

Agenda Item No 3 (a)

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on Wednesday 28 October 2020 at 2.00pm.

Present: Voting Members of Integration Joint Board

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

Non Voting Members of Integration Joint Board

SANDY BERRY, Chief Finance Officer
PETER BURKE, Carers Representative
IVAN CORNFORD, Independent Sector 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
KAREN FLETCHER, Nurse Representative (Proxy on behalf of Charlie Sinclair)
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
BILL TROUP, Head of Integrated Mental Health Service
ANDREW RADLEY, (Proxy on behalf of Director of Public Health)
DAVID SHAW, Interim Associate Medical Director – Primary Care

EMMA JANE WELLS, in the Chair.

1. CHAIR AND VICE CHAIR

Members were advised that in terms of Standing Order 3.2, NHS Tayside Board at their meeting on 27 August 2020, agreed to appoint Emma-Jane Wells, as Chair to the IJB and Angus Council at their meeting on 10 September 2020, agreed to appoint Councillor Lois Speed as Vice Chair to the IJB.

The Chair intimated as this was her first meeting as Chair, she was looking forward to working with everyone and to supporting staff, carers, voluntary and third sector services across Angus, particularly, as we moved into what was likely to be a very challenging winter period. She also thanked Councillor Lois Speed and Hugh Robertson for their contributions to the Integration Joint Board.

2. APOLOGIES

Apologies for absence were intimated on behalf of Gary Malone, Third Sector Representative and Charlie Sinclair, Associate Nurse Director, NHS Tayside.

3. DECLARATION OF INTEREST

Peter Burke declared a non-financial interest in Items 10 and 11 (Report Nos IJB 66/20 and 67/20) in that he was an unpaid carer. He indicated that he would participate in any discussion on these items.

Councillor Julie Bell declared a non-financial interest in Items 12 and 13 (Report Nos IJB 68/20 and IJB 69/20) in that she was an elected member on the Board of Voluntary Action Angus (VAA). She indicated that she would participate in any discussion and voting on these items.

4. MINUTES INCLUDING ACTION LOG

(a) PREVIOUS MEETING

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 26 August 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 26 August 2020 was submitted and noted.

(c) AUDIT COMMITTEE

The minute of meeting of the Angus Health and Social Care Integration Joint Board Audit Committee of 26 August 2020 was submitted and noted.

5. APPOINTMENT TO IJB AUDIT COMMITTEE

Members were advised that there was a long standing vacancy for a member of the IJB to be appointed to the IJB Audit Committee. The Chief Finance Officer intimated that Chris Boyle, Staff Representative, Angus Council had expressed an interest. There being no other expressions of interest, Councillor Bell, Chair of the IJB Audit Committee thanked Chris for volunteering for the role and that having a staff representative on the IJB Audit Committee would be most beneficial.

6. FINANCE REPORT – 2020/21

With reference to Article 9 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 62/20 by the Chief Finance Officer providing an update regarding the financial position of Angus IJB including financial projections for 2020/21, an update regarding reserves, financial planning and an update of financial risks and governance issues.

The Report indicated that the information reflected estimates for the whole of 2020/21 and consequently, given the stage in the financial year and uncertainty regarding the impact of Covid-19 over the coming months, further reviews of projections would be undertaken which may lead to future adjustments in information.

Appendix 1 to the Report outlined the IJB's detailed projected financial position for 2020/21. The overall projected financial position for Angus IJB for year to March 2021 was an overspend of c£2.2m, however this was before any further Scottish Government funding to offset the costs of Covid-19 was allowed for. Since the production of the August financial information, the Partnership had received confirmation of additional Covid-19 funding, although the exact scale of the allocation was still subject to clarification with the Scottish Government.

The Covid-19 Scottish Government funding received and including the confirmation of the additional funding in early October, would further address Covid-19 related pressures and support the IJB's overall financial position. Reflecting the August accounts, in summary, the estimated impact of Covid-19 was £9.97m and after adjusting for both the Scottish Government received/confirmed and the IJB's ability to absorb c£5m of costs linked to some instances of

reduced levels of spend, the net impact to the Partnership was a projected overspend of c£2.2m. Highlighting that it was generally assumed that Covid-19 costs, to the extent that they triggered in year overspends within the Partnership, would be fully funded by the Scottish Government then when this happened, the IJB may reasonably expect to breakeven in the financial year 2020/21.

