

Agenda Item No 3 (a)

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on Wednesday 24 June 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
GRAEME MARTIN, Non-Executive Board Member, NHS Tayside
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
ANDREW JACK, Service User Representative
KATHRYN LINDSAY, Chief Social Work Officer
GAIL SMITH, Interim Chief Officer
BARBARA TUCKER, Staff Representative

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
BILL TROUP, Head of Integrated Mental Health Services
ANDREW RADLEY, proxy on behalf of Drew Walker, Director of Public Health

Councillor LOIS SPEED, in the Chair.

1. APOLOGIES

Apologies for absence were intimated on behalf of Ivan Cornford, Independent Sector Representative; Gary Malone, Third Sector Representative; Charlie Sinclair, Associate Nurse Director and Drew Walker, Director of Public Health; both NHS Tayside.

2. DECLARATION OF INTEREST

Councillor Lois Speed declared a non-financial interest in Items 9 and 10 (Report Nos IJB 22/20 and IJB 23/20) in that she was a carer and family member re SDS. She indicated that she would participate in any discussion and voting on these items.

3. MINUTES INCLUDING ACTION LOG

(a) PREVIOUS MEETING

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 22 April 2020 was submitted and approved as a correct record.

(b) ACTION LOG

The action log of the Angus Health and Social Care Integration Joint Board of 22 April 2020 was submitted and noted.

4. COVID-19 UPDATE

With reference to Article 4 of the minute of meeting of this Board of 22 April 2020, there was submitted Report No IJB 18/20 by the Interim Chief Officer providing an update on the Angus Health and Social Care Partnership response to the Covid-19 pandemic and outlined the key actions taken and some of the challenges faced.

The Report indicated that over the last three months, Angus Health and Social Care Partnership (AHSCP) staff had focused on the delivery of essential health and social care services in response to the Covid-19 pandemic. This had involved identifying priority services, resourcing these and adapting their delivery in line with government guidance in order to deliver an effective local response to the global pandemic.

The AHSCP had progressed key actions to mitigate the impact of the global pandemic's reach into communities, homes, services and care settings. This had been underpinned by the strong commitment and adaptability from all colleagues who had stepped up to work in different ways and in different roles to support the response to Covid-19. Section 3 of the Report outlined in detail, the number of actions taken locally and in partnership, in response to the pandemic.

The activity levels in such areas as care homes, personal care and district nursing suggested that the AHSCP was not yet in the recovery stage. The Partnership had begun to plan ahead with a special Recovery focussed Strategic Planning Group and a Senior Leadership Team meeting with the same focus. Section 4 of the Report detailed some of the existing and new priority areas which were to be progressed in a future Recovery phase and thereafter.

Going forward, in what remained a period of uncertainty, the AHSCP continued to work in partnership to embed positive changes in practices and learning from the pandemic to enable the identified priorities to be progressed.

Financial implications of Covid-19 for 2019/20 were previously reported to the IJB on 24 June 2020, Finance Report IJB 21/20 refers. In terms of 2020/21, it was still difficult to determine the duration and depth of the impact, it was highlighted that financial impacts would also evolve as the Covid-19 response itself evolved. The Partnership were routinely assessing the financial impact, sharing this with the Scottish Government, alongside remobilisation plans. Nationally, the Scottish Government were benchmarking and peer-reviewing projected costs and financial planning assumptions in terms of Covid-19 across Scotland. It was almost certain that the IJB would require to amend its longer term financial plans to respond to Covid-19, related to that, and still to be clarified, was the possible impact on the IJB financial reserves.

The Interim Chief Officer, Interim Head of Community Health and Care Services - North, and Head of Community Health and Care Services - South provided an update to the Report.

