

Agenda Item No 3 (a)

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on Wednesday 22 April 2020 at 2.00pm.

Present: Voting Members of 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
EMMA-JANE WELLS, Non-Executive Board Member, NHS Tayside

Non Voting Members of Integration Joint Board

SANDY BERRY, Chief Finance Officer
PETER BURKE, Carers Representative
ALISON CLEMENT, Clinical Director
CHRIS BOYLE, Staff Representative, Angus Council
ELAINE HENRY, Registered Medical Practitioner
RICHARD HUMBLE, GP Representative
ANDREW JACK, Service User Representative
KATHRYN LINDSAY, Chief Social Work Officer
GARY MALONE, Third Sector Representative
HAYLEY MEARNS, Third Sector Representative
CHARLIE SINCLAIR, Associate Nurse Director
GAIL SMITH, Interim Chief Officer

Advisory Officers

GEORGE BOWIE, Head of Community Health and Care Services, South, AHSCP
JILLIAN GALLOWAY, Interim Head of Community Health and Care Services,
North, AHSCP
DAVID THOMPSON Manager, Legal Team 1, Angus Council

Councillor LOIS SPEED, in the Chair.

1. APOLOGIES

Apologies for absence were intimated on behalf of Graeme Martin, Non-Executive Board Director; Barbara Tucker, Staff Representative; Bill Troup, Head of Integration Mental Health Services; and Drew Walker, Director of Public Health; all NHS Tayside; and Ivan Cornford, Independent Sector Representative

2. DECLARATION OF INTEREST

The Board noted there were no declarations of interest made.

3. MINUTES INCLUDING ACTION LOG

(a) PREVIOUS MEETING

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 26 February 2020 was submitted and approved as a correct record.

(b) ACTION LOG

The action log of the Health and Social Care Integration Joint Board of 26 February 2020 was submitted and noted.

4. COVID-19 UPDATE

The Chair thanked all care services for their continued dedication and hard work in maintaining the key services and for providing safe and effective care for our communities at this exceptional time.

Angus Care Model was enabling us to meet the extraordinary additional requirements placed on us as a result of the Covid-19 pandemic. She highlighted that this had only succeeded due to the hard work by dedicated people, working in partnership across Angus.

Voluntary Action Angus had recruited 1113 people who have volunteered to support 955 Angus residents. Working in collaboration with Angus Council and other third sector organisations in the Humanitarian Assistance Angus Response Team (HAART), she confirmed that no one needed to be unsupported at this time and the figures for volunteers and those seeking help were continuing to climb.

The health and social care support provided in our communities was helping people to stay safe at home, and in the process freeing up community hospital beds. This also reduced the number of people who were delayed in hospital. GP's were undertaking some consultations remotely but were still seeing patients face to face, where required. She hoped that this transition would provide a legacy by demonstrating to the public that technology could support us going forward.

The scale and pace of the Covid-19 pandemic has been extraordinary and she urged everyone to take time to look after their own mental health and wellbeing. She thanked the people of Angus for their ongoing support and commitment but encouraged people to please stay home, stay safe, encourage family and friends to do the same and continue to follow the national guidelines on social distancing. Together this would help us succeed.

The Interim Chief Officer thereafter echoed the Chair's statement. As the Interim Chief Officer, she felt extremely proud that NHS Tayside, Angus Council, Angus Health and Social Care Partnership, Independent Sector and Voluntary Action Angus were all working well and in partnership to meet the challenges that Covid-19 was presenting.

She confirmed that from today's statistical information, 26% Covid-19 test undertake were positive. Sadly, there had been 985 deaths in Scotland, 65 deaths in Tayside, with 66 positive cases in hospital in Tayside. She reported this was an improved position. Six care homes in Angus were currently closed due to Covid-19. Staff absence levels were improving, and staff continued to be redeployed, where required. Delayed discharges for this period were between 3 and 5 days. This ensured that patients were placed in the right place at the right time. The supply of personal protective equipment (PPE) continued to be a challenge.