Aside from the overriding impact of Covid-19, there remained underlying inflationary and demographic pressures and offsetting variances between services. Slippage in progress with delivery of savings from planned interventions was also now an increased risk and this impacted both in year and more importantly, the longer term position. The overall financial position of the IJB had a material impact on the way Angus IJB provided services. By making ongoing progress with managing the financial impacts of Covid-19, delivering efficiencies 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 an update in terms of the impact of Covid-19 on the financial position; Scottish Government funding; planned interventions delays; risks; Large Hospital Set Aside; and the review of corporate support arrangements with partners.

He also responded to questions and comments from the Chair, Hugh Robertson, and Councillor Bell relating to the sharing of information with other Tayside IJBs, financial governance including the review of the integration scheme; re-allocation of the £500k reserves; and the use of directions, particularly relating to the Large Hospital Set Aside position.

The Carers Representative raised concern regarding the lack of progress in terms of the review of corporate support arrangements with partners, highlighting that this had been included within the MSG report also; therefore he was of the view that it was reasonable to write to partners to request that this matter be addressed as a priority area once Covid-19 issues lessened. The Chief Finance Officer and Interim Chief Officer in response, provided an update and agreed that this matter should be taken forward.

In referring to Hugh Robertson's point relating to the Large Hospital Set Aside update, the Chief Finance Officer agreed that he would bring forward a separate Large Hospital Set Aside Report to the next IJB meeting; thereafter the Integration Joint Board agreed:-

- (i) to note the overall projected financial position of Angus IJB for 2020/21;
- (ii) that regarding Large Hospital Set Aside, to note the need to develop a more considered review of that component of the settlement as part of the overall review of the settlement with NHS Tayside;
- (iii) to note the progress with the Strategic Financial Plan's Planned Interventions;
- (iv) to note the risks documented in the Financial Risk Assessment and specifically to note the additional Financial Governance appendix;
- (v) to note the update regarding reserves set out in Appendix 3 to the Report, including supporting the re-allocation of £500k reserves from the IJB's Financial Planning Reserve to the Strategic Planning Reserve;
- (vi) to request the Chief Finance Officer to bring forward a separate Large Hospital Set Aside Report to the next IJB meeting in December 2020; and
- (vii) to request that the Chair on behalf of the IJB write to partner organisations to address the need to progress the review of corporate support arrangements as an urgent matter once the Covid-19 related priorities were minimised.

7. **ANGUS MENTAL HEALTH AND WELLBEING UPDATE**

With reference to Article 7 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 63/20 by the Interim Chief Officer providing an update of local developments and reference links to the Tayside Mental Health Improvement Programme.

The Report indicated that prior to Covid-19, the Angus Mental Health Services were progressing a number of strategic developments reflecting changes to public expectations, economic pressures, and the need to modernise workforce strategies. A number of external service inspections of Angus and Tayside's services as well as the current pandemic had reinforced the need that all agencies and communities work together to develop a 'Whole Population Approach' to managing a collective response for improving mental health and wellbeing outcomes in the future.

The Angus Mental Health and Wellbeing Network was established in 2019 and the aim of the Network to achieve the best outcome possible for the citizens of Angus in relation to all aspects of mental health and wellbeing, including suicide prevention. An example of the Network's success to date had been the co-ordination of financial support to the third sector organisations to increase their capacity as a consequence of Covid-19.

Updates were provided in terms of local development in relation to:- Co-occurring Mental Health and Substance Use (Co-morbidity); Enhanced Community Support for Community Mental Health Services; Seven Day Working; Advanced Nurse Practitioners and Senior Social Work Practitioners; Peer Support and Listen Learn Change.

As a result of the Covid-19 pandemic, the need to look after mental health had never been greater and to see a continued focus on good mental wellbeing, and ensuring the right help and support was available for mental health when required. The reality now faced was the long lasting economic, social and health challenges, as emotional resilience was being tested. Over the past six months, the services had worked and supported all partners to adapt to new ways of working including the increased use of NearMe technology to deliver treatments and to offer grants to third sector organisations to address any short term financial risks. Appendix 1 to the Report contained reflective accounts of an Angus Third Sector Partner and Advanced Nurse Practitioner.