Following comments and questions from members in terms of the digital interventions including the recently introduced Near Me video consulting service, health and wellbeing of staff including Triple R (Rest, Relax and Recharge) Rooms and care home guidance, and in response having heard from the Interim Chief Officer, Chief, Finance Officer, Locality Integration Programme Manager and Clinical Director, the Integration Joint Board agreed:-

- (i) to note the actions that had been advanced by the Angus Health and Social Care Partnership and key stakeholders, in response to the Covid-19 pandemic; and
- (ii) to note and commend the effort, adaptability, professionalism and compassion shown by staff and stakeholders across the Angus Health and Social Care Partnership during this period.

5. ANGUS CARE HOME COVID-19 PANDEMIC RESPONSE UPDATE

There was submitted Report No IJB 19/20 by the Interim Chief Officer providing an update on the Angus Health and Social Care Partnership response to the Covid-19 pandemic in Care Homes.

The Report indicated that Angus had 28 Residential Care and Nursing Homes for Older People and 2 additional homes for people with learning disabilities, including 3 Residential Care Homes and a Learning Disability Care Home operationally managed by the Angus Health and Social Care Partnership. The remaining care homes were either run by independent providers or charitable organisations. There were approximately 1000 residents in Angus Care Homes at any one time.

Angus Health and Social Care Partnership alongside other stakeholders were working in a coordinated and integrated way to ensure care homes were appropriately supported, that services worked together to meet the needs of individuals at this time and that the partnership responded to the additional requirements to reduce the risk from Covid-19 on a timely basis.

With the emerging signs of the Covid-19 pandemic in early March 2020, AHSCP met with the Care Home Providers Group to plan management of the response. The Group acknowledged the likelihood of Covid-19 affecting care homes and the probable impact on the care home residents as a result of Covid-19. A number of measures were developed at an early stage, that focused on prevention of an outbreak, were outlined in Section 3 of the Report. AHSCP continued to liaise with providers throughout the pandemic.

Following the Scottish Government announcement, in terms of new legislative measures, AHSCP established a multi-agency operational group, Angus Care Home Huddle Group, set up to oversee the operational response to Covid-19 in Angus Care Homes, and report to the Tayside Oversight Group

The Interim Chief Officer advised that the Angus Care Home Huddle Group was chaired by the Clinical Director and that meetings were held on a daily basis. She thereafter commended the immense amount of work by the Group and also thanked both report authors for their contributions.

The Clinical Director thereafter provided an overview of the Report highlighting the challenging and sad times resulting from the pandemic. She also commended the Principal Planning Officer for her support, engagement and communication provided to the care homes.

The Vice Chair welcomed the Report highlighting that this was an example of good joint partnership working. He raised questions in terms of care home RAG status and testing. In response, the Interim Chief Officer provided an update and also confirmed in terms of RAG, there were currently four amber cases reported.

Councillor Bell and the Carer Representative also raised questions and comments relating to testing including process and also in terms of the provision of testing to non-care homes. In response, the Principal Planning Officer, Service Manager and Clinical Director provided updates regarding testing, weekly surveillance testing, and emphasised that test results were generally provided within a 24/36 hour period and also uploaded to the national online portal. Updates were also provided in relation to PPE, of it was stated there was an adequate supply, and the supported visits to care homes.

The Principal Planning Officer highlighted that the main question being raised at present related to how care homes could prepare for visits from families. In response, the Interim Chief Officer advised that the plan was to implement one visitor per resident and that visits would take place outdoors.

The Integration Joint Board agreed to note the current position and actions being taken by the Angus Health and Social Care Partnership to support Care Homes in Angus during the Covid-19 pandemic.

6. MENTAL HEALTH SERVICES

(a) Inquiry into Mental Health Services in Tayside – Progress Update

With reference to Article 5 of the minute of meeting of this Board of 22 April 2020, the Interim Chief Officer referred to the previous update provided. She confirmed that following Kate Bell's appointment as Interim Director of Mental Health, Tayside, a stakeholder engagement session, attended by a number of the IJB members, had taken place on 28 May 2020, the purpose of event was to gain an understanding of the progress being made in terms of the draft action plan submitted to the Scottish Government on 1 June 2020.

