

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar on Wednesday 10 January 2018 at 2.00pm.

**Present: Voting Members of Integration Joint Board**

HUGH ROBERTSON, Non-Executive Board Member, NHS Tayside  
Councillor JULIE BELL, Angus Council  
Councillor LOIS SPEED, Angus Council  
Councillor DEREK WANN, Angus Council  
JUDITH GOLDEN, Non-Executive Board Member, NHS Tayside  
ALISON ROGERS, Non-Executive Board Member, NHS Tayside

**Non Voting Members of Integration Joint Board**

SANDY BERRY, Chief Finance Officer  
CHRIS BOYLE, Staff Representative  
PETER BURKE, Carers Representative  
IVAN CORNFORD, Independent Sector Representative  
ALISON CLEMENT, Clinical Director, Angus IJB  
JIM FOULIS, Associate Nurse Director  
VICKY IRONS, Chief Officer  
KATHRYN LINDSAY, Chief Social Work Officer  
DOUGLAS LOWDON, Consultant Acute and Elderly Medicine  
BILL MUIR, Third Sector Representative  
BARBARA TUCKER, Staff Representative

**Advisory Officers**

GEORGE BOWIE, Head of Community Health and Care Services - South, AHSCP  
DAVID THOMPSON, Principal Solicitor, Place Directorate, Angus Council  
BILL TROUP, Head of Integrated Mental Health Services, AHSCP  
HAZEL SCOTT, General Manager, Public Health (on behalf of Drew Walker, Director of Public Health)

HUGH ROBERTSON, in the Chair.

**1. APOLOGIES**

Apologies for absence were intimated on behalf of David Barrowman, Service User Representative; David Coulson, Associate Director of Pharmacy, NHS Tayside; Gail Smith, Head of Community Health and Care Services – North, AHSCP; Drew Walker, Director of Public Health and Michelle Watts, Associate Medical Director, both NHS Tayside.

**2. DECLARATIONS OF INTEREST**

The Board noted there were no declarations of interest made.

**3. CHAIRMAN'S STATEMENT – SERVICE DEMAND**

The Chairman highlighted to the Board that levels of demand for services had increased significantly over the last few weeks due to a rise in the number of fractures caused by falls and icy weather conditions and the recent outbreak of flu. As a result of these high level increases, demand for services had resulted in targets being more difficult to achieve.

He intimated that as a result of the co-operation and forward planning of all three Integration Joint Boards in Tayside and NHS Tayside, services were able to respond to these increased service demands but highlighted this would not have been achieved had it not been for the dedication and commitment by the staff involved. The Chair thereafter on behalf of the Board thanked all staff involved including GPs, voluntary and independent sectors who had pulled together to deliver the highest standard of care for patients and their families.

**4. MINUTES INCLUDING ACTION LOG**

**(a) PREVIOUS MEETING**

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 25 October 2017 was submitted and approved as a correct record.

**(b) ACTION LOG**

The action log of the Health and Social Care Integration Joint Board of 25 October 2017 was submitted and noted.

**5. IMPROVING SCOTLAND'S HEALTH: A HEALTHIER FUTURE – ACTIONS AND AMBITIONS ON DIET, ACTIVITY AND HEALTHY WEIGHT**

The Chair referred to the email issued on 21 December 2017 in connection with the consultation on Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity and Healthy Weight. He reminded members that the consultation period expired on 31 January 2018 and that responses should be sent directly to Drew Walker, Director of Public Health.

**6. PROPOSED APPOINTMENTS TO THE INTEGRATION JOINT BOARD AND AUDIT COMMITTEE**

There was submitted Report No IJB 5/18 by the Chief Officer noting the appointment of a non voting member of the Integration Joint Board by NHS Tayside in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, noting the appointment by Angus Council of a new voting member of the Integration Joint Board, noting the appointment by Angus Council of a new Vice Chair of the Integration Joint Board; and appointing an Angus Council voting member of the Integration Joint Board to its Audit Committee.

The Report reflected the legislative requirements incumbent upon the Integration Joint Board or requirements agreed in the Integration Scheme or Standing Orders.