In terms of the mental health impacts of Covid-19 and lockdown, the Scottish Mental Health Research Advisory Group provided a critical role in translating research findings into advice for the Scottish Government, initial findings were summarised in Section 3.7 of the Report.

The Chair intimated that the update Report had been requested at the last meeting, highlighting the work towards creating the seven day working service and the two case studies as detailed in Appendix 1 to the Report, which she considered were helpful in showcasing the good work being undertaken in Angus.

The Head of Integrated Mental Health Service in reflecting back, intimated that the biggest development had been the equal priority that had been given to mental health wellbeing as well as mental illness. He intimated that it was wellbeing that would assist individuals and communities to build resilience and provide assurance to the local population. Given the events over the last year, he intimated that Angus was in a good place to do that but emphasised there required to be considerable support to enable sustainability in future years. He thereafter provided an informative overview of the current position of the local developments, as outlined in Section 3 of the Report.

In referring to the scrutiny meeting he attended earlier today with Scottish Government, he advised new ring fenced funding received was for supporting non-traditional services who work with individuals who had mental health problems and in linking this to the whole perspective, at the launch of the National Mental Health Strategy, there was a commitment given for an additional 800 frontline workers in mental health. In Angus, this was equivalent to 17.2 workers and this commitment required to be achieved by the end of 2021. The current position in Angus

was 17.5, which had actually been achieved earlier than the deadline date, which on a whole was a very positive outcome.

The Interim Chief Officer intimated the importance of taking cognisance of Section 3.6 of the Report, in terms of Listen, Learn, Change, in recognising the role of the IJB and the strategic decisions about mental health inpatients that required to be agreed by all three IJBs. In highlighted that the Listen, Learn, Change Report had not, as yet been approved by Angus IJB., she confirmed that Kate Bell, Interim Director of Mental Health and Learning Disabilities, NHS Tayside had made a request to attend the IJB meeting on 9 December 2020, to seek preliminary feedback in terms of the Listen, Learn, Change Report. In advance of that date, the Report would also be considered by the Angus Strategic Planning Group.

Having heard from the Registered Medical Practitioner, Councillor Bell, Service User Representative, Hugh Robertson, Clinical Director and Councillor Speed in relation to advanced nurse practitioners, post Covid-19 increase in mental health; active recruitment drive; planned evaluation on mental health service delivery; peer support workers; seasonal affective disorder (SAD); success measures; seven day working implementation timescales in respect of North and South Angus; importance of getting the right model and valuable contribution from professionals to enable the work within optimal pathways to ensure the best use of everyone involved; children's services including transition into adult services, the Head of Integrated Mental Health Service responded.

The Chief Social Work Officer raised a point in terms of her representation on the Mental Health and Wellbeing Strategic Programme Board, in response, the Head of Integrated Mental Health Service intimated that he would look into this and revert back to her in due course.

The Integration Joint Board agreed to note the content of the Report.

8. WINTER INFLUENZA PLANNING AND COVID-19 UPDATE

With reference to Articles 4 and 10 of the minutes of meetings of this Board of 24 June 2020 and 30 October 2019 respectively, there was submitted Report No IJB 64/20 by the Interim Chief Officer presenting the Winter Planning arrangements for NHS Tayside and Health and Social Care Partnerships for 2020/21.

The Report indicated that the NHS Tayside Winter Plan had been developed taking cognisance of learning from the initial response to Covid-19 and was closely aligned to the Redesigning Urgent Care programme being delivered by the Scottish Government. In July, the Scottish Government commissioned NHS Boards and Health and Social Care Partnerships to provide the next iteration of their Remobilisation Plans which also required to reflect how health and social care services were preparing for the winter season. The winter plan would therefore be underpinned by the Remobilisation Plan to ensure a whole system focus. The key principles of the Winter plan were as outlined in Section 2 of the Report.

