

MINUTE of MEETING of the **ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on Wednesday 20 June 2022 at 2.00pm.

Present: Voting Members of Integration Joint Board

EMMA-JANE WELLS, Non-Executive Board Member, NHS Tayside – Chair
Councillor JULIE BELL, Angus Council – Vice Chair
PETER DAVIDSON, Non-Executive Board Member, NHS Tayside
PETER DRURY, Non-Executive Board Member, NHS Tayside
Councillor GEORGE MEECHAN, Angus Council
Councillor LOIS SPEED, Angus Council

Non Voting Members of Integration Joint Board

GAIL SMITH, Chief Officer
SANDY BERRY, Chief Finance Officer
CHRIS BOYLE, Staff Representative, Angus Council
PETER BURKE, Carer's Representative
ALISON CLEMENT, Clinical Director
SARAH DICKIE, Nurse Director
ELAINE HENRY, Registered Medical Practitioner
ANDREW JACK, Service User Representative
KATHRYN LINDSAY, Chief Social Work Officer
BARBARA TUCKER, Staff Representative, NHS Tayside
NICKY WORRALL, Independent Sector Representative

Advisory Officers

GEORGE BOWIE, Head of Community Health and Care Services, AHSCP
DAVID COULSON, Director of Pharmacy, NHS Tayside
JILLIAN GALLOWAY, Head of Community Health and Care Services, AHSCP
EUNICE MCLENNAN, Head of Community Health and Care Services, AHSCP
LEWIS SHAND, Team Leader, Legal Team 1, Angus Council

EMMA-JANE WELLS, in the Chair.

1. APOLOGIES

Apologies for absence were intimated on behalf of Dr Emma Fletcher, Director of Public Health, NHS Tayside and Hayley Mearns, Third Sector Representative.

2. DECLARATIONS OF INTEREST

There were no declarations of interest made.

3. APPOINTMENTS

With reference to Article 4 of the minute of meeting of this Board of 23 February 2022, there was submitted Report No IJB 31/22 by the Chief Officer advising the voting members nominated by Angus Council to the Integration Joint Board, also the nominated Proxy Members for both Angus Council and NHS Tayside, and to appoint a member of the Board to the IJB Audit Committee, all in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

The Report indicated that the IJB were legally obliged to appoint members and the recommendations contained within the Report would enable the IJB to discharge the legal obligations incumbent upon it in terms of its membership.

The Integration Joint Board agreed:-

- (i) to note the appointment by Angus Council of Councillors Julie Bell, George Meechan and Lois Speed to the IJB with Councillors Chris Beattie and Kenny Braes appointed as proxy members;
- (ii) note the appointment by NHS Tayside of Professor Graeme Martin and Donald McPherson as proxy members;
- (iii) note the appointment of Councillor Julie Bell as Vice Chair to the IJB; and
- (iv) to appoint Councillor George Meechan as the voting Angus Council IJB member to the IJB's Audit Committee.

4. MINUTES INCLUDING ACTION LOG

(a) PREVIOUS MEETING

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 20 April 2022 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 20 April 2022 was submitted.

Having heard from the Chief Officer, the Integration Joint Board noted the update provided and also the Action Log of 20 April 2022.

(c) SPECIAL MEETING

The minute of Special meeting of the Angus Health and Social Care Integration Joint Board of 4 May 2022 was submitted and approved as a correct record.

At this stage in the meeting, the Chief Finance Officer intimated that Andrew Jack, Service User Representative had been appointed as the Chair of the IJB Audit Committee earlier today and following the appointment of Councillor Meechan, the IJB Audit Committee membership was now fully complemented.

5. DEPUTATION REQUEST

The Board noted that a deputation request had been received from Mr Grahame Lockhart in relation to Agenda Item 6.

The deputation representing residents and their families at St Drostan's Court, Brechin requested permission to speak to the Supported Accommodation Review Options Paper and Feedback Form and stated " We ask that the Integration Board act in favour of Option 2 – Proceed with current model – limited staff, which met the care and support needs of the residents and would not incur additional costs as this was the current model".

The Board unanimously agreed to hear the deputation request.

The Chair welcomed both Mr Lockhart and Ms McIntosh to the meeting.