The Integration Joint Board agreed:-

- (i) to note the appointment of Dr Richard Humble as a non voting member of the Integration Joint Board by NHS Tayside being a registered medical practitioner whose name was included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
- (ii) to note that, following the Special Meeting of Angus Council on 31 October 2017, Councillor Derek Wann was appointed as a member of the Integration Joint Board to replace Councillor David Fairweather who had resigned from the Board;
- (iii) to note that following the Special Meeting of Angus Council on 31 October 2017, Councillor Lois Speed was appointed as Vice Chair of the Integration Joint Board; and
- (iv) to appoint Councillor Julie Bell as a voting member of Angus Council to replace Councillor Lois Speed as a member to the Audit Committee following appointment as Vice Chair to the Integration Joint Board.

**7. FINANCE REPORT**

With reference to Article 6 of the minute of meeting of this Board of 25 October 2017, there was submitted Report No IJB 6/18 by the Chief Finance Officer providing an update to the Board regarding the financial position of Angus Integration Joint Board (IJB) combining financial monitoring information and budget settlement/planning updates.

The Report indicated that the Angus IJB Integration Scheme set out that for 2016/17 and 2017/18, should the IJB ultimately overspend then that overspend would be attributed back to the partner organisation in which the overspend was incurred. The implications of the agreement would be considered in 2017/18 in advance of financial year 2018/19.

The Board were previously notified that due to the financial projections for Angus IJB (Health), NHS Tayside had, in line with the Integration Scheme, previously formally requested a recovery

plan be submitted to them settling out plans for improving the overall financial position of Angus IJB (Health) in financial year 2017/18. This reflected the financial strain within NHS Tayside of which part was attributable to services delivered within Angus IJB. The IJB's financial position would require increasingly difficult decisions to be made in this financial year to generate an improvement in the projected financial position.

The Integration Joint Board's detailed forecast financial position for 2017/18 was set out in Appendix 1 to the Report. This showed that the overall position for Angus IJB at November was a forecast year end overspend of £0.3m. This was after material prescribing overspends had been offset by Adult Services and other Health underspends.

The IJB were now working with Angus Council and NHS Tayside to understand the implications of the Scottish Government budget proposals in December 2017, including the commitment to provide £66m to support social care issues. The process would help influence the budget settlements with both Angus Council and NHS Tayside. These settlements would remain challenging due to the overall funding environment of both Angus Council and NHS Tayside, the level of inflationary pressure and demand growth within systems.

The Chief Finance Officer provided a brief overview of the Report.

Having heard from the Chair who highlighted the limited timescales involved in relation to the budget settlement discussion between the IJB and Angus Council, the Integration Joint Board agreed:-

- (i) to note the overall financial position of Angus IJB at the end November 2017 including the projected year end position;
- (ii) to support work being undertaken to translate in year underspends into recurring savings;
- (iii) to support the flexible creation of an IJB change programme reserve at the end of 2017/18 should the IJB underspend on Adult Services;
- (iv) to endorse the further changes made as part of the Adult Services budget realignment;
- (v) to note the risks documented in the Financial Risk Assessment;
- (vi) to note the updated position regarding Partnership Funds and support the 3 proposals outlined in Appendix 4 of the Report;
- (vii) to note the updated position regarding Financial Planning and support the 5 proposals listed at Section 7 of the Report; and
- (viii) in terms of recommendation (vii) above; and due to the limited timescales involved, agreed to provide support to the IJB officers, in consultation with the Chair and Vice Chair in their discussion with Angus Council, in seeking a fair budget settlement between Angus Council and Angus IJB that reflected the demographic pressures faced by the Angus IJB, and the particular inflationary pressures faced by Angus IJB, in the context of the financial settlement for local authorities.

## **8. SERVICE REDESIGN TRANSFORMATION PROGRAMME**

### **(a) ANGUS COMMUNITY MENTAL HEALTH SERVICE**

There was submitted Report No IJB 7/18 by the Chief Officer highlighting that the Integration Joint Board would be asked to note and comment on the Tayside Mental Health Service Redesign Transformation Programme Report (TMHSRTP), as detailed in Agenda Item 8 (b).

The Report indicated that an essential condition aligned to the proposed changes to inpatient services was a shift of resources to Angus community services. This would ensure there was equity of service provision for the Angus population. The main component of an enhanced community service for mental health and learning disabilities was a funding transfer to enable community services to expand from a five to seven day model.