At this stage, the Chair welcomed Kate Bell, Interim Director of Mental Health to the meeting.

(b) Mental Health Update

With reference to Article 5 of the minute of meeting of this Board of 22 April 2020, there was submitted Report No IJB 39/20 by the Interim Chief Officer providing an update to members on the current work being undertaken in Mental Health services.

The Report outlined the current work being undertaken in Mental Health services in respect of a Tayside-wide response to Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services which was published on 5 February 2020, and also the co-creation of the Tayside-wide Mental Health and Wellbeing Strategy.

Notwithstanding the limitations of normal working under Covid-19 conditions, the planning process in response to Trust and Respect had continued to progress as a priority action for NHS Tayside and its partners.

Attached as an Appendix to the Report was the draft Listen, Learn and Change Action Plan which was developed in response to Trust and Respect. A process and timetable of events to engage more widely was in place, with a commitment to invest ongoing support in achieving the important milestone to ensure a more detailed action plan be available by the end of June for the people of Tayside.

The aim was to continue to progress the high priority area of work with all mental health functions across Tayside, including senior clinical and management staff, third sector organisations and where possible, people with lived experience to ensure that the action plan was as developed within the available capacity at the current time. The draft action plan was submitted to the Scottish Government on 1 June 2020. The Scottish Government continued to support the NHS Tayside and Executive Partners position in this regard and was encouraged by the rate of progress despite the constraints presented by Covid-19. In moving forward there will be continued planning and refinement of the approach and plans to ensure that the voices of patients, services users, carers and families feature strongly in the new Tayside Mental Health and Wellbeing Strategy and Change Programme, ensuring the delivery of the promises to the people of Tayside to Listen, Learn and Change.

Section 3 of the Report provided an update in terms of the active progress made including:- the meeting of the Tayside Mental Health and Wellbeing Strategy Board held on 19 May; a stakeholder engagement session, hosted by NHS Board and attended by approximately 70 internal and external stakeholders held on 28 May; scoping sessions planned to engage widely on the content of the system wide strategy; frequent contact with Scottish Government colleagues; discussions being progressed with Public Health colleagues to explore new ways of working; and discussion and strong links being established included external organisations, local and national, some of which were representative of people with Lived Experiences, Staffside and mental health staff.

The priority of all staff working in mental health services remained to deliver high quality care in the setting that was most appropriate for the individual patient. All mental health services continued to be provided across Tayside. Mental Health teams across Tayside were presently exploring the current workforce plans with a view to planning the workforce requirements for

future mental health services in Tayside. Recruitment into psychiatric specialities remained a key challenge.

The Interim Director of Mental Health, in highlighting the key areas of the Report, also provided an informative overview and update to members. She emphasised the excellent partnership work across the mental health functions during Covid-19 that ensured those with mental health conditions received the best care and support in their community during this particularly difficult time.

Councillor Myles welcomed the Interim Director of Mental Health to Tayside and wished her every success in her new role. He thereafter highlighted that there was no reference to psychiatry of old age being included within the draft action plan and also enquired as to whether the Mulberry Unit featured in future delivery plans in Tayside.

In response, the Interim Director of Mental Health intimated that psychiatry of old age was devolved across each partnership and in her view, she would like to see a consolidation of working across mental health. Going forward in future, she anticipated that across Scotland, psychiatry of old age would be regarded as a mental health service.

In terms of the Mulberry Unit, she indicated that the action plan was clear in that the whole system redesign would require to include all services relative to mental health and learning disabilities. In referring to the Mental Health Ministerial statement to Parliament in March 2020, around NHS Tayside being responsible for General Adult Psychiatry Inpatient Services, she highlighted that there had been movement and that there would continue to be development in mental health services across Tayside. She highlighted that in going forward, services would be different and emphasised the importance of partnership working.

