

## Agenda Item No 3 (a)

MINUTE of MEETING of the **ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on Wednesday 25 August 2021 at 2.00pm.

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

EMMA-JANE WELLS, Non-Executive Board Member, NHS Tayside – Chair  
Councillor BOB MYLES, Angus Council - Vice Chair  
Councillor JULIE BELL, Angus Council  
Councillor LOIS SPEED, Angus Council  
PETER DAVIDSON, Non-Executive Board Member, NHS Tayside  
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  
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  
HAYLEY MEARNS, Third Sector Representative  
CHARLIE SINCLAIR, Associate Nurse Director  
GAIL SMITH, Chief Officer  
BARBARA TUCKER, Staff Representative, NHS Tayside

**Advisory Officers**

GEORGE BOWIE, Head of Community Health and Care Services, South AHSCP  
DAVID COULSON, Associate Director of Pharmacy, NHS Tayside  
JILLIAN GALLOWAY, Head of Community Health and Care Services, North AHSCP  
EMMA FLETCHER, Director of Public Health  
DAVID THOMPSON, Manager, Legal Team 1, Angus Council

EMMA-JANE WELLS, in the Chair.

Prior to the commencement of the meeting, the Chair in highlighting the increased COVID-19 cases across Scotland expressed her thanks to all the NHS staff, care workers, unpaid carers and third sector workers for their hardwork during these continued challenging times. She also confirmed that it was Charlie Sinclair, Associate Nurse Director's last IJB meeting and on behalf of the IJB, wished him well for the future. Congratulations were also extended to Gail Smith on her appointment as Chief Officer.

**1.       APOLOGIES**

There were no apologies intimated.

**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.

Peter Burke, Carer's Representative declared an interest in Items 9 and 10 (Report IJB41/21 and IJB 42/21) as the unpaid carer's representative on behalf of carers and indicated that he had no financial interest and would participate in any discussion during consideration of these items.

Councillor Speed declared an interest in Items 9 and 10 (Report Nos IJB 41/21 and IJB 42/21) as a carer and indicated that she had no financial interest and would participate in any discussion and voting during consideration of these items.

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

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

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 23 June 2021 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 23 June 2021 was submitted and noted.

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

The minute of meeting of the Angus Health and Social Care Integration Joint Board Audit Committee of 23 June 2021 was submitted and noted.

### **4. APPOINTMENTS**

#### **(a) APPOINTMENT OF CHIEF OFFICER**

With reference to Article 4 of the minute of meeting of this Board of 23 June 2021, there was submitted Report No IJB 35/21 by the Chief Finance Officer to advise of the appointment of the Chief Officer to the Integration Joint Board.

Having heard from the Chief Officer, the Integration Joint Board agreed to the note the appointment of Gail Smith as its Chief Officer.

#### **(b) APPOINTMENT OF BOARD MEMBER TO THE IJB AUDIT COMMITTEE**

With reference to Article 4 of the minute of meeting of this Board of 23 June 2021, there was submitted Report No IJB 36/21 by the Chief Officer to appoint a member of the Board to the Audit Committee.

Having heard from the Chief Finance Officer and also Councillor Bell, Chair of the IJB Audit Committee, the Integration Joint Board agreed to appoint Hayley Mearns, Third Sector Representative to the IJB Audit Committee.

*The Staff Representative, NHS Tayside joined the meeting during consideration of the following item.*

### **5. FINANCE REPORT – 2021/22**

With reference to Article 5 of the minute of meeting of this Board of 23 June 2021, there was submitted Report No IJB 37/21 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 2021/2022, the impact of COVID-19 on the IJB's financial position, an update on reserves, financial planning and financial risks.

Attached as Appendix 1 to the Report was the Integration Joint Board's detailed financial position for 2021/22. This showed that the overall projected financial position for Angus IJB for the year to March 2022 was an underspend of c£2.440m, post offset of the costs of COVID-19. Appendices 2, 3 and 4 of the Report set out the financial risk assessment 2021/22, the reserves position; and financial governance.