NHS Tayside and Perth and Kinross HSCP were currently consulting on a preferred option to transfer all acute admission wards onto one site in the Carseview Centre, Dundee and all Learning Disability beds to Murray Royal Hospital, Perth. An option appraisal exercise had considered how services could be provided that were safe, sustainable, which met workforce availability and were financially affordable. NHS Tayside could no longer safely provide acute admission and treatment services across the four main sites in Tayside (Carseview, Murray Royal, Strathmartine and Stracathro).

Angus Health and Social Care Partnership had set out plans to expand the existing Monday to Friday Community Mental Health Teams to deliver Enhanced Community Treatment to support people, who may require daily visits by professional staff in their own homes to manage an acute mental health episode, seven days a week, 52 weeks per year. Seven day working in the community would be supported by a 24/7 multi-disciplinary Crisis Assessment Services based at the Carseview Centre, Dundee.

The Angus service would be delivered within existing community mental health teams. This would enable improved continuity of care and promote the benefits of economies of scale with the sharing of staff skills within teams. The benefits of being in one team at Stracathro were no longer available due to the transfer of the Mulberry Unit and the reduction in medical cover.

Following consultation with clinical colleagues, service users and other key stakeholders, a proposed shift of resources equivalent to 7 WTE nurses was made to ensure that the key messages of safe, sustainable and clinically viable community services could be delivered to the Angus community.

The Head of Mental Services provided a brief overview of the Report.

Following discussion and having heard from a number of members, the Integration Joint Board agreed:-

- (i) to note the contents of the Report; and
- (ii) to request that Perth and Kinross Integration Joint Board consider the proposal at their meeting on 26 January 2018.

**(b) MENTAL HEALTH AND LEARNING DISABILITY SERVICE REDESIGN TRANSFORMATION (MHLDSRT) PROGRAMME – CONSULTATION FEEDBACK**

With reference to Article 4 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No. IJB 8/18 by the Chief Officer inviting the Board to consider a report prepared by Robert Packham, Chief Officer, Perth and Kinross Health and Social Care Partnership, in respect of the Mental Health and Learning Disability Service Redesign Transformation.

At this point, a presentation on Mental Health and Learning Disability Service Redesign Consultation Report was provided by Robert Packham, Chief Officer, Perth and Kinross Social Care Partnership; Lynne Hamilton, Mental Health Programme and Finance Manager, Keith Russell, Associate Nurse Director, Mental Health and Learning Disability and Dr Stuart Doig, Clinical Director, all NHS Tayside.

The Report indicated that the Integration Agreement between Angus Council and NHS Tayside provided that certain health services which were planned and delivered on a pan Tayside basis would be delegated and hosted by either Angus, Dundee or Perth and Kinross Integration Joint Boards on behalf of the other two Integration Joint Boards as the case may be. Learning Disability Inpatient Services and General Adult Psychiatry Inpatient Services were delegated and hosted by Perth and Kinross integration Joint Board on behalf of Dundee and Angus Integration Joint Boards.

Attached as Appendix 1 to the Report was the Report submitted by Robert Packham, Chief Officer, Perth and Kinross Health and Social Care Partnership in respect of the Mental Health and Learning Disability Service Redesign Transformation.

An overview of the detailed consultation process and outcomes were contained within the Consultation Feedback Report and supporting appendices. It was necessary to ensure that services were safe and sustainable over the longer term. The Angus IJB were asked to contribute to the approvals process of the preferred option by commenting upon and noting the situation to date, the need for change and the outlined way forward.

The formal three month consultation period ran to 4 October 2017. The main objectives of the consultation on the preferred option for in-patient General Adult Psychiatry and Learning Disability inpatient service redesign across Tayside were outlined in Section 2 of the Report.

The Consultation Feedback Report sought to reflect the culmination of a significant, informing, engaging and consultation process which had been undertaken since January 2016 and presented a brief background to the programme, the preferred option, an overview of the consultation process and consultation findings and thereafter the potential solutions which would be required to support the implementation.

The recommendation of the Mental Health and Learning Disability Services Redesign Transformation Programme team was that the preferred option be approved. The preferred option would provide safe, sustainable and high quality inpatient services for these patients. It was patient safety which had been given the highest priority in arriving at the recommendation.