Councillor Myles, again referred to the future plans of the Mulberry Unit, and in response the Head of Integrated Mental Health Services provided an update and advised that currently there had been no factor or strategic directional change that would result in acute mental health beds being brought back to Angus, and instead there required to be continued partnership work with colleagues in the Carseview Centre. In providing reassurance to the Board, he advised that most of the staff from the Mulberry Unit had transferred into the community services and that there continued to be development of these services with a view to delivering a seven day community service in Angus.

The Interim Chief Officer clarified that in terms of the psychiatry of old age service, that this was not a hosted function and would remain a delegated function to the Health and Social Care Partnerships.

The Clinical Director highlighted the importance of primary care being involved in work around mental health, indicating that most contacts with mental health occurred in general practice. She indicated that good integration teams had been developed around the person, in a number of service areas, and stressed the importance that the partnership continued to explore how to work in a more integrated way across all the services, to ensure that the service user experience and care was person centred and not service centred. Furthermore, acknowledged the importance and value of the professional leadership role in services also.

In response, the Interim Director of Mental Health emphasised that from a mental health and wellbeing point of view, services would undoubtedly require to be person-centred. She highlighted the importance of working together and looked forward to working in partnership with services including GP practices and third sector organisations to work towards the whole system response and to also make for an easier conversation on mental health.

The Registered Medical Practitioner highlighted the need to integrate across the three partnership areas, and to integrate with physical health and also inpatient mental health services. She reflected on the success and strengths of the whole Tayside-wide approach in areas including Winter Planning, Covid-19 and beyond. She emphasised the requirement for a whole Tayside approach to be undertaken with mental health services that would allow the service to be designed to suit the needs of individuals regardless of where they resided.

The Interim Director of Mental Health responded to points raised from Councillor Bell in terms of community based services; and also, from the Chief Social Work Officer in relation to the advocacy services as outlined in the draft action plan. She also highlighted that she would welcome the opportunity to discuss further with the Chief Social Work Officers in due course the implementation of some of the recommendations as contained within the draft action plan.

She also encouraged everyone involved to look at all the services, highlighting that this was a Tayside-wide process and not a NHS driven process.

In referring back to the Mulberry Unit and Councillor Myles' comment regarding the unit being put on hold, the Vice Chair advised that clear plans had been made in relation to the future use of the Mulberry Unit, and in referring back to the Angus Care Model, the decision was clear in terms of its future use.

In expressing his disappointment regarding the current position, the Vice-Chair sought assurances from the Interim Chief Officer that the partnership would continue to progress with moving services into the Mulberry Unit and that the move would not be put on hold.

The Interim Chief Officer in response agreed with the Vice Chair's sentiments, and highlighting her frustrations at the situation, she confirmed that the Partnership had been advised not to progress this further until definitive decisions had been made. She also referred to the impact that this had on the next stage process in terms of the Partnership's Strategic Plan. She highlighted that it would be beneficial and helpful for this particular matter to be concluded, particularly for the North East Angus population and also for those who frequently requested an update as to the current position. However, given that the draft action plan had been submitted to the Scottish Government, she was unsure whether this could be progressed at this time.

In response, the Interim Director of Mental Health provided background information advising that the service redesign had preceded the Independent Inquiry but had been halted by the author of the Trust and Respect Report. She confirmed that since taking up post, there had been considerable discussions both with Chief Executive, NHS Tayside and the Scottish Government to take early action on this particular matter and to allow these moves to progress.

In requesting a timescale, the Interim Director of Mental Health indicated that this would be for the Partnership to decide although highlighting the support from both the Scottish Government and the author of Trust and Respect, she indicated that she would be seeking an early conclusion.

The Chair raised a number of points, in particular in terms of a service user's journey, the information available today and the meaning of the proposals and enquired as to what opportunities would be available in Angus for people to be involved. Having heard an update from the Head of Integrated Mental Health Services who also provided assurances that the people in Angus, service users and other stakeholders voices would most certainly be heard in the process. The Chair welcomed the update and assurances provided highlighting that there was a determination to move forward to provide a better services and support network in future.