The Chief Finance Officer provided an overview of the key areas related to the underspend, unfilled vacancies, adult services, the position in terms the financial implications of the Carer's Act and the Planned Interventions update. He also responded to comments and questions from Councillors Myles and Bell and the Registered Medical Practitioner in relation to the high reserves position, progress in terms of the development of Large Hospital Set Aside arrangements and service spend trends.

The Integration Joint Board agreed: -

- (i) to note the overall projected financial position of Angus IJB for 2021/22;
- (ii) to note the risks documented in the Financial Risk Assessment as detailed in Appendix 2 of the Report;
- (iii) to support the proposed re-allocation of £672k of reserves from the IJB's Financial Planning Reserve (2020/21) to the IJB's Strategic Plan Reserve; and
- (iv) to note the update regarding governance issues.

## **6. COVID-19 RESPONSE**

With reference to Article 11 of the minute of meeting of this Board of 24 February 2021, there was submitted Report No IJB 38/21 by the Chief Officer providing an update on the Angus Health and Social Care Partnership (AHSCP) response to the COVID-19 pandemic, focusing on the activity undertaken and challenges faced since the last IJB report on 24 February 2021 (IJB 93/21).

The Report indicated that despite a number of fluctuations, the number of daily COVID-19 cases in Angus had significantly reduced during March to May 2021, had fluctuated in July but had now decreased to 17 as at 8 August 2021.

Progress with the remobilisation plan had been challenging throughout quarter one and the start of quarter two as a result of the third wave of the COVID-19 pandemic where services as described in Section 3 of the Report had continued to see increased pressures. Services had continued to take forward actions within the remobilisation implementation plan, where possible.

The Scottish Government in 2020/21 allocated specific COVID-19 funding (c£4.433m) to Angus with the allocation being carried forward via ring fenced reserves to support the continuation of COVID-19 costs in 2021/22 along with any new approved spend aligned to the IJB's COVID-19 remobilisation plan. The main areas of anticipated spend were outlined in Section 4 of the Report.

The demand on Angus HSCP to support the continued pandemic response and recovery continued to have a direct impact on capacity available to deliver actions within the Strategic Commissioning Plan.

The Heads of Community Health and Care Services – North and South provided informative overviews of the Report. The Chief Officer also provided an update in terms of the Flu Vaccination Programme which was expected to commence in September 2021 and that the guidance around the COVID-19 Booster was still awaited.

Following considerable discussion where a number of members raised comments and questions in relation to long COVID, increased delayed discharge, staff health and wellbeing including sickness absence trends, GP pressures, non-COVID vaccinated and personal care hours, and, in response the Chief Officer and Heads of Community Health and Care Services – North and South provided updates.

The Registered Medical Practitioner highlighted that the given that the pandemic situation was ongoing, and that winter was fast approaching, reiterated that there could be difficult and

challenging times ahead. In terms of the staffing position intimated that whilst there had been a delay in staff retiring, she was of the opinion, that this position might change in the near future.

The Staff Representative, Angus Council raised concerns related to staff morale and wellbeing and intimated that it would be beneficial for staff to have the opportunity to engage and seek support and suggested that a staff survey be considered. In response, the Head of Community Health and Care Services – North provided a background update in relation to staff wordles, staff partnership forums and iMatter, also highlighted that several surveys were produced at different times, therefore suggested that due consideration be given to the timings of any future surveys to maximise responses.

The Chief Officer commended the workforce and emphasised the importance that staff were supported and also encouraged to take annual leave. The Head of Community Health and Care Services – South thereafter took the opportunity to commend the care home staff who had continued to work throughout the pandemic and the challenging issues faced whilst working within the care home environments.

The Integration Joint Board agreed:-

- (i) to note the actions that had been advanced by the Angus Health and Social Care Partnership and key partners, in response to the COVID-19 pandemic, since the last COVID-19 update provided to the IJB on 24 February 2021; and
- (ii) to note and commend staff and key partners for their continued and sustained effort and commitment to continue to provide care to the people in Angus who rely on the Partnership's care and support, despite a number of challenges.