It was no longer safe, nor sustainable to staff three acute admission units in Tayside. The aim was for people living with a mental illness or learning disability to be able to access inpatient treatment promptly when they required it. It was also important that the quality of care and treatment received was contemporary, evidenced based, was of the highest possible standard and was delivered in a modern, fit for purpose inpatient environment.

The Chair, Chief Officer and some members raised concerns on a number of areas including the requirement to release funding to enable changes to inpatient services, inpatient environments, transport issues including access costs and availability, provision of a safe and effective care model, staffing issues and clinical safety.

The Chair confirmed that members' comments would be forwarded to the Perth and Kinross Integration Joint Board following today's meeting.

On behalf of the Board, he also reinforced the requirement for funding to be released from Perth and Kinross Integration Joint Board from savings that would be made from the changes to inpatient services to enable the provision of a 7 day/52 week a year community service, Agenda Item 8(a) Report IJB 7/18 refers. The Chair also emphasised the requirement to take into consideration the environment, transport and workforce issues raised earlier.

The Integration Joint Board agreed:-

- (i) to note the terms of the report prepared by Robert Packham, Chief Officer, Perth and Kinross Health and Social Care Partnership, in respect of Mental Health and Learning Disability Service Redesign Transformation;
- (ii) to note the content of the Report, the Consultation Feedback Report, attached as an Appendix to the Report and supporting appendices;
- (iii) to note the process followed in undertaking the three month formal consultation on the preferred option for future General Adult Psychiatry and Learning Disability Services; and
- (iv) to request that members' comments would be forwarded to the Perth and Kinross Integration Joint Board in due course.

## **9. THE ANGUS CARE MODEL PROGRESS REPORT**

With reference to Article 8 of the minute of meeting of this Board of 25 October 2017, there was submitted Report IJB 9/18 by the Chief Officer providing an update on the current position in relation to the development of the Angus Care Model.

At this point, a presentation on Developing the Angus Care Model was provided by Alison Clement, Clinical Director; George Bowie, Head of Community Health and Care Services - South, AHSCP; and Jillian Galloway, Head of Primary Care Development (inc. PHC, OOH & FMS).

The Report provided information on the opportunities for development in Care Homes, Minor Injury and Out of Hours and Inpatient Care Services, to facilitate a more integrated approach to service provision for people in need of care and support. Optimising resources and joining up health and social work services was critical to realising the ambitions of health and social care integration.

An integrated package of assessment, enablement, treatment, rehabilitation and support in the community, along with help for carers, can better serve the needs of Angus people and deliver more effective deployment of the resources available to the Integration Joint Board. The approach required people to be central to decisions about their own needs, outcomes and support. The focus was to deliver an approach to integration that had a much greater emphasis on prevention, early intervention, self-management, supporting people in their own homes and communities and less dependence on hospital and care homes.

Information to date suggested that more than 90% of older people's care was being delivered in the community, but there was still more to do for the whole adult population.

The review of care homes, minor injury and out of hours services, and inpatient care had now concluded. The current shape of these services were outlined in Appendix 1 to the Report.

The dependencies between these reviews and the Help to Live at Home transformation programme had also been considered. Work had progressed to allow the outcomes from the three reviews and the vision for Help to Live at Home to inform the Angus Care Model.

The emerging Angus Care Model approved by the IJB in October 2017, Report IJB 58/17 refers, was informed by the outcome of the current reviews and by bringing these reviews into a single plan allowed the interdependencies and opportunities to be considered in a single exercise.

Attached as Appendix 2 to the Report was the Angus Care Model Future State Summary which provided a brief update of each review and the potential influence on the model. The current Angus bed model included 126 medicine for the elderly (MFE), psychiatry of older age (POA), community inpatient care (GP), palliative care and stroke rehabilitation beds, carried out across the five Angus sites. Based on a review of hospital activity during 2017, together with clinical data and the principles outlined in Section 5.3 of the Report, the view was that the number of Angus inpatient hospital beds could safely be reduced by a minimum of 23 with 103 beds remaining. Psychiatry of Old Age beds would be reduced by 7 and Medicine for the Elderly beds would be reduced by a minimum of 16. There would be no change to the number of stroke rehabilitation beds.

Any change was dependent upon maintaining the existing capacity of 6 intermediate care beds in the South Locality and procuring 3 additional care home beds for intermediate care/non-complex palliative care in the North East Locality.

