE AS AT JANUARY, 2021**

There had been circulated a report dated 7 March, 2021 from the Chief Finance Officer, providing the fifth financial monitoring report for the 2020/21 financial year, covering the 10-month period to January, 2021, and providing an updated forecast for the year. The report provided information on the financial impact of the Covid-19 pandemic on the resources of the Integration Joint Board, work being undertaken to address the challenges and prepare for the renewal phase of services, and the impact of providing services over the winter period.

The Joint Board heard from the Chief Finance Officer of the £12M costs relating to Covid, not including the vaccination programme which would be charged against NHS Grampian, would be covered by the Scottish Government and so was not a budget variance; of a slight reduction in the projected underspend previously

reported, with £2.388M now anticipated, with areas of savings and high costs unchanged from previous reports, relating to mental health locums and out of area referrals; of the need to be aware that areas of spend such as GP prescribing and social care provider invoices, would require to be carefully monitored in the last months of the year; areas where savings had been delivered, with an estimate £2.5M anticipated, and the shortfall reclaimed as a Covid-related cost; of the ability to move to Reserves any unspent Scottish government funding, with the earmarked reserves anticipated of £13M, with an additional £3M of general reserves.

There was discussion of whether various facility located services had been stopped, or were otherwise being delivered in non-traditional methods, and the potential impact this would have on projected spend, and the Joint Board heard from the Chief Social Worker and the Partnership Manager (North) of the continued provision of support for older people, care management, and learning disability support, where although there were drops in demand for some aspects of care, including Care Homes and Care at Home, with attendant budget underspends, social work and multi-disciplinary teams operating with appropriate social distancing and the application of better digital technology where appropriate, with resultant savings in staff travel and less use of buildings.

The status of the recent NHS pay offer of 4%, not yet accepted, but to be backdated, was raised and officers confirmed that the Scottish Government had undertaken to fund the pay increase in the current financial year.

There was discussion of the reason for higher prices in GP prescribing, which increased the costs although the number of scripts had reduced, and of the means by which historical patterns of prescription were analysed and used for future budget forecasts, and the global shortages which had driven the higher costs.

In respect of the various under and over-spends relating to mental health, the Partnership Manager (North) clarified that the total provision was spread across several different budget lines, with some overspends relating to the use of locum consultants, and some underspends reflecting a trend over recent years for support to be provided at home, or in the Community, as opposed to in a hospital base, with no perceived increase in numbers but an escalation of acute cases. There was discussion of the need to front-load early intervention and preventative services as it was expected that there might be a significant increase in support for mental health in the next 18-24 months, as the impact of Covid was realised.

The future impact on budget of service redesign when the needs of the communities were assessed, and changes required, was raised and officers spoke of the ongoing work to understand what these may be, and also to mitigate intended, and unintended consequences on performance.

Having considered the financial position set out in the report at paragraphs 7.3 and 7.10 and Appendices 1 and 2, and the comments from officers in the discussion, the Joint Board **agreed:-**

- (1) to approve the budget adjustments as detailed in Appendix 3 to the report;
- (2) to note the progress, as detailed in Appendix 4 to the report, towards achieving the savings programme;

- (3) that a paper on mental health provision across various budget allocations to be submitted for Joint Board consideration in early course;
- (4) that a report on unintended consequences and impact of changes in service provision methods to be monitored and reported in terms of performance; and
- (5) to commend staff in their work in supporting and monitoring the Partnership budget.

## **9. REVENUE BUDGET 2021/22**

There had been circulated a joint report dated 13 March, 2021 by the Interim Chief Officer and the Chief Finance Officer, proposing a revenue budget for 2021/22 for consideration, and providing information on the funding context, the medium-term financial strategy, and the need to update it to reflect pandemic-related changes to public sector finances, and potential risks and mitigations as determined by the Management Team.

The Joint Board heard from the Chief Finance Officer that both partners had confirmed funding, and that anticipated earmarked funding of £7M had still to be confirmed by the Scottish Government, but that the additional costs projected for Covid related issues, such as PPE and sustainability grants for social care providers, at an expected £6.4M were not included in the budget due to the assumption that these would be fully funded by the Scottish Government.

