

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar on Wednesday 30 October 2019 at 2.00pm.

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

Councillor LOIS SPEED, Angus Council - Chair  
HUGH ROBERTSON, Non-Executive Board Member, NHS Tayside – Vice Chair  
Councillor JULIE BELL, Angus Council  
Councillor BOB MYLES, Angus Council  
GRAEME MARTIN, Non-Executive Board Member, NHS Tayside  
EMMA-JANE WELLS, Non-Executive Board Member, NHS Tayside

**Non-Voting Members of the Integration Joint Board**

SANDY BERRY, Chief Finance Officer  
PETER BURKE, Carers Representative  
DR ALISON CLEMENT, Clinical Director, Angus IJB  
CHRIS BOYLE, Staffing Representative  
DR ELAINE HENRY, Consultant Gastroenterologist  
VICKY IRONS, Chief Officer  
ANDREW JACK, Service User Representative  
KATHRYN LINDSAY, Chief Social Work Officer  
GARY MALONE, Chief Executive, VAA, and Third Sector Representative  
CHARLIE SINCLAIR, Associate Nurse Director  
BARBARA TUCKER, Staff Representative

**Advisory Officers**

GEORGE BOWIE, Head of Community Health and Care Services - South, AHSCP  
GAIL SMITH, Head of Community Health and Care Services – North, AHSCP  
WENDY SUTHERLAND, Team Leader, Legal Team 1, Angus Council  
Dr ELLIE HOTHERSHALL (proxy for Drew Walker)  
BILL TROUP, Head of Mental Health Services, AHSCP  
ANDREW WILSON, Committee Officer, Angus Council

Councillor LOIS SPEED, Convener, in the Chair.

**1. APOLOGIES**

Apologies for absence were intimated on behalf of Ivan Cornford, Independent Sector Representative; and Richard Humble, GP Representative.

**2. DECLARATIONS OF INTEREST**

No declarations of interest were intimated.

**3. MINUTES INCLUDING ACTION LOG**

**(a) Previous Meeting**

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 28 August 2019 was submitted and approved as a correct record.

**(b) Action Log**

The Action Log of the Health and Social Care Integration Joint Board of 28 August 2019 was submitted and noted.

**(c) Audit Committee**

The minute of meeting of the Angus Health and Social Care Integration Joint Board Audit Committee of 28 August 2019 was submitted and noted.

**4. UPDATE REPORT – PRIMARY CARE IMPROVEMENT PLAN – ANGUS**

With reference to Article 5 of the minute of meeting of this Board of 24 April 2019, there was submitted Report No IJB 59/19 by the Chief Officer, providing an update for the 2019/ 20 Angus Primary Care Improvement Plan, approved by the IJB at the April meeting. A new General Medical Services Contract aimed to develop a sustainable model of general practice through the establishment of an enhanced multi-disciplinary support team working in and around general practice. GPs would be enabled to have increased capacity in their roles as Expert Medical Generalists.

The Board heard from Dr Andrew Thomson, Rhona Guild and the Chief Officer. Collaborative working had contributed to the success of the Plan to date, and the programme was progressing. Implementation was on track, with recruitment to available positions largely successful; however workforce availability moving forwards remained a high area of concern. It might be the case that the Board would not be able to recruit to the desired level in certain professional groups. The focus of discussions was changing to sustainability. IT support was being provided but availability of fit-for-purpose IT to support multi-disciplinary working across sites remained challenging. The Board still needed to challenge itself on how it did things, eg: which staff should be empowered and to what extent; or enabling patients to take responsibility for their care. The report detailed key priority areas to be addressed in period 2018/21.

Angus was one of the few Partnerships in Scotland testing adult flu redesign– over 65's and at risk - service delivery in 2019/20. A test was taking place in northwest Angus and was providing valuable learning for future development of an Angus-wide and national models.

Dr Elaine Henry referred to the opportunity across Angus and the Board offered by the Transforming Tayside programme. Hierarchical roles perhaps did not fit for some people; work was under way to attract people to Tayside. The opportunity was there for everyone in Health and Social Care to get out there to attract people to come to this area. Angus had built its reputation as a great place in which to live and work. Gary Malone highlighted the distinct identity and individuality of each of the Angus burghs. Care was everybody's business – and there had to be understanding in the Board as to what was needed.

It was noted that the first distinct Community Treatment and Care Centre was due to open later in the year at the Links Health Centre.

Implementation of the recommendations within the Scottish Government *National Guidance for Clusters. A Resource to Support GP Clusters and Support Improving Together* (June 2019) was under way and would enable further development of the well-established Angus clusters to support emerging care model.