Three variations for ward modelling to provide a future bed level of 102 or 103 beds covering MFE (including non-complex palliative care), POA and Stroke Rehabilitation were outlined in Appendix 3 to the Report.

Following discussion which included the Chief Officer and some elected members, and having heard the Consultant for Acute and Elderly Medicine's view on the preferred variation option, the Integration Joint Board agreed:-

- (i) to note the progress made in the development of the Angus Care Model;
- (ii) to approve the proposed future arrangement for local authority care home provision;
- (iii) to approve the exploration with the independent sector care home market of a new delivery model providing a peripatetic nursing model for all care homes;

- (iv) to approve the procurement of a minimum of three intermediate beds in the North East Locality;
- (v) to approve the reduction in inpatient beds, and that following consideration of the feedback from public conversations agreed that the preferred option was Variation 2 as outlined in Appendix 3 to the Report;
- (vi) to approve the proposals for the new arrangements for Care and Treatment Services across Angus, and the siting of Care and Treatment Centres within Arbroath Infirmary and Whitehills Health and Community Care Centre, and a network of Care and Treatment Services throughout other localities; and
- (vii) to approve the associated indicative financial plans.

*At this point (4.10pm), the Board agreed to adjourn the meeting to allow members and officers the opportunity of a comfort break.*

*The meeting resumed at 4.20pm.*

## **10. PRESCRIBING MANAGEMENT UPDATE**

With reference to Article 8 of the minute of meeting of this Board of 30 August 2017, there was submitted Report No IJB10/18 by the Chief Officer providing an update to the Integration Joint Board on the prescribing management plans in Angus.

The Report indicated that Tayside Health and Social Care Partnerships currently budgeted circa £80m annually for Family Health Services (FHS) prescribing and NHS Tayside a further £40m for secondary care prescribing. Tayside's FHS prescribing costs had historically been significantly higher per weighted patient than the Scottish average resulting in annual overspends in recent years. The FHS prescribing spend was one of the two primary drivers of NHS Tayside's overspend in the last two financial years.

A number of factors affected prescribing rates, included age, deprivations, clinical guidelines and rural areas. It was estimated that drug wastage costs in Scotland were up to £20 million per year, with approximately 50% waste avoidable. Main causes of drug waste included repeat prescribing processes (including over ordering by patients) and prescribing in care homes.

The NHS Tayside Prescribing Management Group (PMG) was responsible for ensuring optimal use of the prescribing resources, facilitating a whole system approach and had been leading the development and implementation of a regional workplan aimed at addressing variance and supporting effective prescribing.

Attached as Appendix 1 to the Report was the NHS Tayside Prescribing Management Group Action Tracker.

Whilst it was yet to lead to a sustained reduction in prescribing spend in Angus, there was confidence that the infrastructure had evolved over the last year, the strong GP engagement and clinical ownership of prescribing locally would deliver a sustainable prescribing framework for the future, aligned to the goals and aspirations of the Integrated Clinical Strategy in Angus.

A summary of actions, both regionally and locally, progressed in 2017 were outlined in Section 4 of the Report.

The Clinical Director provided an overview of the Report and following discussions where members' questions were answered, the Integration Joint Board agreed:-

- (i) to note the current financial position and the actions being taken regionally and locally to ensure safe effective prescribing and delivery of the efficient savings targets both in the short and longer term;
- (ii) to note and support the requirement for enhanced pharmacy support across Angus;
- (iii) to note and support the evolving prescribing priorities within Angus for 2018/19; and

- (iv) to request that a further report be presented to the Integration Joint Board meeting on 18 April 2018.

## **11. IMPROVEMENT AND CHANGE PROGRAMME – PROGRESS REPORT**

With reference to Article 11 of the minute of meeting of this Board of 28 June 2017, there was submitted Report IJB 1/18 by the Chief Officer providing information about how the Improvement and Change Programme was progressing.

The Report indicated that Angus Health and Social Care Partnership (AHSCP) identified a number of efficiency measures within Budget Settlement papers approved by the IJB on 22 February 2017, Report IJB No 12/17 refers. Applied learning derived from the Help to Live at Home programme recognised that a programme management approach would have considerable benefits in terms of dealing in a co-ordinated way with the service user, human resources, contracts, financial benefits realisation and communication issues which would arise during implementation. The IJB at their meeting on 28 June 2017, noted and approved the approach being taken to the delivery of the Improvement and Change Programme.