Despite anticipated funding uplifts, new commitments, including for pay awards and increased costs from contract providers led to a projected £4.1M gap, for which it was proposed that £1M be used from reserves. Some areas of underspend were expected to continue into the first part of 21/22 and not all services would operate along traditional models, generating some savings as had been seen in 2020/21. The Council had undertaken to meet the expected reduction in social care charges if these could not be claimed against Covid funding.

The potential risks relating to the national care home cost uplift, and GP prescribing were highlighted. Whilst the long-term impact of Covid on services was still unknown, and breaking even a challenge, it was hoped that this could be achieved for 2021/22, as demonstrated possible for 2020/21.

There was discussion of the need to include any uplift in wages for medical staff, including GPs, dentists, and community pharmacists and for local government social care staff; the need to see the Equalities Impact Assessment for the budget, omitted in error from the circulation of papers; the unknown impacts of different models of care, themselves dependent on future clarity on what needs might be demonstrated; the need to be agile to support changing demands; awareness of the need to focus on and mitigate against the increase in the poverty gap and in equalities across the communities of Aberdeenshire; the potential role for the third and voluntary sectors to assist; the future need to look at extreme changes to some manner of provisions, with recommendations for redesign and transformation expected, to be subject of work by the Strategic Planning Group; awareness of the workforce, whether employed, commissioned, or familial carers, traumatic experience over the last year and the need to be take them onboard with any proposed changes; the impact of the

Feely review of Adult Social Care in shaping future directions; the “hidden” volume of innovation already in place in response to Covid, including the shift of some resources from Acute to Primary Care; the establishment of processes to ensure that the voice of unpaid carers are heard and incorporated into developments to be reported to the Joint Board; and ambitious proposals which may, in time, reduce the number and cost of out of area placements for those with complex and changing needs who require flexible accommodation.

The Joint Board **agreed:-**

- (1) to acknowledge that the revenue budget facilitates the delivery of the Integration Joint Board’s priorities;
- (2) to note the financial allocations proposed to be made from Aberdeenshire Council and NHS Grampian for 2021/22;
- (3) to agree the proposed revenue budget for 2021/22 as outlined in Appendix 1 to the report;
- (4) to note that the budget assumes that any additional Covid 19 costs incurred in 2021/22 will be met by additional funding from the Scottish Government;
- (5) to agree the proposed budget savings as listed in Appendix 2 to the report;
- (6) to instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Homes Contract;
- (7) to note the financial risks as set out in Appendix 3 to the report;
- (8) to Direct Aberdeenshire Council and NHS Grampian to deliver all delegated functions in terms of the legislation and the Integration Scheme as currently delivered by them in terms of the budget outlined in this report, as set out in the Direction at Appendix 4 to the report;
- (9) that officers consider how to facilitate the best involvement of carers and service providers, to be considered initially at the Clinical Adult Social Care and Governance Group in terms of governance and thereafter by the Strategic Planning Group in terms of future processes; and
- (10) to commend the Chief Finance Officer, his teams in NHS Grampian and Aberdeenshire Council, and all officers for their contributions to the development of budget proposals.

## **10. UPDATE ON DIGITAL DISADVANTAGE/ INEQUALITY**

With reference to the Minutes of Meeting of 9 December, 2020, (Item 5) and 3 February, 2021, (Item 10), there had been circulated a report dated 5 March, 2021 by the Partnership Manager (South) providing an update on the scale and impact of digital disadvantage or inequality across Aberdeenshire, with Digital Exclusion one of the main themes to emerge from an assessment of the impact of Covid-19 on users of health and social care services.

The Joint Board heard from the Partnership Manager (South) and the Project Manager of the recognition that whilst technology was becoming an increasingly prominent part of life, including in the interactions on health and social care needs, there was a requirement to mitigate the risk of digital exclusion and of the actions which had been taken, were being implemented, and planned for the future. These mitigations covered issues of access, including those relating to geography or socio-economic factors; the availability of kit, with over 1600 devices provided, from individuals to care homes; and personal competence, with partnership work in both the design and support of processes to enhance digital skills for individuals. In order to progress, there was a need to identify more granular information to appraise in the context of nationally available evidence, in order to target appropriate mitigation. These works would be assessed in an impact evaluation as there was a need to measure effectively that no one was disadvantaged by their experience of services.