The Primary Care Improvement Fund Workplan 2019/20 was set out in Appendix 1 to the Report; and Local Implementation Tracker Guidance on how the Board and its partners should monitor progress of primary care reform across Angus, was detailed in Appendix 2.

The Integration Joint Board agreed:-

- (i) to note progress made in the delivery of the 2019/2020 Angus Primary Care Improvement Plan as outlined in Appendix 1 and Appendix 2; and
- (ii) to request a further report in April 2020 providing an end of year report for 2019/2020 and submission of the Year 3 2020/2021 Angus Primary Care Improvement Plan for approval.

**5. REVIEW OF RESERVES POLICY**

With reference to Article 7 of the minute of meeting of the Angus Health and Social Care Integration Joint Board Audit Committee on 19 April 2017, there was submitted Report No IJB 60/19 by the Chief Finance Officer, setting out proposed revisions to the IJB's Reserves Policy and the purposes for which reserves may be held.

The original Reserves Policy, a requirement of the IJB's Financial Regulations No 6.1.1, dating from March 2016, had been approved in April 2017 by the above meeting of the Audit Committee and now required to be revised. Paragraph 3 of the Report summarised the key issues and proposed changes.

Having heard the Chief Finance Officer clarify certain points with particular reference to Sections 4.1 and 5.4 of the Reserves Policy, the Integration Joint Board agreed to approve the proposed revisions, the amended Reserves Policy being attached to the Report as Appendix 1.

## **6. FINANCE REPORT**

With reference to Article 7 of the minute of meeting of this Board of 28 August 2019, there was submitted Report No IJB 61/19 by the Chief Finance Officer, providing an update to the Board regarding the financial position of Angus Integration Joint Board, including the financial projections for 2019/2020, an update regarding reserves and an update of financial risks.

The Chief Finance Officer highlighted the following points from his Report:

Appendix 1 to the Report detailed the projected financial position for 2019/20. This showed that the overall projected financial position for Angus IJB for year to March 2020 was for an underspend of £3.252M, a more positive outlook than anticipated in the IJB's Strategic Financial Plan 2019/20.

Section 3.1 of the Report indicated that Family Health prescribing was in a much improved position compared to previous years. The Chief Finance Officer noted that prescribing information does lag two months behind other reporting.

Section 4.1 highlighted challenges posed by the increasing demand in some services, especially homecare, due to demographics, and recommended in view of significant demographic uncertainty that the IJB request an update on the impact of demographic growth both to date and for the next 3-5 years. While projections allowed for visible demographic growth, that growth could rise at a higher rate than currently. The older demographic was already running at a considerably higher rate than anticipated though it could plateau again.

In response to a question from Councillor Bell regarding the financial impact of Brexit, assessed in the paper as being medium risk, Bill Troup advised that efforts had been made to try to anticipate some of the additional costs which were expected to result. He advised that it was unlikely that government would provide additional funding to cover these.

The Integration Joint Board agreed:-

- (i) to note the overall projected financial position of the Angus Joint Integration Board for 2019/2020;
- (ii) to request that a report be submitted to the December 2019 meeting of the IJB, setting out the impact of demographic growth for Older People's, and Other Services, including mitigation measures;
- (iii) to note the update regarding IJB reserves and to approve the recommendations set out at Section 6 of the Report; and
- (iv) to note the risks documented in the Financial Risk Assessment.

## **7. ANGUS ALCOHOL AND DRUG PARTNERSHIP PROGRESS REPORT**

There was submitted Report No IJB 62/19 by the Chief Officer, providing an update on the new national substance misuse strategies: Rights, Respect and Recovery; the Alcohol Framework 2018; and to provide an update on the implementation of a Recovery Orientated System of Care (ROSC).

The Board also heard that the work being done by South Angus Integrated Drug and Alcohol Recovery Service based at Gowanlea, Arbroath, had been recognised nationally. Earlier this month the Group had received the CoSLA Excellence Award for Service Innovation and Improvement. Since this new team was formed by staff from NHS Tayside and Angus Council in 2017, they had increased the number of people they saw and reduced waiting times, from 53 days down to 18, resulting in people getting into treatment faster. Members welcomed this achievement and the Award for the Team's efforts, adding their own congratulations.

In terms of the Rights Respect and Recovery Strategy, published by Scottish Government in November 2018, the vision was clear:

**Scotland is a country where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:**

- have the **right** to health and life - free from the harms of alcohol and drugs;
- are treated with dignity and **respect**;
- are fully supported within communities to find *their own* type of **recovery**.

Drug misuse in Tayside was currently receiving a significant amount of public and political attention, a welcome development. Alcohol-related deaths were running at about twice the rate of drug deaths, and both constituted clear and significant risk to the adult population of Angus. They also impacted on local crime figures and the workload of the IJB.