Mr Lockhart thanked members for the opportunity to address the Board in support of the Supported Accommodation Review and urged the Board to support Option 2- Proceed with current model – limited staff, highlighting that the quality of life for the residents at St Drostan's Court was paramount and that this option provided the correct balance between care and finance.

He highlighted the wide range of ages and abilities of residents and their desire to be independent with some additional support and assistance but did not require constant care. Residents benefited from the support provided by the on-site staff team to allow them to live independently and enjoy a good quality of life.

Mr Lockhart and Ms McIntosh highlighted a number of examples of personal care and support that was provided to resident family members. Fundamental to the care received, highlighted the important factors including continuity, flexibility and peace of mind, emphasising that the on-site staff were available 24/7, also that a familiar face was just a cord pull away at any time.

He also referred to the vacancies at St Drostan's Court, thereafter both Mr Lockhart and Ms McIntosh advised that they were not aware of the existence of St Drostan's Court until around two years ago.

In referring to the private care provided to some residents, he intimated that on-site staff provided support and assistance when private care providers were not in attendance, and in terms of Option 3 should that be the preferred option, emphasised that residents quality of life would be diminished with the loss of care provided by the on-site staff. He also provided detail regarding the private care arrangements and the issues around limited flexibility.

He also raised a point regarding the introduction of the medication administration pilot at St Drostan's Court, given that the decision still required to be taken today. The pilot was not a cord pull away or a familiar face for the residents and questioned what if the pilot failed? The proposals in the Report did not give peace of mind to residents and families and raised concern regarding potential communication and time constraint issues that may impact on residents health with continuity, flexibility and peace of mind further compromised. Also raised that Option 3 in terms of the provision of private care highlighted some critical points for residents quality of life in regards to picking up the signs of social isolation, loneliness, chest and urine infection symptoms and the potential stressful situation faced by residents awaiting the administration of unplanned medication.

He referred to recent communication issued to the IJB voting members where he had raised concerns regarding the consultation process and findings and the lack of content around the financial figures outlined in the Report. Further concerns were raised in respect of Appendix 5 which had stated that approval had been received from IJB on 22 June and emphasised that this was presumptuous and raised the question that it was a "done deal".

With regards to Option 3 he intimated that this was the easiest option for savings but this option diminished residents quality of life, and in terms of Option 2 should this be approved, highlighted a number of efficiencies that may be achieved to correct the balance of care. Option 2 was the accepted model and the only way forward for St Drostan's Court.

In conclusion, he emphasised that the residents at St Drostan's Court were some of the most vulnerable people in our society and that the decision was about quality of life for those vulnerable people in Angus.

There being no questions, Mr Lockhart and Ms McIntosh were thanked for their deputation and as per Standing Order 12.4, withdrew from the meeting.

6. SUPPORTED ACCOMMODATION REVIEW

There was submitted Report No IJB 32/22 by the Chief Officer advising that in 2019, the Angus Health and Social Care Partnership had planned to move to a model of providing full personal care and support in the supported housing complexes at St Drostan's Court, Brechin, and Provost Johnston Road, Montrose, as an inhouse, on-site provider.

The Report indicated that the approach was based on predicting a continued high number of older people in these two complexes. In the last eighteen months, however, the balance of provision in the supported housing complexes had changed with more tenants having learning or physical disabilities and fewer older people. People with learning or physical disabilities

usually had well-established care packages provided by external providers and did not wish to change their provider when they entered their tenancies. This had meant that the inhouse, on-site model was no longer viable as the housing complexes did not have enough older people to make the model work, both financially, and in terms of ensuring that staff were effectively utilised.

A review of the on-site model of support at St Drostans Court, Brechin and Provost Johnston Road, Montrose was concluded in 2019, with the outcome being for the model to be changed to enable the inhouse, onsite staff to provide personal care. Kinloch Care already operated a concierge model which tenants did not wish to change, and which worked effectively.

George Bowie, Head of Community Health and Care Services acknowledged the points raised by the deputation in terms of vacancies, and by way of providing an assurance, also emphasised that the review was not a “done deal” as the decision had not yet been taken by IJB. He highlighted the key tension areas related to individual against collective provision including Self Directed Support (SDS), findings from the consultation including feedback, care model and financial sustainability.

