

MINUTE of MEETING of the **ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on Wednesday 21 April 2021 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  
PETER DRURY, Non-Executive Board Member, NHS Tayside

**Non Voting Members of Integration Joint Board**

SANDY BERRY, Chief Finance Officer  
PETER BURKE, Carer's 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  
HAYLEY MEARNS, Third Sector Representative (Proxy on behalf of Gary Malone)  
CHARLIE SINCLAIR, Associate Nurse Director  
GAIL SMITH, Interim Chief Officer  
BARBARA TUCKER, Staff Representative

**Advisory Officers**

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

EMMA-JANE WELLS, in the Chair.

Prior to the commencement of business, the Chair reminded members that it was currently the pre-election period in light of the forthcoming Scottish Parliament Elections on 6 May. Members were to be mindful of the legal requirements in their discussion and debate during the meeting.

The Chair acknowledged the reduced COVID-19 numbers and the ongoing challenges for AHSCP staff, third sector partners and the private care home sector. She commended the dedication of those involved in the delivery of health and social care services including the ongoing large-scale vaccination programme. She also highlighted that one of the IJB's main strengths was working collaboratively with all sector partners.

**1. APOLOGIES**

Apologies for absence were intimated on behalf of Ivan Cornford, Independent Sector Representative; Gary Malone, Third Sector Representative; and Emma Fletcher, Director of Public Health, NHS Tayside.

**2. DECLARATIONS OF INTEREST**

Councillor Bell advised that in her capacity as a Non-Executive Director of Public Health Scotland, she had a standing declaration of interest and specific exclusion and would take part in any discussion or voting.

### **3. MINUTES INCLUDING ACTION LOG**

#### **(a) PREVIOUS MEETINGS**

The minutes of meetings of the Angus Health and Social Care Integration Joint Board of 28 October 2020 and 24 February 2021 were submitted and approved as correct records.

#### **(b) ACTION LOG**

The action log of the Angus Health and Social Care Integration Joint Board of 24 February 2021 was submitted.

Councillor Bell raised concerns regarding the slippage in the Mental Health and Wellbeing Strategy actions. In response, the Interim Chief Officer referred to the information contained in Item 5, Report IJB 1/21 on today's agenda. She highlighted that all three IJBs in Tayside were still awaiting sight of the plan and the financial framework. A brief update was also provided in terms of the Director of Mental Health vacancy.

The Integration Joint Board agreed to note the action log of 24 February 2021.

#### **(c) AUDIT COMMITTEE**

The minute of meeting of the Angus Health and Social Care Integration Joint Board Audit Committee of 9 December 2020 was submitted and noted.

### **4. APPOINTMENTS**

Members noted that the NHS Tayside Board at their meeting on 29 April 2021 had considered a Report to appoint Peter Davidson as a voting member of the IJB to replace Professor Graeme Martin. The Chair also advised that Prof. Graeme Martin and Donald McPherson had been appointed as proxy members.

The Chief Finance Officer highlighted that as Prof. Graeme Martin had also been a member of the IJB Audit Committee, a replacement member would require to be appointed to this Committee in due course.

### **5. LIVING LIFE WELL – TAYSIDE MENTAL HEALTH AND WELLBEING STRATEGY**

With reference to Article 2 of the minute of meeting of this Board of 14 December 2020, there was submitted Report No IJB 1/21 by the Interim Chief Officer updating members on the publication of the Tayside Mental Health and Wellbeing Strategy, now entitled "Living Life Well – A lifelong approach to mental health in Tayside" and provided the associated links to relevant elements of the strategy.

The Report indicated that the Interim Director of Mental Health had attended the meeting of the IJB on 14 December 2020 to present the final draft strategy. The recommendations from the Report were supported but acknowledged some further work was required and that the financial framework to support, would be brought to a future Angus IJB meeting. The Strategy had now been published; however the development of the financial framework remained outstanding.

In terms of 7 day working, the North Angus CMHS from 19 April 2021 would support existing clients who required an increased level of support for a limited time. Support would be provided at an identified time and location depending on the level of contact required and the risk assessment. It was anticipated that this would be extended to cover all of Angus by September 2021. Initially it was envisaged that the service would operate 12 hours per day at the weekend, however, following a review of potential demand and future nursing workforce challenges, the service would operate 9am to 5pm, the same as weekdays. Angus HSCP would resource this from its existing financial resources.