The Integration Joint Board agreed to note the contents of the Report for information and noted the progress made to date.

7. SCOTTISH GOVERNMENT GUIDANCE ON DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES

With reference to Article 4 of the minute of meeting of this Board of 24 February 2020, there was submitted Report No IJB 20/20 by the Interim Chief Officer advising the Board of the Statutory Guidance issued by the Scottish Government on Directions from Integration Authorities to Health Boards and Local Authorities and the implications of this Guidance on the Board's governance arrangements.

The Report indicated that Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014 provided that local authorities, health boards and integration joint boards must have regard to any guidance issued by the Scottish Ministers about its functions under or in relation to that Act.

The Scottish Government had issued Guidance to local authorities, health boards and integration joint boards on Directions from Integration Authorities to Health Boards and Local Authorities. Key points of the Guidance were summarised in Section 2.3 of the Report.

The practice had been for the Chief Officer to issue Directions only annually to require NHS Tayside and Angus Council to perform delegated functions and to set out the financial resources available to them for that purpose. It was clear from the Guidance that the Scottish Ministers expected that the use of Directions would be significantly greater.

In light of the Guidance, future reports to the Board should include a short section that obliged the author to decide and record if the report required a Direction to be issued to the Local Authority, the Health Board, to both, or that no Direction was required

Having heard from the Manager, Legal Team 1 and some members, the Integration Joint Board agreed:-

- (i) to note the Statutory Guidance issued by the Scottish Government on Directions from Integration Authorities to Health Boards and Local Authorities; and
- (ii) to note the changes required to the Board's governance arrangements to comply with the Guidance.

8. FINANCE REPORT – YEAR END REPORT 2019/20

With reference to Article 7 of the minute of meeting of this Board of 22 April 2020, there was submitted Report No IJB 21/20 by the Chief Finance Officer providing an update to the Angus Integration Joint Board (IJB) regarding the financial position of Angus IJB at the end of the financial year 2019/20; and updates in terms of reserves, financial risks and financial planning.

The Report indicated that the IJB had reported a management position of an underspend of £4.4m, very much in line with recent expectations, although a greater underspend than anticipated in the IJB's Strategic Financial Plan for 2019/20. Appendix 1 to the Report outlined the IJB's detailed year-end financial position for 2019/20. The underspend was largely attributed to continued progress with local community health variances and a much improved Prescribing position with underspends offsetting overspends within Physical Disability, Older People's Services and Hosted Services. The position was also after absorbing the income issue and the Covid-19 related prescribing impact described at Sections 3 and 4 of the Report.

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.

Noting that whilst the IJB's management reporting described a year end underspend of £4.351m, the IJB's financial accounts would reflect an underspend of £2.477m, the difference as highlighted and reported previously reflected the flow of funds in and out of the IJB's reserves.

As the IJB was reporting 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.

The impact of Covid-19 on the financial outturn for 2019/20 was relatively limited with the exception of Prescribing and that Prescribing impact was still contained within the reported year

end position. The impact would be more significant in 2020/21 and the IJB's financial management would have to respond to that. The financial impact of Covid-19, as currently understood, was further described in Covid-19 Update, Report IJB 18/20 referred.

The overall 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 deliver to the local population on a sustainable basis.

The Chief Finance Officer provided a brief summary of the Report and responded to a question from the Chief Social Work Officer in terms of Physical Disabilities, as detailed in Appendix 1 to the Report.

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 note the updates regarding reserves as outlined in Appendix 3 to the Report.

At this stage of the meeting, the Interim Chief Officer intimated that Jerry Forteath, Programme Manager, also Lead Officer for the Carers Strategy was due to retire at the end of June 2020. The Head of Community Health and Care Services, South also acknowledged Jerry's contribution, describing him as a 'real Champion' for carers.