The Board was presented with slides by Dr Emma Fletcher, disclosing that there had been 18 drug-related death this year in Angus and this was likely to increase before the end of the year. The mean age of drug death victims in Tayside was 42.2 years. 60% of deaths due to drugs, and 80% of alcohol related deaths occurred in the most deprived areas of Tayside. Mental health of victims was adversely impacted and children suffered the consequences of having affected carers. The most commonly found substance in toxicology were opioids, and drugs were now referred to as certificated causes of death. Emma referred to people who had difficult life journeys who could be supported through restrictions on access to substances and access to care and support. Over-provision of supply of alcohol could be dealt with through Licensing Boards reviewing provision in their areas.

Dr Alison Clement noted that deprescribing medication following review of patients could help reduce risks of overdose. There were opportunities through reinvestment of money currently spent on the drugs involved into alternative interventions, and greater integration of working between services.

Gary Malone noted that many positive things were happening to help people affected by drugs / alcohol, but it was still far from a successful outcome for those involved. It was essential that the Partnership's focus was poverty. There was a whole wealth of evidence about poverty / neglect / abuse going hand in hand with alcohol. Heroin users from poor communities are described as 'junkies'; cocaine users from more affluent areas were described as 'being cool'.

Like Gary, the Chief Officer had attended the meeting of the Angus Community Planning Partnership Executive Group earlier today, which had discussed the *Hard Edges* Report. It had agreed to bring a report to its next meeting, summarising relevant work done within the Community Planning Partnership.

Councillor Myles referred again to the success of the Angus Alcohol and Drugs Partnership as something to build upon for the future. The Convener agreed, saying that every life in Angus matters. Many people not affected by alcohol and / or drugs misuse did not understand the multiple journeys that sufferers had to undergo. We need an Angus which cares for our most vulnerable people. She expressed her gratitude to those who were involved in this work.

The Integration Joint Board agreed:-

- (i) to note and endorse the work being undertaken by the Angus Alcohol and Drug Partnership, particularly in relation to the development of the Angus Overdose Prevention Plan;
- (ii) to note the ongoing work of the Tayside Drug Deaths Group and the Tayside Overdose Prevention Group; and
- (iii) to note the work being undertaken via the Angus Non-Fatal Overdose Pathway.

## **8. ANGUS MENTAL HEALTH SERVICES STRATEGIC PRIORITIES**

With reference to Article 11 of the minute of meeting of this Board of 28 August 2019, there was submitted Report No IJB 63/19 by the Chief Officer, briefing members on the strategic intentions of the Angus Adult Mental Health Services Strategic Priorities. The Strategic Plan as published by the AHSCP earlier this year, would monitor progress, and support prevention, independence, and shifting the balance of care from hospital to community, crucial drivers for mental health and wellbeing.

It was noted that there was a number of national drivers set by national government and other drivers which were set locally. Although the language used could be different, the message was generally the same. Mental health services in Angus involved various groups, and mental health touched almost every community and every clinical pathway, providing the opportunity to maximise the Partnership's impact. Historically, services were designed in silos which hindered co-ordinated delivery of comprehensive services – To get out of the silo mentality was to enable this delivery of more efficient services, better suited to the recipients.

Angus Council's Seaton Grove facility provides for both physical and mental wellbeing of its residents. Local communities were increasingly becoming involved in healthcare and wellbeing issues.

The question arose as to why the Partnership did not provide 7 day working in the South Angus Community Health Service Team, when this was provided in North Angus? It was likely that this might be possible later in 2020 with the transfer of resources.

Reference was made to the loss of facilities in Carseview which had provided an in-patient service. The idea was to keep in-patient care as short a period as possible. 'Holistic' was increasingly seen as the appropriate aspirational description for service provision.

The Integration Joint Board agreed to note the strategic direction of the Service.

## **9. INTERIM PERFORMANCE REPORT – FALLS ADMISSIONS**

Notwithstanding advice received from the Manager – Democratic and Members' Services, having announced that, with the consent of the Convener, she was withdrawing the original Report circulated with the Board Papers due to various inaccuracies in the content, the Head of Community Health and Care Services – North tabled amended Report No IJB 64/19 by the Chief Officer. The Interim Performance Report considered the likely reasons for the increase in Angus over a number of years in admissions following a fall in people aged over 65.

This trend was seen as being due to the increasing proportion of people aged over 85 living at home as a result of progress on shifting the balance of care and supporting people to live independently in their communities for as long as possible. There was a need to develop a different approach to an ageing population, focussing more on preventative approaches while continuing to shift the balance of care.