Additionally, Angus residents would be able to access the 24/7 Crisis Response Service based in the Carseview Centre, Dundee.

The Interim Chief Officer provided an overview of the Report and referred members to the associated links that were now contained within Section 3 of the Report. She confirmed that Dr David Strang had now returned to NHS Tayside and interviews were being undertaken with many groups and individuals. A progress update report prepared by the Chief Executive of NHS Tayside and all three local authority Chief Executives had been submitted to Dr Strang, for his consideration.

The Chair noted the financial framework position but enquired as to when a progress update would be reported to the IJB in terms of the local implementation plan.

The Head of Community Health and Care Services, North provided an update on the provision of the 7-day service and confirmed that demand and capacity for the service would be reviewed regularly. She commended the work involved in achieving the implementation target date. In response to the Chair's question, she provided an update and anticipated that a full local implementation plan could be brought to the August IJB meeting. She confirmed that this would also provide the required assurances around community engagement in the development of the plan. Additional actions would be incorporated into the local implementation plan, as necessary.

She also responded to the Carer's Representative's question regarding managing the demands of the local service, and advised that the seven day service would be reviewed and monitored to ensure that the workforce was adequate to meet the demands of the service, and that locality would also be taken into consideration.

The Clinical Director provided an update and highlighted the opportunities around Living Life Well, the development of models within primary care, Scottish Government funding, primary care and the community workstream including progress at the Links Health Centre. She emphasised that the financial framework was relevant to ensure that funding was allocated correctly and in the right place to support some of the new GP leadership roles.

The Vice Chair welcomed the 7-day working aspect but raised concerns regarding the operating hours and was also aware of the concerns around Carseview. In reference to the Living Life Well documentation she reiterated her concerns, that there was no specific reference to individuals with physical disabilities alongside learning disabilities and autism. Statistical evidence suggested that mental health and depression were more common for individuals with a physical disability and highlighted the barriers around communicating their individual needs and sought assurances around how this would be addressed.

In response to the Vice Chair's concerns, the Interim Chief Officer advised that these concerns had previously been escalated but she would raise this again, additionally she requested the Heads of Health and Community Care Services to consider the Vice Chair's request when developing the local implementation plan. The Head of Community Health and Care Services, South provided an update and also advised that as Co-Chair of the newly formed Learning Disabilities workstream, and by way of providing an assurance, he was of the opinion that people's complex needs would be considered within this particular Group's remit.

The Interim Chief Officer by way of providing further assurance intimated that the Partnership were doing their utmost locally and confirmed that some of these points had been referred to Dr Mike Winter, Associate Medical Director for Mental Health and Learning Disabilities. The Vice Chair welcomed the raise in profile for learning disabilities and autism and the inclusion of physical disabilities and complex care needs.

The Third Sector Representative raised concerns regarding engagement and how third sector organisations could support the strategy in going forward. Having heard from the Chair and the Interim Chief Officer who advised that she would raise this point with Dr Strang in due course,

The Head of Community Health and Care Services - South confirmed that this would also be monitored through the Strategic Planning Group.

The GP Representative welcomed the 7-day working but highlighted the difficulties that arose during the general practice hours outwith 9am to 5pm. He indicated that there was limited detail in the Strategy in terms of primary care and general practice, and in terms of interfaces, intimated the importance of ensuring that these interfaces, particularly between mental health and general practice, were seamless. In response to the importance of seamless interfaces, particularly relating to the 24/7 service, the Head of Community Health and Care Services - North provided an update.

The Registered Medical Practitioner intimated that she had taken on a new role as the Associate Medical Director for Women, Children and Families including Child and Adolescent Mental Health, highlighting that there was considerable improvement work in progress. She indicated that the Scottish Government had increased funding to child and adolescent mental health services to deal with the impact on these services, because of the pandemic. She also provided an update in terms of staffing challenges but highlighted that there would be opportunities to recruit mental health staff, and to also work in partnership with the third sector organisations.