He provided a brief overview of the Report highlighting that the balance of provision in both complexes had changed and as a result advised that the in house on-site model was no longer sustainable financially, and in terms of staff utilisation. Taking into consideration best value and the financial implications, Option 3 would meet the proposed savings target of £100k and emphasised that should this not be approved, alternative saving measures would require to be considered to address the shortfall.

Thereafter, Jillian Richmond, Service Leader, AHSCP provided a detailed and informative background to the Report of the supported housing at St Drostans Court and Provost Johnston Road, the changes in housing protocol, the update following the review undertaken in 2019; changes in type and age of tenants taking up tenancy and as a result tenants choosing to opt for care packages from external providers. She also provide a breakdown in terms of the current staff hours available and care being delivered at both complexes, and in reference to the consultation feedback highlighted that staff continued to work in an unstable environment and had done so over the last 10 years.

In responding to Mr Lockhart’s point regarding the medication administration pilot, she confirmed that the pilot and other areas of work had been included in the workplan to review and progress for some time, and detailed the next steps should the option be agreed and that day time medication would be administered by care providers or District Nursing service and that planned/unplanned medication support would be provided by the Community Alarm team.

Following lengthy discussion, a number of comments and questions were raised by the Chair, the Registered Medical Practitioner, Nurse Director, Carer’s Representative and Councillors Bell, Meechan and Speed in relation to the care package hours, unplanned medication aspects, social isolation and loneliness, staffing and volunteer role, consultation, best value and person centred planning and ensuring that carers were equal partners in care; medication administration pilot process; consultation findings and feedback and figures.

The Service Leader, in response, highlighted that there were number of areas to be progressed however progress was dependent on the decision being taken by the IJB. She emphasised that the welfare of tenants was paramount and the importance of a planned and phased approach being taken. Thereafter, provided clarity regarding the consultation and engagement process, findings and feedback, staff, and the measures in place to provide support and security to tenants including services, particularly related to medication administration, and activities provided and also to be further explored, post today’s decision.

The Staff Representative, Angus Council raised concerns in terms of risk (c) outlined in Section 6 of the Report, particularly related to the lack of substantive future information, also in reference to the deputation’s comments related to the lack of awareness, information and existence of St Drostan’s Court; clarity regarding staff redeployment numbers and importantly the need for staff to have a stable working environment given the number of reviews that have

been undertaken over the years. He also confirmed that Unison Angus had submitted a response to the consultation, to confirm support for the current model to continue and full service to remain.

Thereafter, the Service Leader provided further detail regarding the pattern and choices around SDS, and the process and procedures between the Partnership and the Council's Housing division related to the assessment needs and allocation of tenancy in regards to both complexes at St Drostan's Court and Provost Johnston Road. Since the time of writing the Report, confirmed that the redeployment of staff numbers had changed with one member of staff requiring to be redeployed; also acknowledged the importance of stabilising and future proofing a model to prevent another review in the near future. She also highlighted that the Kinloch Court concierge model worked well and met the needs of tenants and would be a transferrable model. In referring to the excellent staff groups in both complexes, it was expected that the majority of staff would be retained and fully utilised, should Option 3 be the preferred option.

Councillor Speed acknowledged the value of hearing from services users' families in terms of their lived experience and in reference to the Staff Representative's comments related to not having enough evidence available around projected demand, intimated that in her opinion, it would not be appropriate to move forward with the proposals as detailed in the Report, at this time.

In highlighting the pressures and capacity on care providers providing support services, she also raised concerns around the barriers faced by older people and people with a disability and questioned whether they had been able to successfully operate and navigate the housing system in order to opt for supported accommodation at St Drostan's Court and Provost Johnston Road.

In response, the Service Leader provided an update and outlined the process and procedure undertaken for allocation of supported housing.

Councillor Speed sought further clarity regarding the process for administering medication including efficiencies and need for quality of care at the right time. George Bowie intimated that the type of medication administered was very low level, and in response to Councillor Speed's concerns regarding service user's navigating the housing system, confirmed that should a service user not have capacity, it would be the responsibility of their legal guardian to process and considered there to be no areas of concerns in this particular area.