9. STRATEGY FOR CARERS – PROGRESS REPORT

With reference to Article 8 of the minute of meeting of this Board of 11 December 2019, there was submitted Report No IJB 22/20 by the Interim Chief Officer providing a progress report at six monthly intervals for the first 18 months of the implementation of the Carers Strategy.

The Report indicated that the Carers Strategy had been designed to encourage the Angus approach to supporting carers, building on the principles of "Equal Partners in Care". The implementation of the Carers Act had been progressed through Angus Carers Strategic Partnership Group, in consultation with key stakeholders. This was assimilated into a Carers Strategy and Improvement Plan, approved by the Integration Joint Board in December 2019, Report IJB 80/19 refers.

Key milestones achieved in 2018/2019, and further key development target areas, were outlined in Section 2 of the Report.

The Strategy's key objective was to increase carers identification in Angus. Section 3 of the Report detailed the number of Adult Support and Care Plans completed by both Angus Carers Centre and Care Managers over the six month period from December 2019 to May 2020.

Currently there was insufficient information available about how the pandemic may have affected carer identification. It was clear that the situation would have affected carers in a number of ways not least through the withdrawal of key support services during "lockdown" and the need to "shield" vulnerable people. Given that the improvement plan was based on information and services pre pandemic, the Angus Carers Strategic Partnership Group now required to evaluate the effect of the pandemic. The initial exercise conducted through the Angus Carers Voice Network, designed a questionnaire for carers to capture their experiences during these challenging times.

The Head of Community Health and Care Services, South provided an informative overview of the key areas of the Report, including emergency planning for carers, short breaks, waiving of charges and replacement care, supporting carers in the workplace and Angus Carers Centre.

The Programme Manager/Lead Officer for the Carers Strategy indicated that considerable work and achievements had taken place since December 2019. He indicated that the contents on both Angus Health and Social Care Partnership and Angus Council webpages had been revised to ensure that the information available for carers was clearer and more accessible.

As the Champion for Carers and comprehensive link with the carers centre, he intimated the importance of continuing to support and build on the principles of "Equal Partners in Care". He highlighted the ongoing challenges of making and ensuring that, carers feel that they were equal partners in care and the requirement to continue to support and work to build on these principles.

Having heard from the Carers Representative in terms of the waiving of charges for services to carers and the carers collaborative, he thereafter expressed thanks on behalf of the Angus Carers Centre to Jerry Forteath, Lead Officer for his valuable commitment, contribution and support provided.

Councillor Bell wholeheartedly endorsed the views of the Carers Representative and wished Jerry well for the future. There was reassurance that the whole community would take this forward and expressed the importance of working with Angus Carers Centre, as the partnership's main strategic partner and carers, and as equal partners. She also welcomed the additional £275k of funding from the Scottish Government for supporting the Carers Act as reflected in the IJB's Strategic Financial Plan.

Following a point raised in terms of unidentified carers and emergency planning and the need to promote communication and engagement, in response the Head of Community Health and Care Services, South provided updates and advised that Vivienne Davidson, Principle Planning Officer would take over the role of Lead Officer for the Carers Strategy from 1 July 2020.

The Chair echoed members' comments and, on behalf the Board, highlighted that Jerry's hard work and valuable contribution was recognised and provided assurance that as equal partners, the Board would continue to drive forward to promote and build on the principles of the "Equal Partners in Care" agenda.

The Integration Joint Board agreed:-

- (i) to note the contents of the progress report; and
- (ii) to request further progress reports at six monthly intervals for the first 18 months on the implementation of the strategy.

10. PHYSICAL DISABILITY PRIORITY IMPROVEMENTS

With reference to Article 16 of the minute of meeting of this Board of 10 January 2018, there was submitted Report No IJB 23/20 by the Interim Chief Officer providing an update to the Integration Joint Board (IJB) on the development of a Physical Disability Improvement plan that would set out priority improvements for the Physical Disability Service over a 3 year period.