Councillor Myles referred to the current situation with PPE and the continuing challenges that were being faced. He highlighted that a letter had been received from the Chinese Consul General with an offer to supply PPE face masks. The Interim Chief Officer confirmed that she was aware of the offer and was currently looking into this.

The Staff Representative, Angus Council highlighted that all staff were working well but requested that staff representatives be kept advised on the PPE stock levels given that this was a question that was regularly raised by staff.

The Head of Community Health and Care Services, South, AHSCP provided an update in terms of PPE. Following a question from Councillor Bell in terms of the supply to care homes, he confirmed that a whole system approach was being taken including the delivery to care homes.

Gary Malone, Third Sector Representative, also confirmed that a consignment of 60,000 face masks, of a high specification, were expected from China.

The Vice Chair emphasised his agreement to the opening statements made by both the Chair and the Interim Chief Officer, and anticipated that the whole IJB fully supported these statements also.

The Integration Joint Board agreed to note the verbal update.

5. INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE PROGRESS UPDATE

With reference to Article 8 of the minute of meeting of this Board of 26 February 2020, there was provided a verbal update by the Interim Chief Officer advising that despite the Covid-19 situation, work was progressing across Tayside to improve our mental health system. Since the last report, work had been undertaken to progress agreement of a framework to plan, implement and evaluate the 51 recommendations.

Kate Bell had been appointed to direct a whole systems change programme and to work with all key stakeholders to deliver a Mental Health and Wellbeing Strategy for Tayside. The strategy development would take a person-centred population management approach.

This included a commitment to work with the Local Authority Partners and Health and Social Care Partnerships to review as a matter of urgency the configuration of mental health functions across Tayside delegated to Integration Joint Boards to ensure clarity and accountability. The HIS report following an inspection in February/March is expected in due course. This would incorporate a culture change programme and the need to consider the long term psychological population consequences of Covid-19 which would require existing services in the Third Sector to increase capacity.

The first major milestone in 'Trust and Respect' was the delivery of a detailed action plan which would set out immediate actions, short term investments in staff training and development and a comprehensive programme of work to be undertaken to ensure all 51 recommendations in the final report could be addressed in full.

The final report identified five cross-cutting themes to be addressed to improve mental health services, namely; strategic service design; clarity of governance and leadership responsibility; engaging with people; learning culture and communication.

Engagement would involve the Health and Social Care Alliance Scotland (the ALLIANCE) as the organisation working closely with the Stakeholder Participation Group (SPG) that included a wide range of stakeholders, including the individuals, families and groups who raised concerns. Angus Locality Improvement Groups had demonstrated a commitment to enhancing health and wellbeing at a local level. Angus Health and Social Care Partnership Strategic Planning Group aimed to ensure mental health and wellbeing was at the heart of everything the Partnership did.

It was proposed that the Tayside Mental Health Alliance was replaced by a Tayside MHWS Board which would be responsible and accountable for the development of the strategy on behalf of the Tayside (HSCP's Perth and Kinross, Dundee, Angus and NHS Tayside) collaborative partnership. Programme Governance and role and remit are currently being developed.

Gary Malone, Third Sector Representative, indicated that, in terms of the command structure, (Gold, Silver, Bronze) in his opinion, these designations were inappropriate, and should be looked at, with the same level of scrutiny. He emphasised the importance of building on new opportunities, new volunteers and momentum.

The Clinical Director highlighted that the success of the Partnership showed that we could work on an integration process which would achieve the best for all those involved.

Councillor Bell referred to the scale of the pandemic and noted that underlying issues, including mental health and poverty, would begin to emerge and enquired as to the third sector involvement.

The Interim Chief Officer gave assurances that a person-centred strategy approach was being taken and that the Chief Executive of Angus Council was also supportive of this approach.

The Head of Community Health and Care Services, South, AHSCP, provided an update and confirmed that a starter paper on recovery planning had been prepared, which would require to be built into a recovery programme and further reviewed to reflect new issues.

The Interim Head of Community Health and Care Services, North, AHSCP, highlighted that lessons had been learned and that these would form part of the longer term care model.