Given the ongoing Covid-19 related restrictions and risks, there were significant additional challenges in relation to the delivery of this year's flu immunisations programmes and the appreciation of the ongoing support provided by all managers to ensure the prioritisation of delivery of all these programmes. In summary, the plans for Angus were outlined in points 1-6 of Section 4 of the Report. In relation to Covid-19, Angus HSCP continued to progress the actions detailed within the Remobilisation Plan, Report IJB 56/20 refers. In addition, to the proposals outlined for Angus, a readiness assessment had been completed by the Partnership to assess preparedness for a second wave of Covid-19, winter influenza and BREXIT. This assessment had demonstrated that Angus HSCP were in a good state of readiness, however key areas for additional support and mitigating actions were highlighted in terms of Digital infrastructure including the Connecting Scotland programme; admin and management resources and workforce resilience.

The Interim Chief Officer advised that early signs from public health colleagues had confirmed that there would be significant challenges ahead given the increase of Covid-19 cases across Tayside. Locally, arrangements were being managed and ready to be actioned in

response to further outbreaks and increases in people testing positive. In referring to the Scottish Government Strategy and Framework Report which was due to be published on 29 October 2020, this would outline the tiered model for the Tayside area and confirmed there would continue to be regular updates and changes across the country on a day to day basis.

The Interim Head of Community Health and Care Services – North provided a detailed overview of the key areas of the Report. As a partnership, there had been good opportunities to contribute to the development of the Winter Plan, highlighting the areas specifically related to Angus HSCP. Regarding Covid-19 and since the Report had been published, there had been a significant increase in positive cases and that the level of spread of the virus was currently higher in Dundee than it was in Angus. Angus services continued to work well to provide safe care across the whole of the population and services whilst working together with key partners including carers and the private sector organisations. Given the current new wave of the virus, business continuity plans were being reviewed to ensure safe care for both patients and staff

The Registered Medical Practitioner provided an informative update highlighting the challenges faced in preparing the winter plan and the Covid-19 plan, in tandem. She commended the hardwork of those involved in the preparation of the plan. By way of providing assurances to the IJB, she indicated that these were high priority matters and discussed regularly. Good examples of partnership working in a number of areas had evolved but stressed that there continued to be challenges around capacity. She also emphasised the increased demand for mental health services and the likelihood that this would be a winter like no other.

The Primary Care Manager/LTC Lead provided an overview of the delivery of flu immunisation programmes in Angus, highlighting that the programme was on target to complete the vaccination of staff and patients in care homes by 29 October 2020. She also commended the hardwork of district nursing colleagues and also Voluntary Action Angus (VAA) for providing a number of volunteers across Angus whose assistance had enabled the smooth running of the vaccination clinics.

The Clinical Director confirmed from an Angus perspective around primary care, in her view, the right relationships and structures were in place to devolve leadership to local teams. She emphasised the benefits of partnership working, particularly during these difficult and challenging times and thereafter commended the work of the district nurse teams in their involvement in the flu vaccination programme and the support provided to care homes.

In response to a point raised by the Chair relating to staff resilience and their use of annual leave, the Interim Head of Community Health and Care Services – North and the Head of Integrated Mental Health Services provided a detailed update.

Thereafter, the Interim Chief Officer thanked Rhona Guild, Karen Fletcher, Senior District Nursing; VAA, Social care; GP practices and all others involved in the immense amount of work and activity required to ensure the effective delivery of the flu vaccination programmes. She also commended the work and support of her senior management team. Noting the PULSE survey results indicated that more could be done to value and support staff she confirmed that this was currently being reviewed to establish other ways to provide the necessary support to staff during these challenging unprecedented times.

The Staff Representative, Angus Council also commended the staff for their hard work but pointed out the importance of recognising the stress and pressures on staff during these challenging times. He confirmed that discussions were ongoing to explore the opportunity to provide breakout rooms for frontline local authority staff.

The Carers Representative also echoed the comments raised by the Staff Representative, and in addition, to staff breaks, he commended the management team for their work during these challenging times highlighting that were also deserving of a break. He praised all those involved in the efficient roll out of the flu vaccination programme in Angus. In referring to Section 8 of the plan, relating to Mental Health and Learning Disability, he raised concern and disappointment at the lack of detail in the Report in terms of learning disabilities but hoped that this could be reviewed in the coming years. In response, the Head of Community Health and

Care Services – South provided an update and assurances that the partnership would continuously advocate the learning disability and physical disability client groups.