Angus Health and Social Care Partnership were committed to placing individuals and communities at the centre of service planning and delivery in order to deliver person-centred outcomes.

The Improvement and Change Programme aimed to improve the current operating models in a further range of social care services. These service changes covered several service user groups and shared a common goal of achieving cost effective and sustainable service models which met the outcomes required by service users. The projects identified through operational feedback where services were under-utilising resources and/or where the service model was no longer fit for purpose. The programme scope included projects for which identified savings had been agreed by the IJB and others which were in a more developmental stage. These projects were outlined in Section 3 of the Report.

Good progress was being made within the individual project elements and with the overall Improvement and Change Programme. Work would continue to maximise the efficiency of services and to deliver the programme in a coordinated way with due attention to service user impact, staffing issues, communications and contract issues. A further six monthly report would be submitted to the IJB in June 2018.

The Integration Joint Board agreed:-

- (i) to note the progress made to date in the Improvement and Change Programme; and
- (ii) to approve the planned changes identified within the project elements.

## **12. THE CARERS (SCOTLAND) ACT 2016 – PREPARATION FOR IMPLEMENTATION**

With reference to Article 17 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No IJB 12/17 by the Chief Officer advising that the Carers (Scotland) Act 2016 would introduce substantial changes to the way in which unpaid carers across Scotland were supported when it was implemented in April 2018.

The Report indicated that the Carers (Scotland) Act 2016 was due to commence on 1 April 2018. The Act recognised the immense value of the unpaid care that was provided nationally by Scotland's estimated 759,000 carers (Scottish Health Survey 2013) and the impact that caring could have on individual carers. It furthered the rights of unpaid carers with the intention of ensuring that they were better supported and able to continue to care, if they wished to, and have a life alongside their caring role. The legislation envisaged a preventative approach with unpaid carers regarded as equal partners with statutory providers in care.

The key changes introduced by the Act were being guided by a Workstream Implementation Plan which noted details of the changes, action anticipated in response to the legislation and the key stakeholders who would drive progress. A Workstream Planning Recall Event took place on 4 December 2017 to review progress and identify timelines for outstanding tasks, as outlined in Section 3 of the Report.



Scottish Ministers had determined that certain functions of local authorities under the Carers (Scotland) Act 2016 must be delegated to the Integration Joint Board. These functions were outlined in Section 4 of the Report. Relevant Regulations had been amended to provide for these, and the only way these functions could be incorporated into integration arrangements was by reviewing and amending the Integration Scheme between NHS Tayside and Angus Council.

The purpose of reviewing the Integration Scheme was to identify whether any changes to the Scheme were necessary or desirable. In reviewing the Integration Scheme, Angus Council and NHS Tayside must have regard to the integration planning principles and the national health and wellbeing outcomes as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated legislation.

Once the Integration Scheme had been amended and the relevant functions delegated to Angus Council to the Integration Joint Board, then NHS Tayside and/or Angus Council could be directed to perform these functions in accordance with the Strategic Plan and any other requirements.

The Integration Joint Board agreed:-

- (i) to note the update on the implications for the Angus Health and Social Care Partnership (AHSCP) of the Carers (Scotland) Act 2016; and
- (ii) to note the legal requirement to review the Integration Scheme in terms of the Public (Joint Working) (Scotland) Act 2015 to incorporate the terms of the Carers (Scotland) Act 2016 into integration arrangements in Angus.

### **13. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17 – TRANSFORMATIONAL PUBLIC HEALTH**

There was submitted Report No IJB 13/18 by the Chief Officer presenting the NHS Tayside Director of Public Health's Annual Report 2016/17 – Transformational Public Health, which was considered by the NHS Tayside Board at its meeting on 31 August 2017.

The Report indicated that the Director of Public Health Annual Report was required to be brought to Tayside NHS Board and made public for use by local stakeholders, including individuals, committees, third sector, local authorities and NHS partners.

The Report focused wherever possible on the health inequalities which surrounded us, and the efforts being made in partnership to promote health inequality. Transformational change in population health and wellbeing could be achieved by taking an explicitly public approach, incorporating co-production, needs assessment, prevention, value for money, early intervention, putting evidence into practice, shifting the balance of care, having people formerly known as patients at the heart of all change, health and economic literacy, and asset based approach with a resolute focus on equity.