The Report indicated that progress had been made in the development of a Physical Disability Improvement Plan and the identification of suggested priority improvement areas for the service, which would be further informed by engagement activities. These were intended to address current challenges facing the services and aimed to implement efficiency and sustainability actions in response to inflationary and demographic changes and capacity demands, and consequently delivering sustainable services into the future within available resources.

The Head of Community Health and Care Services, South provided a detailed overview of the Report.

The Integration Joint Board agreed:-

- (i) to approve the development of a Physical Disability Improvement plan;
- (ii) to note the current issues;
- (iii) to request a draft Improvement Plan to be presented at the meeting of the Integration Joint Board on 26 August 2020; and
- (iv) to request further progress reports on a six monthly basis.

11. LEARNING DISABILITY PRIORITY IMPROVEMENTS

With reference to Article 9 of the minute of meeting of this Board of 11 December 2019, there was submitted Report No IJB 24/20 by the Interim Chief Officer providing an update to the Integration Joint Board (IJB) on the implementation of Learning Disability priority improvements which were intended to address current challenges facing the service and to implement efficiency and sustainability actions in response to inflationary, demographic, and capacity demands.

The Report highlighted the partnership's aim was to deliver sustainable services into the future within available resources. The progression of a range of actions over a three year period was approved by the IJB in January 2018, with update progress reports being provided to the IJB on a six monthly basis thereafter. The Report provided a further update detailing progress against priority improvement actions.

The learning disability priority improvement actions continued to be progressed in order to address current challenges facing the service and to implement efficiency and sustainability actions in response to inflationary and demographic challenges. The impact of the Covid-19 pandemic on the improvement programme, financial saving targets, an overview of the current situation and the development of an updated learning disability improvement plan which reflected the partnership's future priorities, were outlined in the Report.

The Head of Community Health and Care Services, South intimated that he was proud of the achievements and work undertaken within the learning disability services. He thereafter provided a brief overview of the Report highlighting that the annual costs of providing support to people with autism within the adult learning disability services for financial year 2018/19 equated to 38% of the budget that the learning disability service allocated for third parties.

He referred to the review of high and low care packages and also highlighted that due to Covid-19 that there had been delays in a number of areas in relation to accommodation and that the engagement events previously arranged had also required to be cancelled. Prior to the cancellation of these events, a number of events had taken place. A survey inviting feedback/views had been made available on the Partnership's webpage and also issued to supported people, carers and family members. Due to Covid-19, no face to face events had taken place, as a result, the survey was reopened, stakeholders advised, and survey deadline extended to allow feedback to enable and inform the draft improvement plan.

Having heard from some members and also the Carer's representative in terms of the survey and in response having heard from the Head of Community Health and Care Services, South and the Service Manager who indicated that the survey deadline had now closed. She advised that there had been some valuable comments and feedback received, and that the survey results would be reviewed and made available as soon as practical.

The Integration Joint Board agreed:-

- (i) to note the progress made since the last update in December 2019, the current issues and how these were being addressed;
- (ii) to approve the revised financial assumptions from the improvement programme and to consolidate this into the IJB's strategic financial plan;

- (iii) to approve the development of an updated learning disability improvement plan;
- (iv) to request an update Improvement Plan to be presented at the meeting of the Integration Joint Board on 26 August 2020; and
- (v) to request further progress reports on a six monthly basis.

12. PRESCRIBING MANAGEMENT

With reference to Article 11 of the minute of meeting of this Board of 11 December 2019, there was submitted Report No IJB 25/20 by the Interim Chief Officer providing an update to the Board on prescribing management in Angus.