The Chair, in noting members comments and concerns, intimated that she had been reassured during the debate around the alternative arrangements in place for medication administration and in highlighting the importance of stabilising the current position, intimated her support to progress with Option 3.

Councillor Speed in taking account of the deputation received earlier today, intimated she was supportive of the status quo position of Option 2.

Peter Davidson and Peter Drury, both Non-Executive Board Members, and Councillors Meechan and Bell intimated support to progress with Option 3 and also heard from Councillor Bell who requested a progress report to be brought forward to an IJB meeting in the near future.

In acknowledging the lengthy debate, the Chief Officer took on board members comments for further information to be included in future reporting and also agreed to provide a progress update to a future IJB.

Thereafter, the Integration Joint Board agreed: -

- (i) to note the contents of the Report;
- (ii) to note the options appraisal and consultation responses;

- (iii) to progress with Option 3, to revert to a concierge only service at St Drostan's Court, Brechin and Provost Johnston Road, Montrose;
- (iv) to note that the start date would depend on an alternative arrangement being in place for medication administration;
- (v) to delegate the decision to proceed following the aforementioned arrangement being in place to the Chief Officer;
- (vi) to approve the Direction, as attached at Appendix 5 of the Report and instruct the Chief Officer to issue the Direction to Angus Council; and
- (vii) to provide a progress update to the IJB meeting in the near future.

7. REVIEW OF STANDING ORDERS

With reference to Article 6 of the minute of meeting of this Board of 23 February 2022, there was submitted Report No IJB 33/22 by the Chief Officer setting out the proposed updates to the IJB's Standing Orders.

The Report indicated that the purpose of the Report was to consider the outcome of the review of the Board's Standing Orders and to recommend the adoption of the amended Standing Orders as detailed in Appendix 2 to the Report. Section 3 of the Report outlined the substantive changes to the Board's Standing Orders.

Councillors Speed and Meechan raised questions in terms of Standing Orders 12 and 16, in relation to the 48 hour timeline and impact of late reports, and in response, the Chief Finance Officer, Committee Officer and the Team Leader – Legal Team 1 provided an update.

Thereafter the Team Leader – Legal Team 1 confirmed that he would review Standing Orders 12 and 16 in order to provide further clarity related to the 48 hour time limit and public holidays and highlighted a minor change to Standing Order 4.5 which should have referred to Standing Order 8 and not "10" as detailed in the Appendices to the Report.

Having heard from the Chair, the Integration Joint Board agreed to adopt the revised Standing Orders subject to the amendments discussed.

8. STRATEGIC PLANNING UPDATE

With reference to Article 5 of the minute of meeting of this Board of 8 December 2021, there was submitted Report No IJB 34/22 by the Chief Officer providing an update on progress in a range of change programmes as part of the Angus Care Model.

The Report indicated there was still a degree of remaining COVID-19 related work, especially in care homes and care at home, noting also that the pandemic had disrupted some planned programme work and a number of projects were still behind schedule.

Section 3 of the Report detailed the progress update of a number of key programme areas including the Strategic Commissioning Plan, Angus Integration Scheme, Care Home Review, Homeless Supported Accommodation Review, Redesign of Stroke Rehabilitation Pathway, Medicine for the Elderly In-patient Review and Urgent Care Review.

A number of projects were running behind schedule or were at risk of not being delivered in accordance with the IJB's Strategic Financial Plan and placed an increased burden on the IJB as the IJB's Financial Plan had significant deficits inherent in it by 2023/24. The main risks to the successful completion of the change programme were detailed in Section 6 of the Report.

George Bowie provided an informative overview of the main areas and update on change programmes as detailed in the Report. In outlining the timeline for the new Strategic Plan, he

intimated that the final plan would require to be approved by the IJB before 31 March 2023, with the potential that a Special Meeting of the IJB may be necessary.

The Chief Officer also provided an update on the progress of the Integration Scheme following approval at the Council's Policy and Resources Committee.

Jillian Galloway, Head of Community Health and Care Services gave a brief summary of the Urgent Care Review programme.

Thereafter, Eunice McLennan, Head of Community Health and Care Services confirmed that progress updates related to the Redesign of Stroke Rehabilitation Pathway and Medicine for the Elderly In-Patient Review would be brought forward to the next meeting of the IJB in August 2022.