The Interim Head of Community Health and Care Services – North responded to comments and questions from both Councillors Bell and Myles, relating to population and potential model around compliance; HAART; asymptomatic test results and associated isolation period. The Head of Community Health and Care Services – South confirmed that HAART now Angus Response to Covid-19 (ARC) had recommenced and that those individuals on the previous shielding list, correspondence would be issued in due course that would outline the five protections levels and additional advice around work, school, shopping, contact with others and access to free supply of vitamin D.

Councillor Myles welcomed the comprehensive Report and echoed the sentiments of the Carer's Representative around the work of those involved in the efficient roll out of the flu vaccination programmes in Angus.

In reference to the change of name to ARC, formerly HAART, Councillor Speed emphasised the need for clear communication so as to avoid any unnecessary confusion and also highlighted the requirement to connect with others who were not digitally connected.

The Registered Medical Practitioner provided an update regarding the shielding position, thereafter, the Integration Joint Board agreed:-

- (i) to approve and endorse the Winter Plan (NHS Tayside and Partner Organisations 2020/21) for submission to the Scottish Government;
- (ii) to note the cost pressures to deliver the services required to meet winter, flu, and Covid-19 demand on the background of ongoing flow challenges;
- (iii) to note the whole system working in preparation for anticipated winter challenges;
- (iv) to note the approach taken within Angus to support flu vaccination; and
- (v) to note the Covid-19 update.

9. ANGUS PRIMARY CARE UPDATE – PREMISES

With reference to Article 17 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 65/20 by the Interim Chief Officer providing an overview of the emerging Primary Care Premises priorities and risks associated with the Primary Care Improvement Plan.

The Report indicated that Angus HSCP continued to implement the Angus Primary Care Improvement Plan as previously approved by the Integration Joint Board. Primary Care Premises priorities and risks in relation to the Primary Care Improvement Plan were not exclusively related to GP premises, the drive for sustainable models of general practice was at the heart of both the 2018 GMS Contract and all supporting strategies, including the Primary Care Improvement Plan.

The National Code of Practice for GP premises, published by the Scottish Government in November 2017, described the planned shift, over 25 years, to a new model in which GPs would no longer be required to provide their own premises. Approximately, two thirds of GP premises nationally were either GP owned or leased by GPs from third parties, the move was intended to significantly enable the sustainability of general practice. The code described measures being taken to enable NHS Boards to gradually assume responsibility from GP contractors. These measures and the Code principles which Health Board and HSCPs required to follow in relation to GP premises were detailed in Section 2 of the Report.

The Community and primary care services within Angus were delivered through a combination of GP Practices, Health Centres and Community Hospitals. A summary of these premises

together with other considerations were outlined in Section 3 of the Report. The priority areas contained within the Primary Care Improvement Plan, as outlined within the 2018 GMS Contract, were that whilst local circumstances and demand would determine where services should safely be located, most would continue to be delivered within or near to GP practice premises for patient convenience and proximity to the wider practice team. Next steps were detailed in Section 4, points (i) to (v) of the Report.

Angus HSCP received additional government funding in 2019/20 of £107,884 to support premises improvement with clearly defined priorities for spend. A further allocation of £32,365 had been received during this year which would be used to support outstanding priorities as outlined in the Report.

With the exception of the small HSCP Premises Improvement Funding, capital allocations and resourcing for primary care premises remained within NHS Tayside. The total NHS Tayside capital programme forecast for 2020/21 stood at £32,083 million.

The majority of risks and governance related to primary care premises lay with NHS Tayside with the HSCPs role advisory in terms of clinical service requirements. Many of the consequences of inadequate premises planning and investment fell to the HSCP to manage. The plan for delivery of the Primary Care Improvement Plan on the basis of the current premises infrastructure, due to the three year delivery period, there were significant opportunities to continue to improve and develop many of the services through the development and delivery of a more comprehensive premises strategy.

The Primary Care Manager/LTC Lead provided a detailed overview of the Report.

The Integration Joint Board agreed:-

- (i) to note the contents of the Report; and
- (ii) to note the progress made to date.