The Report indicated that historically, Family Health Service, Prescribing had presented a financial challenge within Angus, and also highlighted the recent impact on supply issues due to the coronavirus. The Angus Primary Care Improvement Plan included the roll-out of pharmacotherapy services was one aspect in which sustainable improvements in prescribing would emerge. The social prescribing initiative was another priority area which it was hoped would reduce the reliance on prescribed medicines for some conditions. Additionally, by developing an improved understanding of the reasons for the partnership's prescribing position, in conjunction with a multidisciplinary approach with a strong clinical leadership and buy in, a steady and sustainable improvement was emerging.

Work continued to be progressed in line with the Prescribing Management Plan as outlined in Appendix 1 to the Report. An update Plan for 2020/21 was being progressed and would be submitted to the Integration Joint Board for approval.

The Clinical Director provided a brief overview of the key areas of the Report and management plan and also responded to the Carer Representative's questions relating to the cost per waited patient and social prescribing.

In highlighting the tremendous work involved and achievements to date, the Chair commended the Report to the Board.

The Integration Joint Board thereafter agreed:-

- (i) to note the content of the Report and the ongoing measures being taken to ensure efficient and effective prescribing within Angus;
- (ii) to request a further update to be provided to the Integration Joint Board in December 2020; and
- (iii) to endorse the use of prescribing savings to provide sustainable investment in evidence-based models of care including social prescribing.

13. ANNUAL PERFORMANCE REPORT

With reference to Article 12 of the minute of meeting of this Board of 11 December 2019, there was submitted Report No IJB 26/20 by the Interim Chief Officer providing an update to the Board on the progress made in delivering the strategic plan and effect of activity on performance during 2019/20.

The Report indicated that the Scottish Government, through engagement with partnerships, had agreed that Annual Performance Reports from IJB's could be delayed until October 2020, to allow staff to concentrate on the delivery of the responses to the Covid-19 pandemic.

Feedback from previous reports highlighted there may be difficulties in interpreting and understanding these reports. Over the last two years, the Partnership had developed data dashboards on the Partnership website in line with the strategic priorities.

A condensed performance report had been produced which included some key measures for 2019/20 as outlined in Appendix 1 to the Report. The performance report had been developed using local data with support from the Business Unit in NHS Tayside, LIST analysts and from the Improvement and Development Team. No published national data was included in the Report, but this information would be available and included in the full Annual Performance Report in October 2020.

The Interim Head of Community Health and Care Services - North provided an overview of the key areas of the Report. The Principal Planning Officer thereafter provided an update in relation to the readmission performance measure. In reference to previous performance reports, she indicated that following feedback from the general public, a condensed easy-to-read and-understand performance report had been developed.

The Vice Chair welcomed the Report and thanked officers for bringing forward an easy-to-read and-understand Performance Report; however he highlighted that in his opinion, performance should be more closely scrutinised in another forum but emphasised, if possible, that a performance report should also be brought forward to the IJB.

The Chief Social Work Officer also welcomed the short-and-easy to read Performance Report. She referred to the increase in demand for personal care services and also the reduction in telecare services and requested that these performance measures be further explored, and a report brought back to a future meeting of the IJB in due course.

Following discussion and questions from members and in response having heard from the Head of Community Health and Care Services, South who provided an update.

In commending the Report, the Chair emphasised the importance that future Performance Reports be accessible and easy to read.

The Integration Joint Board agreed:-

- (i) to approve the new approach to the delivery of a Public Annual Performance Report;
- (ii) to note the data measures as outlined in the Report; and the progress made by the Partnership in delivering the ambitions set out in the Strategic Commissioning Plan 2019-2022;
- (iii) to request the Interim Chief Officer to provide a Performance Dashboard to the Integration Joint Board biannually; and
- (iv) to note the plan to establish an infrastructure to monitor performance within Angus Health and Social Care Partnership.

At this stage in the meeting, the Chair on behalf of the Board congratulated Councillor Julie Bell on being appointed as a non-executive member of the Public Health Scotland Board.

14. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 26 August 2020 at 2.00pm.