The Integration Joint Board agreed to note the verbal update.

6. APPOINTMENTS

With reference to Article 4 of the minute of meeting of this Board of 29 January 2020, there was submitted Report No IJB 13/20 by the Interim Chief Officer to consider the appointment of a Depute Chief Officer of the Integration Joint Board and an additional member of the Board's Audit Committee.

Section 6.1 of the Integration Scheme between Angus Council and NHS Tayside referred to the process of appointing a Depute Chief Officer.

The Report indicated that until now it had not been considered necessary to designate a Depute Chief Officer, however it was considered necessary in the current circumstances to ensure continuity of leadership, resilience and effective and efficient decision making.

The Board at its meeting on 26 February 2020 considered a report on the review of the Board's Standing Orders (Report No IJB 3/20) refers. The Board had agreed a number of changes, including an increase in the membership of its Audit Committee from six to seven.

The Chair sought nominations for the appointment of one member to the IJB's Audit Committee. There being no nominations received, the Integration Joint Board agreed:-

- (i) to request that the Chief Executives of Angus Council and NHS Tayside designate George Bowie, Head of Health and Community Care Services (South Angus), Depute Chief Officer for a period of six months; and
- (ii) that the Chief Finance Officer would pursue expressions of interest outwith the meeting, in terms of the appointment of an additional member of the Board to the Audit Committee, for which the appointment could be either a voting or non voting member of the Board.

7. FINANCE

With reference to Article 6 of the minute of meeting of this Board of 26 February 2020, there was submitted Report No IJB 14/20 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 based on financial information at February 2020, and updates in terms of reserves and financial risks.

The Report made reference to the impact of Covid-19 on the IJB's current financial position. However the impact in 2019/20 was still difficult to assess although it was anticipated that most of the significant impact would be in 2020/21.

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 £4.3m. This was after Physical Disability, Older Peoples Services, Prescribing and Hosted Services overspends had been offset by Community Health and other Adult Services underspends.

In terms of the NHS Directed Service most projections for 2019/20 remained generally similar to positions shared previously with the IJB. There was a very high level nominal estimate of the early impact of Covid-19 at £50k during March 2020.

The IJB was forecasting an overall underspend within Centrally Managed Budgets reflecting previous and in-year progress with savings, some of these underspends also reflected inflation earmarks that may be re-allocated in future to offset pressures elsewhere in the Partnership in years ahead. Collectively these factors contributed to the forecast underspend of £3.9m, which was consistent with the IJB's overall financial plan in that it assisted the IJB to offset overspends elsewhere, including Prescribing and Hosted Services.

Currently and noting the risk position, the IJB was forecasting a year-end underspend so the impact of the IJB's financial position for both Angus Council and NHS Tayside would be neutral. As per the Integration Scheme, the IJB would initially retain any projected year end underspend within IJB reserves. Appendix 3 of the Report outlined the IJB reserves position.

Appendix 2 of the Report set out the ongoing and emerging financial risks for the IJB. The risk register included more detail than was held at an IJB level for Angus IJB's financial risks. Many of the risks were IJB-wide risks including examples such as future funding levels and the risks regarding delivery of savings.

Angus IJB formally monitor their corporate risks through the Angus Clinical, Care and Professional Governance forum. The Report highlighted the financial risk Effective Financial Management had increased from Amber to Red due to Covid-19; the financial risk (i.e. of an overspending position) for 2019/20 was low which reflected the information detailed in Appendix 1 to the Report.

The main financial reporting issues in the Report were set out in Section 3, 4 and 5 of the Report.

The overall projected financial position for 2019/20 based on the current information, with many ongoing risks, was of an underspend. The financial position of the IJB had a material impact on the way Angus IJB provided services in future. By making ongoing progress with delivery of efficiencies and with cost reduction programmes alongside service redesign and modernisation, the IJB would be most able to deliver the services it required to the local population on a sustainable basis.