## **7. STRATEGIC PLANNING PROGRESS UPDATE**

With reference to Article 4 of the minute of meeting of this Board of 9 December 2020, there was submitted Report No IJB 39/21 by the Chief Officer providing an update Report on progress in a range of change programmes included in the Angus Care Model.

It was highlighted that the progress Report should be taken in context of the impact of the COVID-19 pandemic. Progress against planned timescales were delayed by around five months in the first phase of the pandemic and again, to a lesser extent, in the second phase, due to the demand on officers to prioritise COVID-19 work and the redeployment of staff.

Remobilisation and recovery were now active and efforts were focused firmly on resumption of normal business whilst factoring in any longer-term changes prompted by the pandemic, but still with a degree of COVID-19 related work, particularly in care homes and care at home.

Section 3 of the Report detailed the progress update in terms of the review of the Integration Scheme, Strategic Commissioning Plan, prevention and early intervention, workforce planning, procurement and the range of change programmes included in the Angus Care Model.

The Head of Community Health and Care Services, South AHSCP provided a summary of the key area of the Report and also highlighted that the objective of the change programme was to improve service provision across Angus.

The Chair welcomed the detailed Report, thereafter the Head of Community Health and Care Services, South responded to questions and comments from Councillors Bell, Myles and Speed, and the Clinical Director in relation to the Day Care Review including Kirrie Connections model, the need to focus on early intervention and prevention; supported housing including care packages and the age range of tenants.

The Integration Joint Board agreed: -

- (i) to note the content of the Strategic Planning update;

- (ii) to approve the recommendation of the Strategic Commissioning Plan (SPG) that the deadline for the completion of the new Strategic Commissioning Plan be reset for 31 March 2023, as per the Scottish Government's permission due to the impact of COVID-19; and
- (iii) to request a progress Report to the December 2021 IJB meeting.

## **8. ANGUS MENTAL HEALTH AND WELLBEING UPDATE**

With reference to Article 3(b) of the minute of meeting of this Board of 23 June 2021, there was submitted Report No IJB 40/21 by the Chief Officer providing an update in relation to Mental Health provision in Angus.

The Report indicated that within Angus a number of areas of work had been progressed to enhance the service provided and that the service had continued to work in partnership with all key stakeholders including service users and carers to inform the developments.

The main areas where there had been progress included: - Workforce; Angus Community Mental Health and Wellbeing Implementation Plan; Service Developments; Action 15 Update; Healthcare Improvement Scotland (HIS) Improvement Plan; Listen Learn Change Action Plan and Trust and Respect Progress Report 2021 as detailed in Section 3 of the Report.

In terms of the Tayside Mental Health Strategic Financial Plan, the Finance teams across NHS Tayside and the IJBs were beginning to progress work with Mental Health operational leads to develop high level strategic financial plans for Mental Health services.

Section 5 of the Report outlined the risks, highlighted that the decision regarding in patient Mental Health facility remained outstanding in relation to Seaton Grove, the Mulberry Unit and the multiple recording systems and duplicated reporting.

The Head of Community Health and Care Services, North highlighted a number of the key areas of the Report including Angus Mental Health and Wellbeing Network (AMHWN), the increase in workforce to cover a variety of roles, some of which were funded from Action 15, Listen Learn Change Action Plan, the Trust and Respect Progress Report 2021 and Seaton Grove.

The Chair highlighted the positive progress made, and in terms of accessing mental health services requested that there be renewed focus going forward around new methods of engagement. The Head of Community Health and Care Services, North, confirmed that a variety of backgrounds were involved in the Angus Mental Health and Wellbeing Network and emphasised that there would be continued learning around how to engage in different ways to interact, engage and target certain age groups.