The Vice Chair referred to the key commitment of the Strategy, and raised that one of the key theme's was to ensure that people with lived experiences should be able to provide feedback and requested clarification as to how they could contribute to allow them to share their experiences to enable service improvement. The Integration Improvement Manager provided an update and agreed to take forward and facilitate the capturing of real-life stories. She also confirmed that she would have further discussions with the Vice Chair in due course. The Head of Community Health and Care Services - South confirmed that individuals with lived experiences had been actively involved in the development of the Strategy, and that in relation to engagement in terms of the local implementation plan, that she would ensure that everyone would be involved.

The Integration Joint Board agreed: -

- (i) to note the publication of and change of title to "Living Life Well – A lifelong approach to mental health in Tayside";
- (ii) to acknowledge ongoing joint working between the three Health and Social Care Partnerships (Angus, Dundee and Perth and Kinross) regarding next steps;
- (iii) to note that the regional financial framework remained outstanding and requested the Chief Finance Officer to bring an update to a future IJB once this was completed;
- (iv) to note the commencement of 7-day working; and
- (v) to acknowledge the development of the local implementation plan and request a progress update be provided to a future IJB.

## **6. FINANCE REPORT 2020/21**

With reference to Article 8 of the minute of meeting of this Board of 24 February 2021, there was submitted Report No IJB 2/21 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 2020/2021, an update in terms of reserves, financial risks and governance issues.

It was noted that the information contained within the Report reflected projections to the end of 2020/21 based on February financial information and, given the uncertainty regarding the impact of COVID-19, there remained scope for variation in the IJB's year-end outturn, particularly given the scale of the impact of COVID-19 on accounting record keeping.

Attached as Appendix 1 to the Report was the Integration Joint Board's detailed projected financial position for 2020/21. This showed that the overall projected financial position for Angus IJB for the year to March 2021 was for a breakeven position, after offsetting the cost of COVID-19.

Appendix 2 of the Report set out ongoing and emerging financial risks for the IJB. Many of the finance risks were IJB wide risks including future funding levels and the risks regarding future financial planning. The risk assessment reflected the longer-term financial issues associated with COVID-19, specifically the detrimental impact on the HSCP's progress with planned interventions. The IJB Audit Committee would continue to monitor the long-term financial governance issues but noting that progress over a few years had been limited. Appendix 4 to the Report provided a summary of the main issues.

In summary the estimated total cost of COVID-19 was £6.1m, after allowing for c£0.4m of Scottish Government funding allocated and received by the IJB and the ability to contain costs linked to services operating at reduced levels of spend and the redeployment of resources had supported the IJB to deliver a breakeven financial position.

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 managing the financial impacts of COVID-19, delivery of efficiencies alongside service redesign and modernisation, the IJB should be able to deliver to the local population on a sustainable basis.

The Chief Finance Officer provided a brief overview of the Report highlighting key areas of the Report, including, mental health resources, prescribing, large hospital set aside, increases in home care delivery, financial impact of COVID-19 and IJB Reserves. He proposed that recommendation (iii) (b) "support the proposed transfer of reserves to Angus Council" be deleted and replaced with the wording as detailed in Appendix 3 IJB Reserves which stated "to progress options to release these reserves back to its Partners".

In supporting the proposed change to recommendation (iii) (b), the Chair and Councillor Myles also commended the Chief Finance Officer and his team for still projecting the overall breakeven financial position to March 2021.

The Integration Joint Board agreed: -

- (i) to note the overall projected financial position of Angus IJB for 2020/21;
- (ii) to note the risks documented in the Financial Risk Assessment as detailed in Appendix 2 of the Report;
- (iii) that with regards to the Reserves, to note the update as detailed in Appendix 3 to the Report; and
  - (a) to approve the updating of the IJB's general reserve to reflect revised turnover;
  - (b) to progress options to release the described reserves back to its Partners;
  - (c) to support the creation of a Financial Planning Reserve (2021/22) should there be any relevant underspend within the IJB's year-end financial reporting;
- (iv) to note the issues documented in the Financial Governance as detailed in Appendix 4 of the Report.