10. PHYSICAL DISABILITY PRIORITY IMPROVEMENTS

With reference to Article 10 of the minute of meeting of this Board of 24 June 2020, there was submitted Report No IJB 66/20 by the Interim Chief Officer providing an update to the Integration Joint Board (IJB) on the current position in relation to the implementation of Physical Disability priority improvements.

The Report indicated that the Physical Disabilities Improvement Plan supported the ambition within the Strategic Commissioning Plan of 'shifting the balance of care to support more people in our communities and support people to greater independence for longer'.

Presently, there were approximately 220 cases open to the team and care managers currently held around 40-50 cases each, with a small number of cases being held in a pending system. The single Angus-wide Physical Disabilities (PD) team was co-located with the learning disabilities teams, unlike the Learning Disabilities service, the PD team were not integrated with health or Allied Health Professional colleagues.

The improvement plan approach would focus on allowing existing resources to be used for areas of most need and to enable the service to respond to increased need through the management of change and disinvestment in some areas to allow investment in others. It was vital that physical disability priority improvement actions were progressed in order to address current challenges faced by the service and to implement efficiency and sustainability actions in response to inflationary and demographic challenges, so to deliver sustainable services into the future within available resources.

The Physical Disability improvement plan, and the main priorities for improvement for adults with physical disabilities in Angus, as contained within the plan, had been informed by feedback from service users, carers, local people, and stakeholders. Engagement would continue

through a variety of activities to ensure that local improvements and priorities continued to be informed by what is important to people and that the range of services delivered were focussed on meeting local need and priorities. The impact of Covid-19 highlighted the need to engage differently with people and the importance that individuals and families could be engaged in a way that was meaningful and accessible to them, which included online workshops and focus groups, telephone conversations and other direct and personalised approaches.

The priority actions areas to be addressed by the Physical Disability improvement plan were outlined in detailed in Section 6 of the Report. The key areas included demographic pressures; Support and Care and Personal Care; Carers and Respite; Accommodation; Day Centres and Community Opportunities and Health Inequalities.

The Head of Community Health and Care Services – South provided background detail and an informative overview highlighting the key areas of the Report. The Chief Finance Officer provided an overview of the financial implications outlined in Section 7 of the Report.

The Carers Representative raised some questions relating to underlying weaknesses in the physical disability financial report, carers support and the request for timescales to be included within the plan, and in response the Head of Community Health and Care Services provided updates and confirmed that it was anticipated that future reporting would be clearer in terms of prioritisation and timescales, but emphasised that this would be looked at further following the public consultation exercise.

Councillor Bell requested an update in terms of the impact of Covid-19 on service users, families, carers including the increase isolation element, respite and in particular, regarding the mental health aspect across the whole of the service. The Head of Community Health and Care Services – South confirmed that there had been mixed responses to Covid-19 from services users, some reasons included anxiety, discontinuation of services and additionally, the prohibition on provision of day care facilities and planned respite had caused considerable stress to service users, families and carers. The provision of emergency respite had continued throughout and intimated the re-opening of learning disability day centres was imminent.

Moving forward, a blended model had been implemented with providers that offered outreach and centre based support, which had been progressed, as a result of the constraints of Covid-19. On a positive note, there was progress and movement toward a return to normal and where legally permitted, there had been a more flexible approach around self-directed support.

The Clinical Director highlighting that a survey monkey had been issued previously but stressed that from a health perspective, there had been no involvement in the development of these proposals. She advised the role of physiotherapists and occupational therapists were crucial in providing solutions to allow individuals to live independently and in response the Head of Community Health and Care Services provided an update. The Principal Officer, AHSCP also reiterated the importance in physical disabilities, that health were fully involved. She thereafter provided an overview of the engagement process so far and the requirement for approval of the improvement plan to enable the public consultation to be progressed.

Following discussion, the Chair intimated that prior to consideration of the recommendations contained in the Report, and in terms of the comments made, she intimated that there required to be more clinical input to the proposals prior to progressing with the public consultation process.

The Chief Social Work Officer highlighted that the colour scheme in the diagrams were not accessible and recommended that they be reviewed prior to further consultation. In terms of self-directed support, she indicated that whilst there was some reference to this , she questioned whether further information could be added.