Councillor Bell raised in terms of Dr Strang's Trust and Respect Progress Report that it had stated that all three IJB's had approved the Living Life Well Strategy and emphasised that Angus IJB had noted the Strategy.

The Chief Officer and Head of Community Health and Care Services, North, in response, provided an update to Councillor Bell's question related to the former Mulberry Unit.

An update on the Social Prescribers position was provided by the Third Sector Representative.

The Integration Joint Board agreed:-

- (i) to note progress to date;
- (ii) to request that the implementation plan be brought back to the Angus IJB in October 2021;
- (iii) to note the risks detailed in the Report; and

- (iv) to note the financial framework to support the Living Life Well Strategy remained outstanding.

## **9. 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 41/21 by the Chief Officer providing an update on the current position in relation to the implementation of Physical Disability priority improvements.

The Report indicated that the finalised Physical Disability improvement plan and corresponding three-year action plan addressed the current challenges faced by the service and aimed to implement efficient and sustainable actions in response to inflationary and demographic challenges, that would deliver sustainable services into the future within available resources.

The priority action areas to be addressed by the Physical Disability improvement had been informed by engagement feedback from services users, local people and stakeholders. Aside from the significant and recurring overspend with the service, the Physical Disability priority improvement plan was focussed on actions to mitigate the current and future challenges that the service faced.

An action plan had been developed which identified potential areas where savings could be achieved, as outlined in Appendix 2 to the Report.

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

Councillor Bell requested that further consideration be given to reviewing the terminology around low-cost and high-cost care packages.

Councillor Speed also raised concerns in terms of the engagement process particularly related to the lack of service user and carers feedback, increased service demands and although addressed in the Report, that there was no respite provision for under 65s in Angus.

The Carer's Representative and the Staff Representative, Angus Council also raised questions, particularly related to providing an assurance that carers would not be disadvantaged and also in terms of the Glenloch Centre review. In response to members questions, the Head of Community Health and Care Services – South provided an update and in referring to Section 6.3 of the Report also provided an assurance that carers would continue to be supported.

The Service Manager, AHSCP provided an update in terms of the Engagement process and Glenloch Centre Review.

Thereafter having heard from the Head of Community Health and Care Services – South, he requested that in terms of recommendation (v) of the Report, that this be amended to read "note" instead of "approves" as detailed in the Report.

The Integration Joint Board agreed:-

- (i) to note the current priorities and outcome of the public consultation;
- (ii) to approve the final version of the plan as outlined in Appendix 1 to the Report;
- (iii) to approve the action plan, as outlined in Appendix 2 to the Report;
- (iv) to request an interim Report to the IJB in February 2022; and
- (v) to note the continued funding for the dedicated Senior Planning Officer resource.

## **10. 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 42/21 by the Chief Officer providing an update on the current position in relation to the implementation of the Learning Disability priority improvements.

The Report indicated that the first Learning Disability service improvement plan 2017-20 had included progressing the replacement of the Gables Care Home with a supported housing development. Section 3 of the Report provided an update in terms of the replacement of the Gables Care Home highlighting that it was now anticipated that the work would commence on site in early 202, with works expected to take 12 months to complete.

The finalised Learning Disability improvement plan and corresponding three-year action plan addressed the current challenges faced by the service and aimed to implement efficient and sustainable actions in response to inflationary and demographic challenges that would deliver sustainable services into the future within available resources.

The priority action areas to be addressed by the Learning Disability improvement had been informed by engagement feedback from services users, carers, local people and stakeholders.

The service had received one off funding of £392k from the Scottish Government through the Community Living Change Fund which had been used to redesign services, reduce delayed discharges, and repatriate those living in out of area placements.

An action plan had been developed which identified potential areas where savings could be achieved, as outlined in Appendix 2 to the Report.

The Head of Community Health and Care Services – South provided a brief overview of the Report. In response to the Carer's Representative's point in relation to carers ages and anticipatory care plans, the Service Manager, AHSCP provided an update.