## **7. THE IMPACT ON DEMOGRAPHIC CHANGE (OLDER PEOPLE'S SERVICES)**

With reference to Article 5 of the minute of meeting of this Board of 11 December 2019, there was submitted Report No IJB 3/21 by the Interim Chief Officer highlighting that the Angus Health and Social Care Partnership (AHSCP) were experiencing increased demand for services due to demographic change.

The Report indicated that there was a direct relationship between demographic changes, demand, capacity and cost. The Report reviewed how these factors were currently presenting in Older People's Services, projected demand and costs into the future, and considered the effect on service capacity.

Report IJB 77/19 provided an analysis of the impact of demographic and strategic change on demand for personal care. The planned number of personal care hours delivered in 2020/21 was now estimated to be c9,000 hours per week. This included up to 1,400 additional hours per week since April 2020. There were currently increased vacancies in care homes, creating a significant shift of care provided within our communities. There was now a projected annualised overspend of c£1.4 m on home care which was largely attributable to growth during 2020/21. The existing systematic gap between current budget and current spend levels were addressed in separate financial planning reports.

The aim of the Report was to provide the IJB with an illustration of the demand and financial challenges that required to be managed within the current strategic planning period.

Demographic change in relation to people aged over 65 would increase demand for services and required additional funding of c£1.05m per year during the current strategic plan. Over the next three years to the end of 2023/24, it was projected that an additional £3.15m would be required to address demographic growth in delivery of services for people aged over 65. A summary of the financial impact of change by service areas was outlined in Section 3 of the Report.

The Chief Finance Officer provided a brief update highlighting that aside from the democratic changes, during 2020/21 and as a result of the way services had been delivered, there had been a stepped change in service delivery which had created a significant shift in care within the Angus communities. He also provided an overview of some of the key areas of the Report.

The Head of Community Health and Care Services, South highlighted that the home care activity had accelerated quicker than anticipated and considered that these changes had also been driven by COVID-19, and was consistent with the Partnership's Strategic Plan's aim to maintain more people in the community and to use less hospital bed and care home provision. He thereafter provided an overview of Section 3.2 of the Report and highlighted the key areas of the Demand Management Action Plan, particularly highlighting the significant work undertaken in terms of the TEC – Technology Enabled Care workstream, as appended to the Report.

Councillor Bell requested detail on what work was being undertaken in the various life stages to promote and improve health earlier and highlighted the benefits of investing earlier in the process that would enable people to live long and healthy lives.

The Head of Community and Care Services, South confirmed that this had been the one area of the Strategic Plan that had been particularly adversely impacted as a result of COVID-19. He also highlighted that the Report focused on Older People's Services which had the largest area of growth but confirmed that there were other areas that also required to develop preventative services and not just older people's services. As part of the recovery plan, he intimated there would be a requirement to re-focus on the preventative and early intervention work and noted that this would be taken forward by the Strategic Planning Group.

The Clinical Director highlighted the impacts of COVID-19 on older people and expressed concern that there was a risk of regression. She also advised that prescribing costs had increased in the last 3-month period in 2020, and that there would be considerable work required to reverse the impact of COVID-19. She also referred to the Independent Living Angus webpage and the use of the LifeCurve assessment. She also highlighted the key valuable role of the AHPs in this area and suggested that there should be consideration of leadership roles around early intervention.

In response to Councillor Bell's in term of preventative measures, the Chief Finance Officer highlighted to members that agenda item 8, Report IJB 4/21 Angus IJB Strategic Financial Plan 2021/22 to 2023-24, Section 8.4 provided further background detail in relation to this particular area.

In noting that the key message contained in the Report was the increase in care at home, the Vice Chair intimated that she considered that there should have been more information in the Report relating to the partnership working with housing colleagues to ensure that homes were fully equipped, adapted and sustainable to manage individual's varying health needs and to promote a safe working environment for all. She requested that this information be provided in a future update report.

The Chair welcomed the Vice Chair's comments and echoed her request for an update report to be provided, and in response, the Head of Community Health and Care Services – North provided an update and confirmed that there were joint operational and strategic arrangements in place with housing but emphasised that this particular point had not been reflected within the Report but would be included in future reporting.