The Chief Finance Officer provided an overview of the Report, highlighting that there had been little change since the last Board meeting. In terms of Covid-19, in his opinion, he considered that the impact for 2020/21 at this point would not be particularly significant but that this would continue to be monitored. He also advised that regular reports were being submitted to the Scottish Government on the situation and highlighted that the financial support from the Scottish Government would be more important as time progressed.

He also highlighted that Covid-19 was likely to impact on the reserves held by the IJB.

The Vice Chair indicated that there had been mixed messages in terms of the provision of funding to cover the costs of Covid-19. He enquired as to what the reserves position had to do with the level of financial support awaited from the Scottish Government, given the expectation being that the Scottish Government would pick up the Covid-19 costs.

In response, the Chief Finance Officer indicated that not all IJB's held reserves, highlighting that Angus IJB was in a stronger position than many, and that therefore Angus IJB may well be affected differently to other IJBs. He confirmed that he would continue to pursue clarification from Scottish Government regarding the reserves position.

Councillor Myles referred to the positive underspend position highlighting that this underspend was likely to be required in future. He also commended the work of the Finance team.

The Chair considered that the focus in Angus was to protect and preserve life at all costs. In response the Chief Finance Officer agreed with Chair's comments but raised concern around the rapid pace of change and having to make decisions now without the benefit of clarity regarding the financial position.

Hayley Mearns, Third Sector Representative, also indicated that Voluntary Action Angus were in a similar position and that volunteers had been recruited to meet the needs of the people in Angus.

The Clinical Director advised that in terms of Covid-19, given there was no experience locally, information was still being received from doctors working outwith the UK. She emphasised the need to challenge actions and the requirement to evaluate and review evidence.

The Integration Joint Board agreed:-

- (i) to note the overall projected financial position of Angus Integration Joint Board for 2019/20;
- (iii) to note the risks documented in the Financial Risk Assessment; and
- (iii) to support the proposals regarding reserves as outlined in Appendix 3 to the Report.

8. ANGUS STRATEGIC FINANCIAL PLAN 2020/21 – 2022/23 – UPDATE

With reference to Article 10 of the minute of meeting of this Board of 11 December 2019, there was submitted Report No IJB 15/20 by the Chief Finance Officer providing a further update regarding the developing Angus IJB Strategic Financial Plan for the period 2020/21 and 2022/23.

The Report indicated that the plan was largely presented on a "business as usual" basis although it was of course recognised the Covid-19 situation meant the IJB was not operating in a "normal" environment. The plan reflected what the IJB would have expected to be the financial plan for 2020/2021; therefore the Board required to acknowledge that the Covid-19 impact affected much of the plan.

The Report set out the IJB's financial plan for 2020/21 to 2022/23 and captured information regarding current financial performance, funding assumptions, cost pressures and planned interventions. Additional planned interventions had been factored in following the IJB's Development Session in January 2020, but these would be subject to a detailed review at future IJB meetings.

Whilst the IJB was presenting a balanced financial plan for 2020/21 (after a small assumed reliance on general reserves of £3.4m), the IJB did not have a balanced financial plan for the duration of the current Strategic Commissioning Plan or this updated Strategic Financial Plan. Whilst accepting this version of the Strategic Financial Plan was based on many assumptions, the IJB required to continue to develop the intentions within the Strategic Commissioning Plan to allow it to develop overall plans that were deliverable within long term available funds.

Going forward, noting the shortfalls in the financial plan, unless there was a significant increase in certainty regarding expected Government funding levels of Social Care, it was suggested the IJB would require a stepped change in the pace of decision making, the implementation of plans and the tolerance thresholds of the IJB to potential changes that, initially at least, were expected to be as consistent with the IJB's Strategic Plan as was realistically possible. Beyond that the IJB's Strategic Commissioning Plan may require to be revisited.