There was discussion of issues of access and whether consideration had been given to utilising redundant council or health care properties as digital hubs for those who have no connectivity in their own homes; the increasing use of “wearable” technology to measure and monitor health; the digital revolution which would see 5G provision significantly exceed the current, limited 4G capacity and allow increasing resources; the need to coproduce distinct apps with user groups to ensure that there were no compatibility issues across device providers or needs; the commendable work in Aberdeenshire and Grampian which was deemed to be a national flagship in all things digital; the Council working group currently discussing how best to capture and reflect information at an individual level; the current cap in Self Directed Support of £350 for the purchase of technical devices; and the potential sharing of client notes with the client in a digital platform as approved in the contract with Eclipse for the social care management system.

The Joint Board **agreed:-**

- (1) to acknowledge the increasing scale and impact of digital disadvantage / inequality across Aberdeenshire, the range of actions already undertaken or planned to remove or mitigate such disadvantage / inequality, as well as intended further work;
- (2) to receive a further report in due course, outlining progress and identifying specific proposals to tackle digital inequality in Aberdeenshire;
- (3) to welcome the intent to achieve more granular local information to complement, expand, or clarify national data; and
- (4) to commend Mrs Skinner and her colleagues on the exemplary work undertaken.

## **11. CARBON BUDGET SIX-MONTHLY UPDATE: COVID SUSTAINABILITY AND CLIMATE CHANGE LESSONS LEARNED**

With reference to the Minute of Meeting of Aberdeenshire Council of 18 March, 2020, (Item 10), there had been circulated a report dated 26 February, 2021 by the Partnership Manager (Strategy and Business Services) requesting the consideration of the Partnership’s contribution to the Council’s Carbon Budget, a simple tool designed to set the overall, individual, and Partnership’s annual emission reduction

targets, and providing information on projects identified, but delayed because of the Covid-19 pandemic, to achieve the 120 tons reduction of Carbon dioxide equivalent (CO<sub>2</sub>).

The Joint Board heard further from the Partnership Manager (Strategy and Business Services) of the covid impacts which were expected to have benefitted carbon reduction, including the promotion of Digital First, and the use of Microsoft TEAMS in lieu of face to face meetings, both of which were likely to have reduced staff mileage, reduction in building use with an attendant implication for energy use and consumption of other sundry items. The role of staff in identifying and using new methods of working less damaging to the environment was a significant contribution.

There was discussion of the requirement to consider that green energy might be more expensive and so socially divisive for users being able to afford it; the potential for a group to be established to carry out work such as identifying total life costs of new proposals; the ongoing work of the Goods and Equipment Working Group to consider the environmental impacts; the unintended consequences of the Partnership's benefitting from staff working remotely, of their domestic consumption at home increasing, where heating a big building might be more efficient than heating individual properties; potential synergies which could be explored with NHS Grampian; and the production and distribution costs of technical devices, while Digital First would appear to be the better option in environmental terms.

The Joint Board **agreed:-**

- (1) having considered Aberdeenshire Council's Climate Change Declaration, that the discussion above be reflected to the Council's Sustainability Committee on 19 May 2021, and subsequently to Full Council, on working towards the Declaration's targets and commitments with reference to the Joint Board's area of responsibility;
- (2) to commend the Covid-19 sustainability and climate change lessons learned, as attached in Appendix 2 to the report, noting that progress on several fronts had been paused because of the pandemic;
- (3) that officers consider how Mrs Anderson and Dr Metcalfe may be involved in carbon budget deliberations;
- (4) to note the ongoing responsibility of each Council Director, and the Health and Social Care Chief Officer to secure their reduction targets as set out in the Carbon Budget, reporting progress at six monthly intervals to the relevant Policy Committees, the Integration Joint Board, and to the Council's Sustainability Committee; and
- (5) that the consideration of the carbon implications of increasing use of staff laptops be remitted to the Goods and Equipment Group.