In response to the Vice Chair's comment regarding housing, equipment and adaptations, the Chief Finance Officer indicated he would review and reflect the background position and suggested that an update be provided in a future Finance Report.

The Integration Joint Board agreed: -

- (i) to note the contents of the Report.
- (ii) to note the current demand and estimated increased demand for services, the impact on the capacity and cost base;
- (iii) to approve consolidation of the information into the IJB's Strategic Financial Plan; and
- (iv) to support the work being undertaken to try to manage demand and the associated costs, noting the work was overseen by the Improvement and Change Board and progress reported in regular Strategic Planning updates to the IJB.

## **8. ANGUS IJB STRATEGIC FINANCIAL PLAN 2021/22 TO 2023/24**

With reference to Article 8 of the minute of meeting of this Board of 22 April 2020, there was submitted Report No IJB 4/21 by the Chief Finance Officer providing an update regarding the development of the Angus IJB Strategic Financial Plan for the period 2021/22 to 2023/24.

The Report indicated that as with the plan for 2020/21, Report IJB 15/20 refers, the Report mainly considered matters from a "business as usual" basis perspective and did not address some of the necessary refreshed strategic thinking resulting from COVID-19 experiences. Whilst the IJB continued to recognise it was not operating in a "normal" environment, this iteration of the plan did still seek to address some fundamental issues such as demographic pressures and funding constraints.

The Report set out the preliminary view of the IJBs financial plan for 2021/22 to 2023/24 and captured information regarding current financial performance, funding assumptions, cost pressures and planned interventions.

The IJB had reserves that could be called on to balance the plan in the short term. At April 2020, the IJB's contingency reserve was set at £4.5m (approximately 2.5% of turnover), which reflected the level of uncertainty previously foreseen. It was important to note that much of the possible long-term impacts of COVID-19 on the IJB were not addressed in the Report.

A summary of the IJB's financial planning position was outlined in the table contained in Section 12 of the Report and highlighted that the IJB were presenting a balanced budget for 2021/22 and 2022/23, but only after reliance on short term reserves to offset underlying underspends.

Beyond this, there were significant recurring shortfalls as previously projected. The position in 2021/22 was projected at being weaker than 2019/20 and 2020/21, excluding COVID-19, due to several factors, including increased demographic pressures and assumed inflationary funding being insufficient to meet inflationary pressures. The plan assumed the delivery of the £2m of savings in 2021/22.

Scottish Government non-recurring COVID-19 funding provided the IJB with an opportunity to support COVID-19 related spend in 2021/22.

In addition to the recommendations as outlined in Section 1 of the Report, the IJB were also required to advance the four key areas detailed in Section 12.2 of the Report.

The Report updated the Strategic Financial Plan in a way that it was intended to be consistent with an updated Strategic Commissioning Plan, noting the Strategic Commissioning Plan influenced the Strategic Financial Plan.

In referring to the extensive Report, the Chief Finance Officer provided an overview and highlighted the key areas. In terms of recommendation (i) of the Report which stated “to formally confirm approval of the proposed budget settlement with Angus Council as provisionally approved in Report IJB 91/21”, on reflection, he considered the recommendation was untimely and requested that this be removed from the recommendation section of the Report.

The Integration Joint Board agreed: -

- (i) to request the Chief Finance Officer to provide regular updates regarding the progress of the plan during 2021/22, including confirming delivery of Executive Management Team savings for Adult Social Care and Local Community Health Services by August 2021 IJB meeting;
- (ii) to recognise the risks associated with the overall Strategic Financial Plan and specifically the high-level risks associated with COVID-19;
- (iii) to recognise the organisational burden of progressing new developments and support the allocation of 10% of new funding streams to those burdens, where allowable;
- (iv) to note the forecast financial shortfalls over the duration of the 2021/22 to 2023/24 Strategic Financial Plan and request that the Strategic Planning Group (SPG) consider further options for change that would support the delivery of a balanced long term Strategic Financial Plan in line with the IJB’s Strategic Commissioning Plan; and
- (v) to approve the new Strategic Financial Plan for 2021/22 to 2023/24.