Councillor Bell referred to the prevention and early intervention aspects including future service demands, and raised concern regarding progress related to the replacement of the Gables Care Home. George Bowie in providing a response also advised that a timeline update regarding the Gables Care Home would be provided to members in due course.

The Integration Joint Board agreed:-

- (i) to note the content of the Report; and
- (ii) to note the progress made in delivering on the strategic priorities through the Angus Care Model.

At this stage, the meeting was adjourned for a short comfort break.

The meeting resumed at 15.58pm.

9. FINANCE REPORT 2021/22

With reference to Article 7 of the minute of meeting of this Board of 20 April 2022, there was submitted Report No IJB 35/22 by the Chief Finance Officer providing an update on the financial position at the end of the financial year 2021/22, an update on the impact of COVID-19 on the IJB's financial position, and an update on reserves, financial risks and financial governance.

Appendix 1 to the Report detailed the projected financial position for 2021/22. This showed that the overall projected management position for Angus IJB for the year to March 2022 was an underspend of c£3.890m, after allowing the costs of COVID-19. Appendices 1 to 3 of the Report set out the financial monitoring report 2021/22; IJB reserves 2021/22 and financial governance.

The Chief Finance Officer highlighted a number of key areas of the Report including the financial impact of COVID and progress with the Strategic Financial Plan. An update was also provided in terms of the 2021/22 Annual Internal Audit Report, Angus IJB's Annual Governance Statement and the Unaudited Annual Accounts which were considered and approved at the IJB Audit Committee meeting held earlier today.

The Integration Joint Board agreed:-

- (i) to note the overall financial position of Angus IJB for 2021/22;
- (ii) to note the update on Reserves as outlined in Appendix 2 to the Report; and
- (iii) to note the issues documented regarding Financial Governance as outlined in Appendix 3 to the Report.

10. WORKFORCE PLAN 2022-2025

With reference to Article 7 of the minute of meeting of this Board of 23 February 2022, there was submitted Report No IJB 36/22 by the Chief Officer providing members with an overview of the Partnership's approach to Workforce Planning in line with the new Scottish Government guidance.

The Report indicated that the Scottish Government required Health and Social Care Partnerships to have a three year Workforce Plan commencing in 2022. The Workforce Plans required to be submitted to Scottish Government by 31 July 2022. An analysis and feedback process would then be undertaken, following which Partnerships would require to publish their plans on their respective websites by 31 October 2022.

In October 2021, the Workforce Steering Group commissioned a questionnaire to be issued across the Partnership, A positive response being received across services and in turn this information informed the workforce plan. Following consultation with partner organisations and forums, the main themes arising from the engagement findings and drivers affecting workforce capacity and demand were outlined in Sections 3.2 and 3.3 of the Report.

The Workforce Plan supported by the Workforce Implementation Action Plan were outlined in Appendices 1 and 2 to the Report.

The seven priority areas agreed by the Workforce Steering Group in relation to workforce planning were:- Staff Health and Wellbeing; Primary Care; Ageing Workforce; Succession Planning; Care at Home; Agile Working; and Recruitment and Retention. A comprehensive action plan would focus on addressing the workforce challenges as outlined in the plan and were closed linked to the strategic financial plan.

The action plan would be reviewed annually for the duration of the three year Workforce Plan period to ensure it continued to focus on priority challenges amongst a changing landscape.

Section 6 of the Report highlighted that workforce was an identified strategic risk for the AHSCP and also outlined the key risk sources.

Eunice McLennan providing a brief summary of the Report and also took the opportunity to express gratitude to partnership colleagues, George Bowie and Fiona Rennie, Principal Planning Officer, for their contributions and work involved in the workforce planning.

Following questions and comments from the Chair, the Chief Social Work Officer, Councillor Bell, and the Staff Representative, in relation to a pan Tayside engagement approach; new social care role, Council age banding data; recovery and mitigating impact; including developing improved terms and conditions to provide positive benefits to staffing recruitment issues, and in response, Eunice McLennan provided an informative update.

