

INTEGRATION JOINT BOARD

VIRTUAL MEETING, 7 DECEMBER, 2022

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); Mr S Lindsay (NHS Grampian); Councillor M Grant; Councillor D Keating, Councillor G Lang and Councillor G Reynolds; and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:

Mrs F Culbert, Carers' Representative; Mr K Grant, NHS UNISON; Mr D Hekelaar, 3rd Sector Representative; Ms S Kinsey, Third Sector Representative; Ms I Kirk, UNISON; Ms A Mutch, Public Representative; Ms R Taylor, Primary Care Advisor; Mr C Smith, Chief Finance and Business Officer; Aberdeenshire Health and Social Care Partnership; and Ms P Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership.

Officers: Ms C Ebdy, Ms G Fraser, Ms J Howie, Ms A MacLeod, Ms A Pirrie, Ms C Millar, Mr J Shaw, Aberdeenshire Health & Social Care Partnership; Ms C Cameron and Ms A McGruther, NHS Grampian; Ms J Raine-Mitchell and Ms A McLeod, Aberdeenshire Council.

In attendance: Mr J Tomlinson (NHS Grampian).

Apologies: None.

1. DECLARATION OF MEMBERS' INTERESTS

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

2A. STATEMENT ON 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 paragraphs 2, 3, 6 and 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 Items 11 and 12 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. MINUTES OF MEETINGS OF THE INTEGRATION JOINT BOARD:

(a) MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD OF 12 OCTOBER, 2022

There had been circulated, and was **approved** as a correct record, the Minute of Meeting of 12 October, 2022.

(b) IJB AUDIT COMMITTEE APPROVED MINUTE OF 20 JUNE, 2022

There had been circulated and was **noted** the Minute of Meeting of the Integration Joint Board Audit Committee of 20 June, 2022.

4. INTEGRATION JOINT BOARD ACTION LOG

There had been circulated and was **noted** a report by the 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

There had been circulated a report by the Chief Officer, providing an update of the ongoing work of the Health and Social Care Partnership, advising that a review of the alcohol Licensing Policy Statement was currently being undertaken by the Aberdeenshire Licensing Board, consultation was underway, and a draft response on behalf of the IJB would be circulated for Members' comments; advising that the Aberdeenshire H&SCP Workforce Plan had been published and an action plan was under development, which would be overseen by the Workforce and Training Group; advising of progress with flu and covid vaccinations administered in Aberdeenshire; and advising of a review of the Integration Scheme, which outlines how the local authority and Health Board will work together to deliver adult health and social care services, with a timeline for the review.

After discussion, the Joint Board **agreed** to note the terms of the updates provided.

6. FINANCE UPDATE AS AT 30 SEPTEMBER, 2022

There had been circulated a report dated 23 November, 2022 by the Chief Finance and Business Officer, providing an update on the financial monitoring information for the 2022/23 financial year, covering the six month period up to the end of September 2022.

The Chief Finance and Business Officer provided an overview of the financial position to the end of September 2022, together with a projected forecast for the year as a whole. He advised that the audited Annual Accounts showed a surplus for 2021/22 of £28.5 million, which was largely due to additional funding allocated to the IJB in early 2022 by the Scottish Government. The underspend against the revenue budget for 2021/22 was £3.311 million. In summary, the financial position showed a

small overspend of £0.104 million at the end of September 2022; health budgets were showing an overspend of £0.888 million for the year to date; Social Care budgets were showing an underspend of £0.839 million for the year to date; Funds were showing a small overspend of £0.055 million; and the Set Aside budget was break even at this stage. In relation to a year end forecast, he advised that an overspend of £0.875 was being forecast, equating to 0.31% of the IJB budget, and this movement in the forecast position was due to large adverse movements in other direct patient care due to the high costs of locums and in prescribing, due to both price and volume increases. These forecasts, in line with all other budget lines, would continue to be reviewed and mitigations applied where applicable to achieve a break even position by the end of the financial year.

During discussions, Members commented on the following points:

- (i) Noted that GP prescribing costs, which were showing an overspend, were monitored monthly and were a fluctuating and ongoing pressure on budgets;
- (ii) Noted that locum costs, which generated an overspend, were an ongoing pressure, and that rates were set nationally;
- (iii) Noted the challenges around ringfencing funding for transformational change, given other budgetary pressures;
- (iv) Would welcome a further report on ongoing work on areas of workforce redesign;
- (v) Noted the importance of clear messaging that service delivery would not revert to pre-pandemic delivery and new methods of delivery would continue to be developed; and
- (vi) Noted that some Adult Services and Day care services had yet to be restarted and this had a continued impact on Unpaid Carers.