In reference to the earlier discussion in relation to the previous agenda item 9, Report IJB 41/21 refers, the Head of Community Health and Care Services – South requested that in terms of recommendation (v) of the Report, that this be amended to read "note" instead of "approve" as detailed in the Report.

Having also heard from the Chief Finance Officer, the Integration Joint Board agreed:-

- (i) to note the current priorities and outcome of the public consultation;
- (ii) to approve the final version of the plan as outlined in Appendix 1 to the Report;
- (iii) to approve the action plan as outlined in Appendix 2 to the Report;
- (iv) to request an interim report to the IJB in February 2022; and
- (v) to note the continued funding for the dedicated Development Officer resource.

## **11. ANGUS IJB AUDIT COMMITTEE ANNUAL REPORT 2020/21**

With reference to Article 10 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 43/21 by the Chief Finance Officer providing the fourth Annual Report by the Angus IJB Audit Committee to the Angus IJB that summarised the work of the IJB Audit Committee during the year 2020/21.

Section 3 of the Report outlined the Reports considered by the IJB Audit Committee from June 2020 to June 2021.

In summary, the work of the IJB Audit Committee reflected the remit of the IJB Audit Committee and the annual cycle of governance reviews and reporting. Going forward, the Committee

would continue to fulfil its current remit and would also consider reviewing that remit in due course alongside the wider governance arrangement of the IJB. The Committee would also seek to fill the existing membership vacancies and to support members with appropriate training opportunities.

The Chief Finance Officer and Councillor Bell, Chair of the IJB Audit Committee both commended the work and input provided by members, officers and also the IJB's Internal and External Auditors.

The Integration Joint Board agreed:-

- (i) to note the Annual Report of the IJB Audit Committee for the year 2020/21;
- (ii) to acknowledge the input provided to the IJB Audit Committee from IJB Audit Committee members, and those supporting the IJB Audit Committee including Angus Council Legal and Democratic Services and the IJB's Internal and External Auditors; and
- (iii) to note that the three-yearly review of IJB Audit Committee membership was due in October 2021.

*Councillor Speed left the meeting.*

## **12. ANGUS IJB PARTNERSHIP WORKING**

With reference to Article 8 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 44/21 by the Chief Officer informing members regarding a range of statutory and/or formally remitted groups that Angus IJB members, officers and staff were routinely working with in order to meet its duties and health and social care responsibilities.

The Report indicated that the Angus Health and Social Care Partnership worked in conjunction with other agencies within Angus and across Tayside on a regular basis to ensure that services were provided in a fit and proper way. Working Groups, many of which involved collaborative workings with other agencies, with many of these groups having an operational focus whilst others had a governance role.

It was intended that an annual update would be provided on the main groups that fulfilled a governance role but were not directly under the management of the Health and Social Care Partnership.

The Head of Community Health and Care Services, North provided a brief overview of the Report and confirmed that future reports would contain the relevant information in relation to Unscheduled Care Board, Planned Care Board and Operational Leadership Team. The Chief Social Work Officer raised that AHSCP colleagues also contributed to the protection of people arrangements relating to the Angus Adult and Child Protection Committees.

The Integration Joint Board agreed to note the contents of the Report and the associated Appendix to the Report.

## **13. WORKFORCE PLAN ANNUAL UPDATE**

With reference to Article 12 of the minute of meeting of this Board of 26 August 2020, there was submitted Report No IJB 45/21 by the Chief Officer presenting the progress of the Angus HSCP Workforce Plan.

The Report indicated that the Scottish Government required that all Health and Social Care Partnerships were to submit a Workforce Plan by 31 March 2022 and that work was in progress to develop the Plan. Noting that NHS Tayside were also required to produce a Corporate Workforce Plan, and as part of that development, Angus HSCP were requested to contribute and submit the Angus HSCP Workforce plan, for consideration by the NHS Tayside review body.



The current Workforce Implementation Action Plan detailed six recommended actions for completion by August 2021, some of which had been delayed as a result of the pandemic and were outlined in further detail in the Appendix to the Report.