The Annual Report for 2016/17 revisited 2013/14 topic areas which were outlined in Section 2 of the Report.

The Chair also requested that future annual reports be submitted to an earlier Board meeting to allow for members consideration and feedback.

The Integration Joint Board agreed:-

- (i) to note the Report for information;
- (ii) to note the progress made against 2015/16 recommendations; and
- (iii) to support the recommendations for 2017/18.

### **14. PROVISION OF INTERIM RESPITE CARE FOR ADULTS WITH LEARNING DISABILITIES**

There was submitted Report No IJB 14/18 by the Chief Officer providing an update on progress made in finalising interim arrangements for the provision of respite care of adults with learning disabilities and in identifying suitable properties at 23 Holyrood Street, Carnoustie and Finavon Court, Forfar from where interim services may be provided.

The Report indicated that Tus Nua Care Services had agreed to provide respite care for the interim period (1 May 2017 to 31 July 2018) with the option to extend for up to a further year) at 23 Holyrood Street, Carnoustie. The provision at 23 Holyrood Street, Carnoustie would not meet the needs of all service users who accessed respite.

Negotiations had taken place between Angus Council and HC One Ltd to commission one bed, on a block purchase basis, to provide respite care for people whose needs could not be met at 23 Holyrood Street, Carnoustie at Finavon Court, Forfar for up to a year. These negotiations had now concluded.

The Policy and Resources Committee of Angus Council had approved the Council entering into contracts to provide care services at both properties and the Communities Committee had approved Angus Council entering into a licence agreement for the property at 23 Holyrood Street, Carnoustie to enable care services to be provided there.

Once the licence agreement had been concluded between the owner of 23 Holyrood Street, Carnoustie and Angus Council, adults with learning disabilities would be able to access the service from the property.

The Integration Joint Board agreed:-

- (i) to note the progress to date; and
- (ii) to note the current issues as outlined in the Report.

## **15. PERFORMANCE REPORT**

With reference to Article 7 of the minute of meeting of this Board of 25 October 2017, there was submitted Report No IJB 57/17 by the Chief Officer providing an update on progress made in Quarter 1 of the performance report for 2017/18.

The Report indicated that the Quarter 2 2017/18 summary performance report aimed to address strategic level performance described in the partnership's performance framework. This included the national core indicators which demonstrated progress against the national outcomes.

The Consultant for Acute and Elderly Medicine highlighted that in terms of National Indicator 19 Delayed Discharges for South West this should have read 38% increase instead of a 38% decrease as outlined in the Appendix to the Report.

The Integration Joint Board agreed:-

- (i) to approve the Quarter 2 2017/18 Performance Report for Angus, attached as Appendix 1 to the Report; and
- (ii) to request the Chief Officer to ensure that updated performance reports were provided to the Integration Joint Board quarterly.

## **16. LEARNING DISABILITY IMPROVEMENT PLAN**

With reference to Article 14 of the minute of meeting of this Board of 25 October 2017, there was submitted Report No IJB 16/18 by the Chief Officer summarising a service-wide approach to current and future priorities for the learning disability service until March 2021, incorporating the 3 priority areas previously agreed by the Integration Joint Board in relation to learning disability accommodation and developments regarding learning disability respite services.

Due to current and anticipated demographic demand and sustainability pressures, further improvement work was required to ensure that the service was delivery as efficiently as possible, enabling resources to be directed to the areas of most urgent need and addressing current and future service delivery issues. Some of the main pressures and key action points were outlined in Section 3 of the Report.

The Report defined current challenges facing the service, and the efficiency and sustainability actions required in response to these challenges. It outlined the demographic challenges for future and resulting capacity demands, the planned future direction of the service and current and

future priorities for improvement and development in order to deliver sustainable services within available resources.

The Integration Joint Board agreed:-

- (i) to approve the planned developments in the learning disability service, intended to make the service more efficient and responsive to identified future need;
- (ii) to note the current issues and how these were being addressed;
- (iii) to note the assessed financial benefit from the improvement programme and approve the inclusion of the assessed benefit in the Integration Joint Board's overall financial planning;  
and
- (iv) to seek further progress reports on a six monthly basis.

#### **17. DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting would take place on Wednesday 21 February 2018 at 2.00pm in the Town and County Hall, Forfar.