The Integration Joint Board, having considered the financial position as detailed in the report and appendices, **agreed**:

- (1) To note the financial position set out in the report at 6.3 and 6.8 and Appendices 1 and 2;
- (2) To approve the budget adjustments detailed in Appendices 1 and 3;
- (3) To note the position relating to additional funding in Section 7; and
- (4) to refer to the IJB Audit Committee the reason for the use of delegated powers by reason of special urgency as referred to in Section 8.2.

7. DEESIDE STRATEGIC NEEDS ASSESSMENT – REPORT AND NEXT STEPS

There had been circulated a report dated 8 November, 2022 by the Interim Partnership Manager, South, providing details of the engagement process which had been undertaken in conducting a Strategic Needs Assessment of health and social care provision and services along the Deeside corridor, including Upper Donside.

The Chair indicated that a request to speak had been submitted by Mr Simon Welfare and Mr Paul Gibb, on behalf of Keep Care in our Communities, a local group comprised of retired medical and healthcare professionals, representatives from

local businesses, members of Community Councils and local residents. The Joint Board **agreed** to hear from the speakers.

Officers introduced the report and provided a summary of the work undertaken to carry out a Strategic Needs Assessment of health and social care provision and services along the Deeside corridor, including Upper Donside. They gave an overview of the staff engagement that had been carried out, of the two stages to the community engagement part of the project, which included a survey and a series of in person and online focus groups and provided a summary of the responses to the various surveys and the key findings. Key themes identified included challenges around travel and transport, including the challenges of travelling into Aberdeen for health and social care appointments, issues arising from public transport as well as car journeys. For residents of Braemar and Ballater, Aboyne was highlighted as a more central location rather than Banchory for many services including Community Hospital, Minor Injury Service and Vaccinations. The cost of living at the current time was highlighted as a barrier to attracting staff to rural locations, and a lack of public transport and lack of affordable housing made it less likely that those in lower paid roles could live within the rural areas of Deeside and Upper Donside.

In summing up, the following five key themes were highlighted for further development: Communication, Staffing, Transport, Digital/Technology and Service Provision.

It was noted that existing project boards with a focus on digital technology and transport options would be asked to progress the themes arising from the Strategic Needs Assessment. In addition, proposals were in place to create a Project Board for Deeside and Upper Donside to address the remaining considerations relating to Communication, Staffing and Service Provision. The Project Board and each of the identified workstreams would include appropriate membership and representatives of staff and members of the community where possible.

The Chair thanked the officers for a comprehensive review of the work which had been undertaken.

The Joint Board then heard from Mr Welfare and Mr Gibb, who expressed their thanks for the efforts made by officers in carrying out the Strategic Needs Assessment and for the efforts made to engage with the community throughout the process. Mr Welfare advised that the responses to the survey had made clear that the continued presence of community hospitals in the area was essential and the benefits afforded to the community were immense. He highlighted there was a lack of transport to medical facilities, and the need for clinics and other services to be located closer to where people lived. The members of 'Keep Care in our Communities' wished to offer their help and support to the proposed Project Board, to provide local knowledge and to contribute to the proposed short life Working Groups, and suggested that other local community groups, such as the Cromar Patient Transport Group and Silver Circle Support Group, could be asked to participate, and suggested engagement with local landowners with regard to housing for staff. Finally, they suggested that the Integration Joint Board should lobby the Council and the Scottish Government to address the issues around staff pay and conditions.

The Chair thanked Mr Welfare and Mr Gibb for their presentation and comments, and for their offer of support.

There was discussion of the difficulties of recruitment within health and social care; recognition of the willingness of the group represented today to participate in the next steps; reference to a recent publication by Quarriers in relation to the needs of elderly carers; the need to address poverty and housing options; the need for more feedback on communications and digital access.

Officers acknowledged the need for a variety of communications methods, and that the reliance on social media to share information was not inclusive due to many people not having internet or digital access.

It was noted that opportunities for further training and professional development for staff was important for building skills and career progression and the need to ensure that staff were given recognition for the work that they do.

There was discussion of the proposal for a Project Board, and it was acknowledged that it would provide a focus for existing and further workstreams and the offer from the community to be involved in this was welcomed.

With regard to transport issues, it was noted that a short life Working Group was proposed to discuss this issue, noting that there were significant issues in relation to the ability to get to appointments due to lack of patient transport, and the need for a clear point of contact for those in need.

Thereafter, after a full discussion, the Integration Joint Board (IJB) **agreed:**

- (1) to approve the Deeside Strategic Needs Assessment report (Appendix I);
- (2) to approve the Deeside Strategic Needs Assessment Summary report (Appendix II);
- (3) to approve the next steps identified in the Strategic Needs Assessment report; and
- (4) that community representation should be included in the work of the Project Board.