The summary of the IJB's financial plan showed IJB's general reserves of c£3.4m being consumed by the end of 2021/22. The IJB currently held contingency reserves of 2% of turnover (i.e. £3.4m). As part of further planning considerations, and noting the risks described elsewhere and the shortfalls detailed in Section 9.1 of the Report, the IJB may consider increasing its contingency reserve level to 2.5% of turnover. This was explored in Finance

Report No IJB 14/20 considered at the previous agenda item. This would allow the IJB to move closer to a balanced financial plan for cumulative period to March 2022 (i.e. the end of the IJB's second Strategic Plan) but would not in any way address the underlying shortfalls outlined in Section 9.1 of the Report.

A number of further options, as outlined in Section 9.3 of the Report, which had not been quantified, could be reviewed with the intention of contributing to a future iteration of the IJB's Strategic Financial Plan.

The Report updated the Strategic Financial plan in a way that it was intended to be consistent with an updated Strategic Commissioning Plan, noting that the latter plan influenced the Strategic Financial Plan. In summarising the Report, a number of noting points were outlined in Section 9.4 of the Report. The Report noted the dynamic nature of the impact of Covid-19 on the IJB's overall financial planning. The Board would be informed of the financial implications of Covid-19 through future financial reports to the IJB.

The Chief Finance Officer provided an overview of the Report highlighting that the "business as usual" report while business was anything but business as usual given the current circumstances. He confirmed that the finalised budget position was as outlined in the Report, highlighting the input received from the IJB's January Development Session. He indicated that Covid-19 would impact on service delivery and delay progress with planned intervention improvements.

Councillor Bell enquired whether, given the unusual circumstances, non-urgent treatment cases were still progressing, but subject to delay, thus raising a concern regarding the impact on patient's health and wellbeing. The Clinical Director confirmed that there had been consideration given to people/groups with different risk categories highlighting that with the older populations being more at risk, and with children being not so at risk, more general treatments were being provided for children and appointment waiting times reduced. She also confirmed that general practices had also been providing remote consultations.

The Registered Medical Practitioner advised that there were approximately 18,000 "shielded" people across Tayside that were more at risk than others and that they had been instructed to stay at home for a period of 12 weeks.

The Vice Chair thanked the Chief Finance Officer for providing a clear easy-to-read Report. He also commended Angus Council for not reducing the IJB's budget when they had the opportunity to do so. He enquired regarding slippage on planned interventions in the past and if that was a result of lack of resources and the setting of realistic targets. He hoped that the forecasts re future funding were wrong and that Health and Social Care would receive more funding in future. The Chief Finance Officer advised that the resources to support planned interventions and refreshed targets had been discussed at the January 2020 IJB Development Session.

In response, the Chief Finance Officer highlighted that if there were more positive funding projections outlined in the Report, then this could be problematic in future but confirmed that he had taken a relatively cautious approach. He indicated that following consideration of the Report in December 2019, further information was made available. Following the January Development Session, the IJB had a clearer picture of the potential impact of planned intervention. He emphasised the importance of ensuring appropriate resources were in place. He also expressed concern that Covid-19 would essentially push back timescales on planned interventions by several months.

The Interim Chief Officer also commended Angus Council for supporting the IJB's budget plan. In terms of remote working, Tayside was previously listed 3rd from the bottom of the league table but confirmed that Tayside had now moved up several places as a result of approximately 5,000 appointments being dealt with remotely. She anticipated that this way of working would become "business as usual" in future. The Registered Medical Practitioner in response to remote working, emphasised that the current situation gave rise to a significant opportunity to drive these changes forward.

Councillor Bell referred to the agile working arrangements of Angus Women's Aid during Covid-19, and raised concerns regarding the lack of calls being received given the widely expected increased risk in levels of domestic abuse during the ongoing lockdown which meant that women and children would be unable to leave their own homes to access these crucial services. The overall impact of this on different services areas was unknown but indicated that the services and input provided by the third sector was crucial at this time.

The Chair also raised concerns that vulnerable groups did not necessarily have access to digital services and required to meet services on a face to face basis.