Financial implications would arise from many of the changes that would be identified in the workforce plan, but that these would require to be informed by a realistic understanding of the available resource envelope described in the Strategic Financial Plan.

There were significant risks to the business of Angus HSCP should insufficient staff be available in operations, or should staff not be suitably skilled, trained or qualified. Each programme of change required a risk assessment.

The Head of Community Health and Care Services, South highlighted the challenge faced in obtaining the workforce data, also the ongoing issues with an ageing workforce and challenges around succession planning and the financial implications arising from the changes which would be identified in the workforce plan. Highlighting the importance of communication and engagement he confirmed that Staff Representatives would be kept fully informed.

The Chief Officer and Associate Nurse Director thereafter commended the Head of Community Health and Care Services, South and his team on the significant work undertaken to bring forward an early version of the plan, highlighting that the Workforce Plan was not due to be submitted to the Scottish Government until March 2022.

The Integration Joint Board agreed:-

- (i) to note the contents of the Report and the recent developments regarding workforce planning;
- (ii) to approve the governance route for the Angus HSCP Workforce Plan, as proposed; and
- (iii) to note that workforce elements would be included in the regular Strategic Planning Progress Reports submitted to the IJB.

*The Carer's Representative left the meeting during consideration of the following item.*

#### **14. ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVIEW**

With reference to Article 13 of the minute of meeting of this Board of 21 April 2021, there was submitted Report No IJB 46/21 by the Chief Officer advising that following the review of hyperacute and acute stroke care pathway Angus and Dundee Health and Social Care Partnerships (HSCP), as part of their respective redesign programmes of work, embarked on a review of the community stroke rehabilitation models of care.

The Report indicated that hyperacute and acute stroke care pathways in Tayside were reviewed and reorganised in 2019 and were now delivering improved acute care for people who previously had a stroke, including delivery of thrombolysis and thrombectomy. There was now the need to review the stroke rehabilitation pathways to ensure that those patients received evidence based, high quality and modern rehabilitation in order to maximise the chance of making the best recovery possible.

The aim of the review was to ensure delivery of person-centred specialist stroke rehabilitation and ongoing support provided by specialist clinical staff, also supported by third sector partners rather than a service centred approach, providing the ability to reinvest specialist stroke services in the community. Within the new pathway it was proposed the care would be delivered at home where clinically possible.

Stroke rehabilitation services must be resilient, equitable and sustainable for the future.

The Report indicated that it was not possible to provide specialist in-patient stroke rehabilitation within two separate units and provide the level of home-based specialist rehabilitation that clinical standards recommend. A number of people were currently receiving in-patient stroke rehabilitation who could be receiving the support at home should the resources be realigned.

An options appraisal was undertaken by members of the multi professional project group, with six options identified. Following the scoring process and based on all the information available it was agreed that Royal Victoria Hospital (RVH) presented the best opportunity to provide the in-patient element required for stroke rehabilitation and the ability to reinvest in community-based services.

Section 6 of the Report outlined the risk around the current agreement which was due to cease on 31 August 2021.

The Head of Community Health and Care Services – North commended all those involved in the work related to the review process and thereafter provided a summarised overview of the key areas of the Report highlighting that persons with lived experiences had been involved at the onset of the review, the preferred option; and the outlined risk detailed in the Report.

Dr Ian Logan, Consultant and Clinical Lead in Medicine for the Elderly emphasised that the preferred option was the best option that would provide an opportunity for the development of a service that should be delivered in Tayside. By consolidating the two services, this would allow resources to be re-invested back into the community to make a difference on how community-based rehabilitation could be delivered in Angus. He recognised and commended the work provided by the teams working in stroke units in Tayside and raised the issues around the provision of sufficient rehabilitation and the inability to provide the recommended levels of rehabilitation. In highlighting the significant challenges going forward, he indicated that by providing a sustainable service, this would not only meet inpatient rehabilitation needs but would also provide an opportunity to develop a model that took rehabilitation into patients' homes and in turn, allowed them to return home earlier.