Thereafter, the Chief Officer referred to Section 4 of the Report in relation to understanding workforce availability, particularly related to staff numbers and recruitment and highlighted that the workforce forecast had indicated that without taking any mitigating actions, a projected increase of 975 staff may be required in Angus, by 2026.

The Integration Joint Board agreed:-

- (i) to note the contents of the Report; and
- (ii) to approve the Workforce Plan 2022 – 2025.

11. ANGUS MENTAL HEALTH AND WELLBEING, LIVING LIFE WELL IMPROVEMENT PLAN

With reference to Article 10 of the minute of meeting of this Board of 20 April 2022, there was submitted Report No IJB 37/22 by the Chief Officer providing members with an update on

progress made to develop an implementation plan in response to the Mental Health Living Life Well Strategy.

The Report indicated that a range of consultation and engagement activities were undertaken to ensure that the Angus LLW Improvement Plan reflected the values, beliefs and priorities of people in Angus. The direct reach of the engagement was to 1269 individuals/organisations, including the Angus Mental Health and Wellbeing Network (AMHAWN), who had cascaded the information through their networks.

Section 3 of the Report also provided a further analysis of the feedback.

Appendix 1 of the Report detailed the final Angus Living Life Well Implementation/Improvement Plan.

Jillian Galloway provided a brief overview of the main key elements of the Report, noting that in Section 6 of the Report, that the inherent risk level section related to risk scoring should have read "10" and not "20" as detailed.

The Chair and Councillor Bell commended the comprehensive easy to read Plan.

Following discussion and having heard from the Chief Social Work Officer and the Registered Medical Practitioner in relation to children and young people and complexity of working across NHS Tayside and three IJB's including the requirement to avoid duplication of work, Jillian Galloway in response, provided an informative overview of the combined working arrangements of the associated forums and also confirmed that Kirsty Lee, Service Leader, Child Protection and Review was also a member of the Strategic Leadership Group.

In reference to the Oversight and Assurance Group meeting earlier today, the Chief Officer highlighted that the Group had commended a number of aspects of work progressed including the age range of 11 to 15 years. Also by way of providing an assurance to members, also highlighted the increased oversight locally and allocation of resources to support management and strategic planning around engagement activities and whole system approach to ensure that persons with mental health needs were fully supported in the Angus community.

Thereafter, the Integration Joint Board agreed:-

- (i) to note the current priorities and actions within the Angus Living Life Well Improvement (LLW) Plan as outlined in Appendix 1 to the Report;
- (ii) to note the outcome of the public consultation;
- (iii) to support and approve the Angus HSCP Living Life Well Implementation Plan;
- (iv) to note progress would be monitored through the Mental Health Strategic Oversight Group;
- (v) to note the service were currently developing an outcome measurement plan; and
- (vi) to request a progress Report to the IJB in December 2022.

12. CLINICAL CARE AND PROFESSIONAL GOVERNANCE ANNUAL ASSURANCE REPORT

With reference to Article 11 of the minute of meeting of this Board of 23 June 2021, there was submitted Report No IJB 38/22 by the Chief Officer providing an assurance to the Angus IJB on the work undertaken by the Angus Clinical Care and Professional Governance Group during 1 April 2021 to 31 March 2022.

The Report indicated that the business considered by the Angus Clinical, Care and Professional Governance Group during 2020/21 had addressed the remit and function of the Group, profiling national policy and local application of policy and guidance that affected practice.

From April 2021, the Clinical Care and Professional Governance Group met on a monthly basis with the focus alternating between service quality assurance and strategic risk and adverse event management. It was proposed that the meeting frequency and format would continue throughout the next year.

The Clinical Director highlighted the continued efforts of the clinical care and professional governance activities, including regular meetings, partnership services, reviews and continuous improvement, management of the partnership's risk and information governance, developing a greater focus on risk management and risk appetite and the sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across the HSCP.

In reference to the recent IJB audit, she extended an offer to provide further information related to the clinical partnership group and forums to the IJB and confirmed that the Clinical Care and Professional Governance Mid-Year Report would also be brought forward to the IJB in December 2022.

The Chair welcomed and acknowledged the assurances and information provided in the Report.

Councillor Bell confirmed that the Audit Committee in acknowledging the valuable work of the Group had suggested that the Report should also be brought forward for consideration by the IJB. She enquired whether there was a particular topic area or process that would benefit from a more detailed presentation being provided to the IJB, in future.