8. WINTER RESILIENCE AND SURGE PLANS 2022-23

There had been circulated a report dated 14 November, 2022 by the Chief Officer providing information on the preparation undertaken by the Aberdeenshire Health and Social Care Partnership with respect to winter resilience and surge plans for 2022-2023. The report advised that every year additional pressures over the winter period had the potential to impact service delivery across the Health and Social Care Partnership and throughout 2022 the IJB and H&SCP had focussed on responding to service demand and progressing key areas of work to address the Winter Resilience and Surge Plans, and the strategic delivery plan had been reviewed in order to target the planning and delivery on these priorities, in order to prepare for the increased pressure expected over winter.

The Strategy and Transformation Manager introduced the report and advised that a workshop held in October had led to the development of the Winter Resilience and Surge Plans, and these had been provided to NHS Grampian, Aberdeenshire Council's Senior Leadership Team and to Scottish Government as part of NHS Grampian's Checklist for Winter Preparedness. She highlighted the ongoing pressures which were being experienced, including extreme weather, a surge in Covid and other viruses, and the significant impact of the cost of living crisis.

There was discussion of work ongoing to develop a Persons at Risk Database, an information sharing tool which would help to identify people with particular vulnerability during a significant incident, such as adverse weather; continuing issues relating to the replacement of analogue with digital phone lines and the need to ensure other communication channels were available, including local radio broadcasts; the need for more information and advice on resilience for community groups and arrangements for the sharing of relevant information with service users and unpaid carers.

After discussion, the Integration Joint Board (IJB) **agreed:**

- (1) to note the preparation undertaken by the Aberdeenshire Health and Social Care Partnership with respect to winter resilience and surge plans for 2022-2023;
- (2) to agree to receive a further update at the next meeting of the IJB in March 2023;
- (3) that a briefing note be provided on the issue of replacement of analogue phone lines with digital and the implications for communications in times of emergency;
- (4) that a staff briefing be provided on the sharing of data across agencies, where a major incident was called; and
- (5) to refer to the Risk Group and Clinical & Adult Social Work Governance Committee the issues around G-OPES levels and the management of any risks attached that may need to be mitigated.

9. ABERDEENSHIRE HOSTED SERVICES

There had been circulated a report dated 15 November, 2022 by the Chief Officer outlining the position in relation to the services where Aberdeenshire IJB are the 'host' IJB, where services are operated and managed on a Grampian wide basis on behalf of all three IJB's (Moray, Aberdeen City and Aberdeenshire). The report advised that the Hosting arrangements describe the situation where the 'host' IJB provides operational oversight and management responsibility for the service, and provision for these hosted services is included within each IJB's Integration Scheme.

Officers provided some background to the services hosted by Aberdeenshire IJB, namely HMP and YOI Grampian, Forensic and Custody Healthcare Service, Marie Curie Nursing Service, Specialist Nursing Service for continence care/bladder and bowel health, Community Diabetes Specialist Nursing Team and Diabetic Eye Screening Service, Heart Failure Specialist Nursing Service and Chronic Oedema

Service. They provided an update on healthcare provision at HMP & YOI Grampian and the Forensic and Custody Healthcare Service.

It was noted that Health and Social Care Partnerships had been tasked to develop a Service Level Agreement (SLA) for those services currently hosted by them, based on the principles of quality, safety and efficiency. This will commence with one hosted service per Health and Social Care Partnership. The SLAs would be submitted to IJB budget setting meetings in March 2023.

It was noted that much had changed as a result of the pandemic and the recruitment and retention of staff remained a significant challenge within hosted services and it was suggested that a strategic review of prison workforce could improve a move to a multi-disciplinary team model.

There was discussion of target setting within the context of the SLAs, the need to maintain a service that was fit for purpose, and to make the best use of the service provision that was available.

After consideration, the Integration Joint Board (IJB) **agreed** to note the current position in relation to the services where Aberdeenshire Integration Joint Board was the 'host' IJB and agree that this report be shared with Moray and Aberdeen City Integration Joint Boards.

10. ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) STRATEGIC DELIVERY PLAN –

(a) AHSCP STRATEGIC DELIVERY PLAN 2022-2025

With reference to the Minute of Meeting of the IJB of 24 August, 2022 (Item 16), there had been circulated a report dated 1 November, 2022 by the Chief Officer requesting consideration and approval of a revised Strategic Delivery Plan for 2022-2025, which confirmed the priority workstreams and highlighted the key pieces of transformational change which would be required over the next two years.

The report advised that work had been completed on developing the project definition around the various workstreams to ensure clarity of aims, outcomes and deliverables to produce a comprehensive strategic delivery plan from 2023 onwards, and subject to approval of the plan, further work would be undertaken to develop a prioritisation framework which would be used to help ensure a continuing focus on the right things and pursuing projects which would maximise impact on the overall objectives and long term outcomes.