In providing some assurance and an update, the Interim Head of Community Health and Care Services – North confirmed that Angela Murphy, AHP Lead had contacted the Principal Officer to advise of her involvement to provide the necessary feedback and support to the plan. Having heard from the Chair, and in response, the Clinical Director intimated that she was of the

opinion that from a health perspective, the AHP Lead should have sight and adequate time to consider the improvement proposals.

The Head of Community Health and Care Services – South also sought clarification regarding whether the Report, following discussion with health partners, would require to be brought back to the IJB for consideration.

Councillor Speed highlighted that that the Report should be reviewed, particularly around the colours/graphics to ensure accessible and user friendly. In terms of the housing element she sought further assurances and clarification regarding the broader work of the local authority. The Head of Community Health and Care Services – South provided an update regarding strategic planning forums held regularly with housing, future joint planning and that there be clearer emphasis in future reporting.

The Integration Joint Board agreed:-

- (i) to approve the new draft Physical Disability Improvement Plan for public consultation;
- (ii) to note the current priorities;
- (iii) to request a further progress report in February 2021, following public consultation and development of the action plan; and
- (iv) that health colleagues be given an opportunity to provide clinical input to the improvement plan, in advance of the public consultation being progressed, as referred to in recommendation (i) above.

11. LEARNING DISABILITY PRIORITY IMPROVEMENTS

With reference to Article 11 of the minute of meeting of this Board of 24 June 2020, there was submitted Report No IJB 67/20 by the Interim Chief Officer providing an update to the Integration Joint Board (IJB) on the current position in relation to the implementation of Learning Disability priority improvements.

The Report provided an update and was intended to address the current challenges faced by the service and to implement efficiency and sustainability actions in response to inflationary, demographic, and capacity demands. The aim was to deliver sustainable services into the future within available resources.

The Learning Disability Improvement Plan supported the ambition within the Strategic Commissioning Plan of 'shifting the balance of care to support more people in our communities and support people to greater independence for longer'.

Due to current and anticipated demographic demand and sustainability pressures, further improvement work was required to ensure that the service was delivered as efficiently as possible, enabling resources to be directed to the areas of most urgent need and addressing current and future service delivery requirements. The main pressures were outlined in Section 6 of the Report.

The updated Learning Disability improvement plan, and the main priorities for improvement for adults with learning disabilities in Angus, as contained within the plan, had been informed by feedback from service users, carers, local people, and stakeholders. Engagement would continue through a variety of activities to ensure that local improvements and priorities continued to be informed by what was important to people and that the range of services delivered were focussed on meeting local need. The impact of Covid-19 highlighted the need to engage differently with people and the importance that individuals and families could be engaged in a way that was meaningful and accessible to them, which included online workshops and focus groups, telephone conversations and other direct and personalised approaches.

The priority actions areas to be addressed by the updated Learning Disability improvement plan were outlined in Section 6 of the Report. The key actions areas included demographic pressures; Autism and Learning Disability; Support a Care and Personal Care; Carers and Respite; Accommodation; Day Centres and Community Opportunities and Health Inequalities.

The Head of Community Health and Care Services – South provided a brief summary of the Report.

The Carers Representative intimated that in terms of engagement and given the plan had been based on what people had said about how things could be improved he indicated that it would be beneficial for additional surveys issued by the Integration Improvement Manager and Angus Carers Centre to be taken into consideration prior to progressing with the public consultation.

In commending the user friendly and easy to read Report, he highlighted that consideration should be given to reviewing the chart colours and for priority/timescales to be incorporated into the improvement areas.

The Chief Social Work Officer intimated that consideration should be given to reflect the self-directed support element as part of the improvement areas; and in response the Head of Community Health and Care Services provided an update.

The Integration Joint Board agreed:-

- (i) to approve the new draft Learning Disability Improvement Plan for public consultation;
- (ii) to note the current priorities; and
- (iii) to request a further progress report in February 2021, following public consultation and development of the action plan.

12. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019-20

With reference to Article 11 of the minute of meeting of this Board of 30 October 2019, there was submitted Report IJB 68/20 by the Chief Social Work Officer presenting the Angus Council Chief Social Work Officer Annual Report for 2019 to 2020, consider, noted and approved by Angus Council on 10 September 2020.