The Clinical Director advised that members may benefit from being sighted on greatest risk areas and in reference to the forthcoming sustainability of primary care audit risk, suggested that primary care might be an area of interest for the IJB, in future.

In welcoming the Report, the Registered Medical Practitioner and the Nurse Director commended the work of the Group and the comprehensive Report. The Clinical Director in response to the Nurse Director's comments regarding assurance measures, intimated that it might also be beneficial for the IJB to have sight of the Health and Social Care Standards

The Service User Representative highlighted the considerable work undertaken by the Group, thereafter commended the Report and also highlighted the importance for further progress in terms of defining the risk appetite.

Having heard from the Staff Representative, Angus Council in relation to community accommodation, the Clinical Director and George Bowie, Head of Community Health and Care Services provided an update.

The Integration Joint Board agreed:-

- (i) to note the level of assurance provided by NHS Tayside Care Governance Committee in relation to Clinical, Care and Professional Governance in Angus HSCP;
- (ii) to note the level of assurance provided by NHS Tayside Care Governance Committee in relation to Clinical, Care and Professional Governance in the Acute Division of NHS Tayside which included delegated, locally managed NHS and Angus Council functions; and
- (iii) to support the continuation of an integrated approach, the frequency of meetings, and the breadth of the business undertaken at meetings of the Angus Clinical, Care and Professional Governance Group.

13. ANNUAL PERFORMANCE

With reference to Article 10 of the minute of meeting of this Board of 23 June 2021, there was submitted Report No IJB 39/22 by the Chief Officer providing the Board with an update on the effect of activity on performance during 2021/22.

The Report built on previous performance reporting and demonstrated the impact of some of the improvement being made across the partnership and how progressed was being made towards delivering the vision, strategic shifts and planned improved outcomes for the people of Angus.

The aim of the Angus Health and Social Care Partnership (AHSCP) Strategic Commissioning Plan 2019-2023 was to progress approaches that supported individuals to live longer and healthier lives, including having access to information and support within communities. The focus for Angus HSCP's was on health improvements and disease prevention including addressing health inequalities; building capacity within Angus communities, supporting carers and supporting the self-management of long term conditions.

Section 3 of the Report provided an update in relation to Falls; Prescribing; Telecare; Supporting Care needs at home; Developing Integrated and Enhanced Primary Care and Community Responses; Delayed Discharges over 75's and Complex Delays.

Jillian Galloway provided a brief overview and confirmed that the target for personal care hours for over 65's had been reviewed and was included in the updated dashboard. In highlighting the contributing factors for a decline in performance, also indicated that some measures would now be broken down further in future reporting, to detail mental health and non-mental health cases.

The Carer's Representative referred to the measures related to the percentage of people who accessed SDS Options 1-4 and raised whether there would be an opportunity for this to be reviewed and broke down further to (i) carers and (ii) cared for; and in response, Jillian Galloway agreed to review this further in due course.

In reference to the Oversight Group meeting, and in going forward, the Chief Officer highlighted that the IJB would have more engagement and involvement in developing the local measures.

Jillian Galloway responded to questions and comments from the Staff Representative, Angus Council's earlier point related to community accommodation, and also Councillors Bell, Speed, and the Chief Social Work Officer related to some of the measures contained within the Improving Integrated Care Pathways for Priorities in Care indicator, particular related to pattern and trends and mental health and non-mental health cases; also the decline of people using alcohol and drug services treated within three weeks of referral measure; and the opportunity to link in with Public Health Scotland to consider calibrating the dashboard to include further detail around poverty and areas of high deprivation.

In welcoming members comments, Jillian Galloway intimated that in going forward there required to be further consideration of how outcomes were linked to the Strategic Commissioning plan so as to ensure that measures were clearly associated with the actions detailed within that plan. She also agreed to explore further, the options around support from Public Health Scotland colleagues.

The Integration Joint Board agreed:-

- (i) to note the current performance within AHSCP for 2021/22;
- (ii) to request the Chief Officer to provide a performance dashboard to the IJB bi-annually; and
- (iii) to note work to progress further improvement where the targets had not been achieved and continued to be captured within existing improvement/action plan.