## **12. CIRCULAR ECONOMY AND THE INTEGRATION JOINT BOARD**

There had been circulated a report dated 8 March, 2021 by the Director of Infrastructure Services, Aberdeenshire Council, providing information on the Council's commitment to consider circular economy, where products are designed,

procured, used, reused, repaired, and recycled with the intent to maintain products and materials in high value use for as long as possible, to promote better use and appropriate end of life disposal, and how this might resonate with the Integration Joint Board as well as the Council's Directorate.

The Joint Board heard from the Team Leader, Sustainability and Climate Change (Acting) of the appointment of circular economy lead officers in each service and the Health & Social Care Partnership, and of ongoing work including the extra care needs project in Ellon being shaped with longevity and flexibility to allow future changes to the lay out if required, and the work of the Goods and Equipment Group in terms of resource procurement.

Although not initially considered as a circular economy project, Mr Evans suggested that the Joint Equipment Store in Inverurie, established in 2010 was an excellent example of sustainability and financial resource management, focusing on the refurbishment and reconditioning of returned equipment for return to new users.

There was discussion of the change in culture in medical equipment, having moved to single use plastics from equipment that was repeatedly sterilised and reused; the Right to Repair scheme, which would increase consumer rights; and the need to engage with supply chains as early as possible to share circular thinking in terms of equipment and building.

The Integration Joint Board **agreed:-**

- (1) to comment on the ongoing circular economy work in the Council and AHSCP as detailed above;
- (2) to commit to oversight of the embedding of circular economy principles, alongside other sustainability and climate change duties and commitments, into the work of the Partnership, including the Strategic Plan and related plans;
- (3) to receive updates at the appropriate times as the matter progresses; and
- (4) that officers to consider the Right to Repair Scheme and legislation's potential impact on procurement.

### **13. UGIE HOSPITAL, PETERHEAD - DECLARATION OF SURPLUS**

With reference to the Minute of Meeting of 30 October, 2019, (Item 8), there had been circulated a report dated 26 February, 2021 by the Partnership Manager (North), providing an update on the relocation of patients and services from the Ugie Hospital, Peterhead and recommending that the property be declared surplus to the Health and Social Care Partnership's requirements and returned to NHS Grampian as owners.

The Joint Board heard further from the Partnership Manager, (Strategy and Business Services) of the benefits which had been evidenced for patients and staff in the phased relocation of services, with better access to diagnostic services and no detrimental impact on outcomes.

There was discussion of the potential impact on another empty property in the Peterhead, and of the willingness of partnership officers to work with the Area Manager and NHS Grampian on future options.

The Joint Board **agreed:-**

- (1) to instruct the Interim Chief Officer to confirm to NHS Grampian that the property is now surplus to Aberdeenshire HSCP requirements; and
- (2) to note that the Joint Board would be grateful if NHS Grampian would consider all local implications as they progress their discussions on the future use of the site.

#### **14. ADULT SUPPORT AND PROTECTION: ABERDEENSHIRE ADULT PROTECTION COMMITTEE BIENNIAL REPORT, 2018 – 2020**

There had been circulated a report dated 8 March, 2021 by the Lead Social Worker, requesting the consideration of the biennial report of the Aberdeenshire Adult Protection Committee, 2018- 2020.

The Chair, on behalf of the Joint Board welcomed Susan MacLaren, independent Chair of the Aberdeenshire Adult Protection Committee to the meeting.

The Joint Board heard from officers that the publication and presentation of the Biennial Report, and overview of the current position of the Adult Protection Committee, had been delayed by Covid, and that in general terms, the work had continued, after an initial dip in Spring 2020, with referrals increasing throughout 2020 and into 2021.

Ms MacLaren spoke of the challenge to complete the report timeously, and her gratitude to all partners, and particularly Lindsey Flockhart and Anne-Marie Bruce for their support and tenacity. The timescale of the report began before her involvement, and although there were some few references to the pandemic, the majority of the implications would be considered, along with learning, in the 21-22 report. Improvements had been evidenced across all of the areas recommended in 2017, including data gathering, referrals from non-professionals, which demonstrated increased awareness, continuing work on initial referrals, and mitigations enacted. The initial care review process had matured as had recovery and engagement with service users and their families; data was well used: communications were better; and efforts were continuing to reduce the groups who did not engage with the processes. Ms MacLaren commended the commitment of the staff over the two-year period.