Hayley Mearns, Third Sector Representative, highlighted that Angus Connect held weekly Zoom calls with member groups to assist groups and vulnerable people to deal with different issues and how to provide the appropriate support. She advised that simple smart phones were also provided to vulnerable women to ensure they could access services as necessary. She also confirmed that Voluntary Action Angus were due to distribute 1,000 "Ask for Angela" posters across Angus.

The Carer's Representative highlighted that he had seen the "Ask for Angela" poster in supermarkets. Councillor Bell highlighted that individuals could also photograph the contact details on the poster.

The Integration Joint Board agreed:-

- (i) to note the confirmed position regarding the 2020/21 budget settlement with Angus Council;
- (ii) to approve the new IJB Strategic Financial Plan for 2020/21 to 2022/23;
- (iii) to request the Chief Finance Officer to provide regular updates regarding the progress of the plan during 2020/21;
- (iv) to recognise the risks associated with the overall strategic financial plan and specifically the high level risks associated with Covid-19; and
- (v) to note the forecast financial shortfalls over the duration of the 2020/21 to 2022/23 Strategic Financial Plan and to request the Interim Chief Officer to bring forward further plans to address these shortfalls, in line with the Strategic Plan, to future IJB Board meetings.

9. REVIEW OF INTEGRATION SCHEME

There was submitted Report No IJB 16/20 by the Interim Chief Officer advising the Board of the legal requirement on Angus Council and NHS Tayside to review the Integration Scheme between them and the terms of correspondence received from the Scottish Government.

Section 2 of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") provided that where the areas of two or more local authorities fell within the area of a Health Board then each local authority and the Health Board must jointly prepare an integration scheme for the area of the local authority. The current Integration Scheme between NHS Tayside and Angus Council was approved by the Scottish Ministers on 22 September 2015.

The Report indicated that Section 44 of the Act provided that a local authority and Health Board must carry out a review of its Integration Scheme before the expiry of the relevant period for the purpose of identifying whether any changes to the scheme were necessary or desirable. The relevant period of five years began with the day on which the Scheme was approved by the Scottish Ministers. Given the current Integration Scheme was approved on 22 September 2015, there was a requirement for the current Integration Scheme to be reviewed by 21 September 2020.

Correspondence had been received from the Scottish Government in relation to the duty on local authorities and Health Board to review their Integration Schemes. This advised that given the current work across local health and social care systems to plan their response to Covid-19, and in view of announcements made by the First Minister and the Cabinet Secretary for Health and Sport on the stringent new measures now in force throughout the UK to slow the impact of the virus, the Scottish Government had asked local authorities and Health Boards to note that it did not expect them to continue work on developing successor Schemes.

The correspondence advised that for absolute clarity, while the Act did not require the Health Board and Local Authority to produce a successor scheme, it required a review. Health Boards and local authorities should therefore ensure that they jointly carry out the minimum requirement of a review and that this was acknowledged jointly and formally. The review could note anything that required further work between the partners and set out plans for the completion of that work at a later date, once the current very challenging situation passed, including the production of successor scheme. Meantime, the current Integration Scheme would remain in force.

The Manager, Legal Team 1 provided an overview to the Report.

Following discussion where members raised questions, and in response, having heard from the Manager, Legal Team 1, the Integration Joint Board agreed:-

- (i) to the requirements imposed by the Public Bodies (Joint Working) (Scotland) Act 2014 on local authorities and Health Board in relation to the review of integration schemes; and
- (ii) to the terms of the correspondence received from the Scottish Government.

10. EXCLUSION OF PUBLIC AND PRESS

The Angus Health and Social Care Integration Joint Board agreed that the public and press be excluded from the meeting during consideration of the following item so as to avoid the possible disclosure of information which was exempt in terms of the Local Government (Scotland) Act 1973 Part 1, Schedule 7A, **Paragraph 6**.

11. FUTURE GENERAL MEDICAL SERVICES (GMS) – ANGUS PRIMARY CARE

The Chair advised that Report No IJB 17/20 by the Interim Chief Officer previously marked on the agenda as a “to follow” item had been withdrawn meantime.

The Integration Joint Board agreed to note the position.

12. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 24 June 2020 at 2.00pm.