14. PRESCRIBING MANAGEMENT UPDATE

With reference to Article 8 of the minute of meeting of this Board of 8 December 2021, there was submitted Report No IJB 40/22 by the Chief Officer providing members with an update on prescribing management in Angus.

The Report indicated that the FHS (Family Health Service) Prescribing continued to be a financial challenge within Angus, noting the drivers behind prescribing spend were multifactorial and complex. The moves towards remobilisation and recovery continued but there remained pressure on GP practices to continue to deliver GMS services. The GP pharmacy team continued to have significant recruitment issues and the pressure to deliver the contractual elements of the level one pharmacotherapy element of the GP contract would continue to be detrimental to the delivery of efficiency savings projects.

Section 3 of the Report provided updates in relation to the Angus (PMG), the Quality Management Systems for Prescribing, Pharmacotherapy Service and Buvidal Prescribing.

The Angus HSCP prescribing risk continued to be monitored through the Angus Prescribing Management Quality Assurance Group. Appendix 1 to the Report detailed the extensive mitigations actions in place on the Strategic Risk Register for Prescribing Management.

The overall Family Health Service (FHS) position to March 2022 detailed a cumulative underspend of £0.61m, which was consistent with information provided in the IJB's year-end financial reports.

The Integration Joint Board agreed:-

- (i) to note the content of the Report and the ongoing measures being taken to ensure efficient and effective prescribing within Angus;
- (ii) to note the development of the strategic and operational meetings planned for 2022/23 and proposed for 2023/24; and
- (iii) to request a further update to be provided to the Integration Joint Board in December 2022.

At this stage, Peter Davidson, Non-Executive Board Member, left the meeting.

The Independent Sector Representative left the meeting during consideration of the following item.

15. NHS TAYSIDE HEALTH AND SOCIAL CARE DIGITAL STRATEGY (2022-2027)

There was submitted Report No IJB 41/22 by the Chief Officer presenting NHS Tayside's Health and Social Care Digital Strategy (2022-2027).

The Report indicated that following wide consultation and engagement across the organisation the digital strategy would be publicly launched by NHS Tayside's Chief Executive. In NHS Tayside, digital technology had the opportunity to transform every aspect of care and also their duty to ensure digital technology worked for everyone regardless of background.

The Strategy laid out NHS Tayside's ambition over the next five years to develop digitally-powered services that would help the people of NHS Tayside live longer, healthier and happier lives. The Strategy identified the areas where digital could have the biggest impact on services, reduced pressure on resources and improved outcomes for patients. In each of these areas, NHS Tayside had created a roadmap for developing the technology needed to make the impact.

The main priority agreed for the Angus HSCP was to ensure that all services moved to an electronic record by the end of financial year 2022/23.

In response to questions and comments from the Carer's Representative and Councillor Bell in relation to merging, sharing information and connecting services, funding gaps including realistic service delivery, Laic Khalique, Director of Digital Technology provided an overview and outlined the joint approach that had been taken including the engagement, consultation and activity sessions that had taken place with Tayside stakeholders including staff from Angus HSCP. An overview of the Digital Strategy's main aims and outcomes including national programmes of work funding by Scottish Government was also provided.

Angela Murphy, Allied Health Professional Lead for Angus, thereafter provided an informative overview and also highlighted the mapping exercise being undertaken to identify the appropriate mobile devices to enable community staff to have access to the most current records of clients/patients to enable these records to be updated in real time.

The Chief Social Work Officer and the Clinical Director requested further detail regarding the work of the Angus group related to membership, data protection, direction of travel, National Care Service Bill and implementation timelines; and in response, the Allied Health Professional Lead provided an update and advised that the first Angus Digital Transformation Group meeting was scheduled to take place in July and that a development update Report would be provided to the IJB in December 2022.

The Integration Joint Board agreed:-

- (i) to acknowledge the publication of the Strategy;
- (ii) to note the key themes and most impactful areas of digital in the Strategy and how organisations could connect to transform care together; and
- (iii) to note the Angus Digital Transformation Group would provide an update about digital developments to the IJB in December 2022.

16. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would be held on Wednesday 24 August 2022 at 2pm.