In echoing the earlier comments, Morag Hambleton, AHP, Service Manager, highlighted the importance of listening to patients' voices, and confirmed that these voices had been an integral part of the work undertaken, also advised that it had been clearly articulated for care to be provided as soon as it was safe to do so, at home, but to a standard quality and intensity required that would allow for a transition back to a fulfilled life.

Sally Wilson, Integration Improvement Manager, advised at the onset of the review, the Partnership had liaised with Healthcare Improvement Scotland in terms of guidance around the proposed communication and engagement process and also Stroke Association Scotland, highlighting that they had been integral in a number of decisions taken and in the development of the proposals, were involved in the options appraisal and had also provided a statement of support to the proposed pathway. Considerable work had been undertaken with persons who had a lived experience of stroke and that it was clear that an early return to home was the preferred option.

She thereafter provided an overview of the communication and engagement process activities, and also confirmed that there had been engagement with the North East locality, as the locality that would be most impacted, and highlighted that whilst there had been concerns raised in terms of travel, they were supportive of the proposals.

The Chair highlighted the comprehensive Report had provided assurances and that further assurances had also been provided in relation to the level of engagement activities. She also conveyed her gratitude for the clinical support and representation provided today.

Having heard from Councillor Myles who highlighted that whilst concurring with the proposal for a home-based service for mild and moderate stroke cases, he raised some concerns related to serious stroke cases and questioned the feasibility of retaining one or two beds within Stracathro, and also raised a query related to the South Aberdeenshire cluster including travel arrangements. Councillor Bell raised questions in relation to workforce capacity, training, home

based and personal care pressures and research around the motivational benefits in a hospital against a home environment. In response, the Clinical Lead in Medicine for the Elderly and also the Head of Community Health and Care Services, North provided a detailed and informative update, and in going forward with the proposals highlighted there would be an opportunity to further consider and explore a community-based rehabilitation service within Stracathro, not an inpatient unit, but more a support to the community-based approach and also incorporated into the proposed implementation plan.

Following a question from the Registered Medical Practitioner, the Head of Community Health and Care Services – North in consultation with the AHP, Service Manager, advised that there was a separate review ongoing in relation to acquired brain injury.

The Chief Officer thereafter reflected on her own work and personal experiences around strokes and indicated that it would be an excellent opportunity to progress the delivery of the home-based service, however raised concerns that it would be the nursing staff that would require to support the proposal, 23 hours a day. She emphasised that at the onset, it was paramount that the correct model and support at home was in place. Also highlighted that persons do better within their home environment when supported by their family and friends. Noting, a plan was in place to progress the need for additional staff and in addition, confirmed there were ongoing discussions with both Angus Council and ANGUSALive in terms of opportunities going forward to support the proposal.

In addition, re-iterated that the proposal was not about saving money but was about providing the right care for people.

The AHP, Service Manager by way of providing assurances confirmed that there was a cohort of staff working within Angus who had specific stroke rehabilitation experience and had also been involved in the care of patient within the stroke unit. She also confirmed there would be opportunities to enhance the skill set and knowledge to provide continuity of care; and also provided an update to Councillor Bell's question in relation to the motivational benefits of home-based rehabilitation.

The Head of Community Health and Care Services, North confirmed that in terms of the implementation plan there would require to be engagement with housing and social work colleagues and also in terms of transport links. A workforce plan would also be developed should the proposals be supported.

The Integration Joint Board agreed: -

- (i) to note the work to date to progress the development of stroke rehabilitation pathway review;
- (ii) to support and approve the preferred model of care.
- (iii) to note an implementation plan would be developed and progress monitored by Angus HSCP Executive Management Team; and
- (iv) that an update Report would be presented to the IJB in February 2022.

## **15. DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting would take place on Wednesday 27 October 2021 at 2.00pm.