During discussion, Members commented on a number of issues, including the need to ensure that projects were deliverable in terms of resourcing; the importance of recognising those areas where work was ongoing satisfactorily with a focus on continuous improvement; and the need to ensure that once the implementation stage had been completed, ongoing support would be provided to allow the work or projects to continue.

After consideration, the Integration Joint Board (IJB) **agreed** to approve the HSCP's revised Strategic Delivery Plan 2022-2025.

(b) AHSCP STRATEGIC DELIVERY PLAN PERFORMANCE REPORT

With reference to the Minute of Meeting of the IJB of 12 October 2022 (Item 5), there had been circulated a report dated 14 November, 2022 by the Chief Officer advising of work undertaken on the performance reporting framework, to provide assurance as to progress against the Strategic Delivery Plan, and asking the IJB to (i) provide comment on the proposed framework and format for high-level quarterly performance reports which would be provided to the IJB; (ii) endorse the quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation; and (iii) agree to these reports being shared with the Communities Committee and Area Committees on a 6-monthly basis, commencing January 2023.

The Programme Manager provided a summary of the development of the performance reporting framework, which took cognisance of the key characteristics associated with good performance information and performance management arrangements. She advised that the key aims of the IJB performance framework were to provide the IJB with assurance as to progress towards delivery of the Strategic Plan and key milestones, to provide evidence of outcomes at an organisational level and to inform IJB planning and decision-making around the longer term direction of the organisation. A summary of the proposed reporting cycle was provided and a sample of the proposed performance reports.

During discussions, Members requested that the quarterly reports on specific progress against the MAT Standards Implementation should provide proposed completion dates and that clarification should be provided when a project status remained the same beyond proposed timescales.

Thereafter, the Integration Joint Board **agreed:**

- (1) to note the proposed framework and format for high-level quarterly performance reports to be provided to the IJB on the Strategic Delivery Plan moving forward;
- (2) to endorse the accompanying quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation; and
- (3) that these reports should be shared with the Communities Committee and Area Committee structures on a 6-monthly basis commencing January 2023 onwards.

Prior to moving into private session, the Chair paid tribute to Geraldine Fraser, Partnership Manager, Central, who was leaving to take up a new role in NHS Grampian. She commended Geraldine for her leadership and management and significant contribution to the work of the Aberdeenshire Health and Social Care Partnership in recent years.

The Chair also paid tribute to Rhona Atkinson, whose tenure on NHS Grampian and the Integration Joint Board was coming to an end and thanked her for her contributions and experience which she had brought to the role of Chair and Vice Chair to the Board, and for her leadership through very challenging times in recent years.

11. SUPPLEMENTARY PROCUREMENT WORK PLAN

There had been circulated a report dated 10 November, 2022 by the Chief Finance and Business Officer requesting consideration of a Supplementary Procurement Work Plan and two Award Reports, and that the Joint Board directs Aberdeenshire Council to procure, via direct awards, the services detailed in the Supplementary Procurement Work Plan on behalf of the Integration Joint Board.

The Joint Board heard further from the Chief Finance and Business Officer that there were two items on the Supplementary Procurement Work Plan, and that the proposed work aligned with the Aberdeenshire Health and Social Care Partnership Property Asset Strategy.

After discussion, the Integration Joint Board **agreed**:

- (1) to note the Supplementary Procurement Work Plan detailed in Appendix 1 and the two Procurement Approval Forms in Appendix 2;
- (2) to note the Procurement Approval Forms for items on the Procurement Plan which are within the Integration Joint Board's remit and the value of the matter is over £1,000,000 and note that the Business Cases for items on the Work Plan with a value of £50,000 up to £1,000,000 may be reserved for approval by Aberdeenshire Council's Communities Committee before the Integration Joint Board's Direction is implemented;
- (3) to direct Aberdeenshire Council to procure the works detailed in the Work Plan on behalf of the Integration Joint Board; and
- (4) to note that the works align with the Aberdeenshire Health and Social Care Partnership Property Asset Strategy.

12. LEARNING DISABILITY ACCOMMODATION

There had been circulated a report dated 21 November, 2022 by the Partnership Manager, Central which requested that the Integration Joint Board note the use of special urgency powers by the Chief Officer in connection with funding approval for acquiring accommodation urgently for a complex learning disability client.

The Partnership Manager, Central, advised Members that the Health and Social Care Partnership continued to work on a long term solution for the provision of accommodation for clients with complex needs, and as part of a short to medium term solution, officers were working with the Housing Service to develop a protocol for plans for learning disability clients, to ensure the right support and officers can assist in the planning for discharge, particularly when this relates to hospital discharge patients who require specially adapted accommodation.

After discussion, the Integration Joint Board **agreed** to note the use of special urgency powers by the Chief Officer in connection with funding approval for acquiring accommodation urgently, for a complex learning disability client.