The Interim Chief Officer expressed her personal thanks to Ms MacLaren and the Adult Protection Team, under whose leadership the last 12 months had produced remarkable achievements.

There was discussion of the challenges in pursuing the area of work, especially in a difficult period which had seen the greater exposure of vulnerable adults, and increasing abuse and violence, particularly against women and girls, and appreciation for the work of the independent Adult Protection Committee.

The Integration Joint Board **agreed:-**

- (1) to welcome the publication of the Aberdeenshire Adult Protection Committee's Biennial Report 2018 – 2020;
- (2) to acknowledge, from the Biennial Report, and commend the work of the Committee and supporting staff, across the Aberdeenshire Adult Protection Partnership, to ensure adults, in need of protection, were appropriately supported; and
- (3) to recognise, as detailed in the Biennial Report, the success of the Committee in addressing the findings of the 2017 Joint Thematic Inspection and in staunch partnership working over the challenges of Covid.

Prior to the conclusion of the public section of the agenda, Councillor Stirling indicated that this would be her last meeting as Chair, reverting to Vice-Chair in terms of the established rotation between partners, and expressed her thanks to members of the Joint Board and the team of Partnership officers for their guidance and support over the last 18 months, encompassing the “unprecedented year” of Covid-19. She felt very privileged to be part of such a great structure.

The Vice-Chair, on behalf of the Joint Board members formally acknowledged Councillor Stirling's excellent chairing of the Integrated Joint Board, especially through the challenges of the pandemic.

The Interim Chief Officer paid her thanks, and those of her team, to the Chair.

## **15. ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP GRANT FUNDING 2021-22**

With reference to the Minute of Meeting of 18 December, 2019, (Item 18) when a programme of three-year grant funding had been approved, to allow for the greater financial stability for recipients, there had been circulated a report dated 4 March, 2021 by the Partnership Manager, (Strategy and Business Services), requesting the consideration of the allocation of continued grant funding for the 2021/22 financial year.

Having heard from the Partnership Manager of the surveys of the organisations carried out in 2021 and responses demonstrating the continued provision, sometimes in different ways, with examples of great innovation and a continued huge effort, there was discussion of the various organisations whose activities would support the strategic aims and direction of the Partnership; of the various other funding streams which might be available; the need for funded organisations to continue to evidence their different ways of providing a sustainable service; the need to increase investment in communities and nurture those self-supporting humanitarian initiatives which had sprung up over the year of the pandemic; the opportunity to encourage market capacity building in future years to mark the value of Third Sector contributions in deeds as well as in words; the potential to have a joint session to expand understanding of what the Partnership required and what might be delivered in co-production; and the proposal to reconsider the intent of the

grant allocation and what it might achieve in the context of necessary post Covid service redesign.

The Joint Board **agreed:-**

- (1) to note the alternative services delivered by organisations receiving Health and Social Care Partnership grants during the pandemic;
- (2) to approve the allocation of Health and Social Care Partnership Grant funds for 2021/22, as detailed in the Appendix to the report;
- (3) to delegate to the existing Grants Sub-Group consideration of how to consolidate, improve, and provide a consistent approach to the award of Health and Social Care grants and other non-mainstream funding, taking into consideration the comments above, for the future;
- (4) to note that any reshaping of service provision would consider grant funding to ensure it aligns with the Partnership's strategic aims and supports the desired outcomes;
- (5) to welcome the intent to consider other ways of coproduction with the third and voluntary sector; and
- (6) to receive a further report on funding considerations in due course.

Prior to the conclusion of the formal agenda, the Chair read a statement, acknowledging that this would be the last formal meeting of the Integration Joint Board for Mrs Angie Wood, as she would stand down at the end of April 2021 as Interim Chief Officer. Mrs Wood had, through a number of different roles, been key to the development of the teams which the Health and Social Care Partnership had established, and thanks were due to her for compassionate leadership, particularly through the time of the pandemic. She wished Mrs Wood all the best for her future endeavours, whatever they might be.

Other members of the Joint Board echoed the Chair's commendation of Mrs Wood's exceptional professionalism and compassion, as a great colleague who would be missed.