The Report detailed the arrangements within Angus Council that enabled the Chief Social Work Officer to fulfil those responsibilities as outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended).

Also included was detail of how the social work services were performing in 2019 to 2020, drawing on a range of performance information as well as external and internal evaluation and engagement activities to be reported on, as detailed in Section 3 of the Report.

Throughout 2019/20, high quality flexible services continued to be provided to vulnerable children, young people, and adults with many examples of innovative practice to improve the outcomes for people using these services. The Report came at a very difficult time with the reporting period ending with the challenges presented by Covid-19 to the citizens of Angus and staff across all services.

The Chief Social Work Officer provided an overview of the key areas of the Report.

The Integration Joint Board agreed to note the content of the Chief Social Work Officer Annual Report for 2019 to 2020.

13. COMMUNICATION AND ENGAGEMENT PLAN OCTOBER 2020 TO SEPTEMBER 2023

With reference to Article 11 of the minute of meeting of this Board of 18 April 2018, there was submitted Report No IJB 69/20 by the Interim Chief Officer presenting the second Angus Health

and Social Care Partnership (HSCP) Communication and Engagement Plan which reflected the current plans and priorities.

The Report indicated that the Angus HSCP had a legal requirement under Section 36 of the Public Bodies (Joint Working) (Scotland) Act 2014 to involve staff, patients/service users and members of the public, as the partnership continued to develop effective, robust, and relevant services.

The plan had been developed by the Communication and Engagement Group and approved by the Angus HSCP Strategic Planning Group. The Partnership worked closely with Angus Council Communities Team and Healthcare Improvement Scotland's Community and Engagement Teams. Support was also provided by NHS Tayside and Angus Council Communications Team.

A significant degree of communication and engagement activity took place in the Partnership's localities, and as a result there was enhanced knowledge and understanding of the needs of these communities.

Prior to the Covid-19 pandemic, activities took place on an individual level, often face to face or at engagement sessions. As a result of the pandemic, a range of engagement activities had been undertaken remotely using electronic surveys and by inviting people to provide written feedback.

The Integration Improvement Manager, AHSCP thanked the Service User Representative and the Healthcare Improvement Scotland's Community and Engagement Team for their input and contributions. She thereafter provided an overview of the Report and also confirmed that the Equality Impact Assessment had also been completed.

The Chair welcomed the Report. Councillor Bell thereafter expressed interest in providing support at engagement activity sessions.

Councillor Speed also commended the Report and expressed the importance that an accessible version be readily available to avoid anyone being excluded.

The Integration Joint Board agreed:-

- (i) to note the content of the Communication and Engagement Plan and associated actions, particularly in the context of Covid-19;
- (ii) to note the progress that had been made with Communication and Engagement since the establishment of the Angus HSCP in April 2016; and
- (iii) to request an annual progress report on the implementation of the action plan.

14. EXCLUSION OF PUBLIC AND PRESS

The Angus Health and Social Care Integration Joint Board thereafter 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 3, 4, 6 and 9.

At this stage in the meeting, the Registered Medical Practitioner, Graeme Martin, Non Executive Board Member and Independent Sector Representative left the meeting.

15. ADULT PROTECTION IMPROVEMENT WORK – PROGRESS REPORT

With reference to Article 19 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 70/20 by the Interim Chief Officer providing the Adult Protection Improvement Work Progress Report.

The Head of Community Health and Care Services – South provided a detailed overview of the Report. In response to members comments and questions, the Chief Social Work Officer, Interim Chief Officer and Head of Community Health and Care Service – South provided an update.

The Integration Joint Board agreed the recommendations as outlined in the Report.

16. UPDATE ON THE GABLES CARE HOME, FORFAR

With reference to Article 11 of the minute of meeting of this Board of 24 June 2020, there was submitted Report No IJB 71/20 by the Interim Chief Officer providing an update on the Gables Care Home, Forfar.

The Head of Community Health and Care Services – South and the Principal Planning Officer, AHSCP provided a detailed overview of the Report.

In response to a number of members questions, the Integration Joint Board agreed the recommendations as outlined in the Report.

17. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 9 December 2020 at 2pm.