*Following intermittent internet connection issues, the Vice Chair took over the Chair’s role, during the following item.*

## **9. UPDATE ON ANGUS RESPONSE TO PROPOSALS FROM THE MINISTERIAL STRATEGIC GROUP**

With reference to Article 14 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 5/21 by the Interim Chief Officer providing an update on progress with the action plan developed following the Report from the Joint Ministerial Strategic Group (MSG); and delivering the action plan required the support from both NHS Tayside and Angus Council.

The Report indicated that good progress had been made in delivering the action plan highlighting that of the 57 actions set out in the MSG Action Plan, 6 remained to be completed, as outlined in Section 3 of the Report.

It was proposed that the MSG Action Plan be agreed as complete with most of the remaining actions being addressed through the development of the Integration Scheme and Memorandum of Understanding on support arrangements. An assessment of the effectiveness of the strategic planning process would be undertaken as part of the work to develop the next strategic plan.

The Principal Planning Officer provided an overview of the Report.

The Service User Representative commended the work of the Principal Planning Officer with the three Integration Joint Board and raised a point regarding the remaining six actions of the action plan. In response, the Principal Planning Officer provided an update.

Councillor Bell confirmed that the Audit Committee were in support of the proposed recommendation to review the outstanding MSG actions, The Chief Finance Officer also indicated that the Annual Governance Statement might address some of these outstanding actions.

The Integration Joint Board agreed: -

- (i) to note the progress made on delivering the action plan; and
- (ii) that the IJB Audit Committee would assume responsibility for reviewing the outstanding MSG actions.

## **10. INTEGRATION JOINT BOARDS RISK MANAGEMENT STRATEGY**

There was submitted Report No IJB 6/21 by Interim Chief Officer providing an update to members on the progress made to develop a joint Risk Management Strategy for NHS Tayside and all the IJBs in Tayside.

The Strategy demonstrated the commitments of the IJBs to provide a culture where the workforce was encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by the appropriate application of good risk management practice.

The Strategy's primary objectives were outlined in Section 2 of the Report.

The IJB currently monitored a series of corporate strategic risks using agreed methodologies. The risks monitored included service sustainability, financial management, prescribing management, performance management and workforce and capacity risks.

The Report and Appendix to the Report addressed several issues that were highlighted in a previous IJB Internal Audit from 2019 (Internal Audit AN05/20 refers).

The Chair intimated that in terms of a proposed future development event, she advised that there may be an opportunity for a Tayside-wide event to be arranged. The Interim Chief Officer indicated that she had made initial contact with Tayside colleagues to establish their views. Councillor Bell welcomed the proposal and fully supported a joint development event.

The Carer's Representative raised a question in terms of training, learning and development and in response an update was provided from the Head of Community Health and Care Services - South and the Clinical Director.

The Integration Joint Board agreed: -

- (i) to approve the Integration Joint Boards' Risk Management Strategy;
- (ii) to request the Interim Chief Officer to progress development of a local risk appetite for Angus IJB and bring back a final report regarding risk appetite to a future IJB;

- (iii) to approve the change in the template for IJB reports to include a risk section for all relevant reports;
- (iv) to note risk training for IJB Management and Board would be developed and delivered;
- (v) to note an Annual Risk Management Report had been submitted to the Audit Committee with the next report due in June 2021; and
- (vi) to support continuation of reporting risk management via the Audit Committee.

#### **11. DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting would take place on Wednesday 23 June 2021 at 2.00pm.

#### **12. 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, Paragraphs 1 and 3.

#### **13. ANGUS STROKE REHABILITATION**

There was submitted Report No IJB 7/21 by the Interim Chief Officer providing an update to the Board regarding the Stroke Rehabilitation Unit (SRU) in Angus.

The Interim Chief Officer, Clinical Director, Head of Community Health and Care Services – North, the Consultant and Clinical Lead in Medicine for the Elderly and the Consultant in Medicine for the Elderly and Stroke provided a detailed update.

The Head of Community Health and Care Services – North indicated that an update would be provided to a future IJB meeting, as appropriate.

Following discussion and having heard from a number of members, the Integration Joint Board agreed the recommendations as outlined in the Report.