The Head of Community Health and Care Services – North highlighted that the increase in falls admissions between 2017/18 and 2018/19 appeared to be related to a change in the pathway and data coding involving the Accident and Emergency (A&E) and Medicine for the Elderly, for example, if a patient transferred from A&E to a ward area for day treatment, this was counted as a hospital admission, though they leave the department later that day. This improved pathway ensured that older people experienced a holistic assessment before returning home but it was now identified in the data coding as an admission.

Following discussion, the Integration Joint Board agreed:

- (i) to note the content of Appendix 1 to the Performance Report on Falls Admissions; and
- (ii) to note that a further report would be submitted to the IJB meeting in February 2020.

#### **10. WINTER PLAN 2019/20**

With reference to Article 10 of the minute of meeting of the Board on 24 October, 2018, there was submitted Report No 65/19 by the Chief Officer presenting the Winter Planning arrangements for NHS Tayside and Health & Social Care Partnerships for 2019/20. This was an integrated Plan, required for submission to Scottish Government, and work had been ongoing to ensure that the Health & Social Care Partnerships and Acute Services were developing cohesive plans for winter. The development of the winter planning process had been supported by the Winter Planning Group, chaired by Dr Elaine Henry and reconvened following the review of the winter session in March 2019.

The Winter Plan took a whole-system health and social care response to support the best use of locally available resources as demand rises and / or capacity was limited so as to sustain safe, effective and person-centred care. The AHSCP would be working closely with Public Health. Around half of the necessary funding had been secured from Scottish Government.

In terms of contingency planning, a higher instance of flu was expected this winter. It had been hoped that it would be November before reaching Level 1/Level 2 for flu beds but this had already happened. Nursing availability had been augmented by proactive booking of agency staff. It was intended that the balance of elective surgery would be maintained.

In response to a question from Councillor Bell regarding the stability of the NHST out-of-hours staffing position this year, Dr Elaine Henry advised that staffing levels are looking good, and that funding for out-of-hours had quadrupled.

The Integration Joint Board agreed:

- (i) to approve and endorse the Winter Plan (NHS Tayside and Partner Organisations 2019/2020) for submission to the Scottish Government;
- (ii) to consider the cost pressures to deliver the services required to meet winter demand on the background of ongoing flow challenges; and
- (iii) to note the whole system was working together in preparation for anticipated winter challenges.

#### **11. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018 / 2019**

With reference to Article 14 of the minute of meeting of this Board of 12 December 2018, there was submitted Report IJB 66/19 by the Chief Officer presenting the Angus Council Chief Social Work Officer Annual Report for 2017 to 2018, considered, noted and endorsed by Angus Council on 17 October, 2019.

Kathryn Lindsay, Chief Social Work Officer, Angus Council, spoke to her Report, which was an annual evaluation report of Social Work Services, including Commissioned Services for 1 April 2018 to 31 March 2019; detailing some of the main successes within Social Work Services between 2018/19 and reporting on a range of performance including Partnership Working, the Social Services Delivery Landscape, Finance, Service Quality and Performance including delivery of statutory functions; and Workforce.

Of particular relevance to the IJB was the valuable work done by the service through the Glen Isla Project, established to work specifically with women in Angus who were going through the criminal justice system and who had often experienced domestic abuse, with a view to improving outcomes for those women.

The Integration Joint Board agreed:

- (i) to welcome and note the content of the Chief Social Work Officer Annual Report for 2018 to 2019; and
- (ii) to note that a further report would be forthcoming from the Chief Officer on Child Social Work Services, in due course.

**12. ANGUS COMMUNITY JUSTICE PARTNERSHIP ANNUAL OUTCOME ACTIVITY RETURN 2018 / 2019**

With reference to Article 12 of the minute of meeting of this Board of 24 October 2018, there was submitted Report No IJB 67/19 by the Chief Officer, presenting the annual outcome activity return, required to be submitted to Community Justice Scotland, in terms of the duty placed on partners, by the Community Justice (Scotland) Act 2016, to work together to achieve outcomes to reduce re-offending. This, the second such Community Justice Annual Outcome Activity Return, had recently been approved by the Angus Community Justice Partnership.

John Fyfe, Service Leader – Justice, Angus Council, emphasised people's rights to, and opportunities for, for example, employment. The Report illustrated the excellent work of the Partnership. Kathryn Lindsay noted that reports were submitted regularly to the Policy and Resources Committee of Angus Council on such matters as community payback.

The Integration Joint Board agreed to note the content of the Angus Community Justice Partnership Annual Outcome Activity Return 2018/19.

**13. DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting would take place on Wednesday 11 December 2019 at 2.00pm in the Town and County Hall, Forfar.