

## INTEGRATION JOINT BOARD

### VIRTUAL MEETING, 30 MARCH, 2022

#### **Integration Joint Board Members:**

Mrs R Atkinson, (NHS Grampian) (Chair); Councillor A Stirling (Vice Chair); Ms A Anderson (NHS Grampian); Mrs J Duncan (NHS Grampian); Provost W Howatson; Ms R Little (NHS Grampian); Councillor D Keating, Councillor G Reynolds, Councillor D Robertson; and Ms S Webb (NHS Grampian).

#### **Integration Joint Board Non-Voting Members:**

Ms F Culbert, Carers' Representative; Ms S Kinsey, Third Sector Representative; Ms I Kirk, UNISON; Mr M McKay, NHS UNISON; Dr M Metcalfe, Acute Care Lead Advisor; Mr C Smith, Chief Finance and Business Officer; Aberdeenshire Health and Social Care Partnership; and Ms P Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership.

**Officers:** Mrs G Fraser, Mrs A Macleod, Ms K Penman and Ms A Pirrie, Aberdeenshire Health & Social Care Partnership; Ms C Cameron and Ms R Taylor, NHS Grampian; Ms J Raine-Mitchell, Ms N Murray and Mrs A McLeod, Aberdeenshire Council.

**Apologies:** Mr D Hekelaar, Third Sector Representative; Ms J McNicol, Nursing Lead Advisor; Ms A Mutch, Public Representative.

### **1. DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest made.

### **2. STATEMENT OF EQUALITIES**

In making decisions on the following items of business, the Joint Board **agreed**, in terms of Section 149 of the Equality Act, 2010:-

- (1) to have due regard to the need to:-
  - (a) eliminate discrimination, harassment, and victimisation;
  - (b) advance equality of opportunity between those who share a protected characteristic and persons who do not share it; and
  - (c) foster good relations between those who share a protected characteristic and persons who do not share it; and
- (2) where an integrated impact assessment has been provided, to take its contents into consideration when reaching a decision.

### **3. MINUTE OF MEETING OF INTEGRATION JOINT BOARD OF 2 MARCH 2022**

There had been circulated, and was **approved** as a correct record, the Minute of Meeting of 2 March, 2022, subject to the following addition at item 14 – “There was a question as to why IJB covid funds (ie conditional agreement 2) would be any more

secure than NHS Grampian funds, as both relied on Scottish Government approval. The Chief Finance and Business Officer advised that there was no doubt the IJB funds would roll over and be available”.

Arising from consideration of the minute, the Chief Officer was asked to circulate a briefing note on the timetable of works for the Invercarron Resource Centre.

#### **4. INTEGRATION JOINT BOARD ACTION LOG**

There had been circulated and was **noted** a report by the Chief Officer providing updates on progress with actions which had still to be completed and advising when these were scheduled to be reported to the Joint Board, including a number of items for which there were reports on the agenda today.

#### **5. CHIEF OFFICER'S REPORT**

There had been circulated a report by the Chief Officer providing an update of the ongoing work of the Health and Social Care Partnership, highlighting current and proposed recruitment activity to address some of the current gaps in staffing; noting that a cross-Grampian recruitment campaign had been launched, targeting people that may not have worked in the sector previously, and focussing initially on social care staff, especially home care staff, as well as some of the roles in social care that are traditionally harder to recruit to. The Chief Officer advised that work was ongoing to create a dashboard to enable the Senior Management Team to monitor progress in recruitment activities in real time, and this would assist in allowing a more proactive approach in action planning. In addition, the Chief Officer provided an update on the Sexual Assault Referral Centre (SARC) Process, due to commence on 1 April 2022, which would provide a statutory basis for the provision of forensic medical services (FMS) for people who have experienced rape, sexual assault, or child sexual abuse, providing a legal framework for consistent access to 'self-referral' to give access to healthcare and a FMS without first having to make a report to the police. The Aberdeenshire Health and Social Care Partnership would be responsible for this new service across Aberdeenshire.

There was discussion of the need to monitor if there are any negative impacts from the recruitment of people already working within the sector, to try to avoid causing further staffing shortages in the sector; the potential for continued growth through digital solutions, such as through care packages, bearing in mind that a large element of care is required to be delivered in a person to person model; noted that unpaid carers had concerns that digital solutions may not be able to meet the needs, particularly of people in rural areas, where connectivity is less effective; the potential for more use of agency staff and independent social work staff to meet the unfilled gaps in care management roles; the need to address the relationship of the IJB with commissioned services, given that the same challenges were currently being experienced in relation to recruitment; a suggestion that consideration could be given to increasing the promotion of and the number of modern apprenticeships offered, and how to take this forward; the potential to build in more flexibility to contracts for home carers to make the roles more attractive and to fit in with caring or other commitments; and the need to raise the extreme challenges currently being experienced nationally in relation to recruitment with the Scottish Government

Minister for Social Care, to highlight the issues and challenges and seek to work together to find sustainable solutions.

There were concerns expressed by Union representatives that many social care employees were highly skilled, and their services were heavily relied upon, yet with very few being paid more than minimum wage, there was little incentive to stay within the sector, particularly in light of cost of living being at an all time high.

It was noted that officers in the Workforce Group were looking at modern apprenticeships and opportunities for pathways into care with a view to finding longer term sustainable solutions, and would report back in due course.

Thereafter, the Joint Board **agreed:**

- (1) that the Chair should write to the Scottish Government Minister for Mental Wellbeing and Social Care (Mr Kevin Stewart), to highlight the issues and challenges in the recruitment to health and social care posts, particularly in rural areas, and to seek the support of the Scottish Government to work together to find more sustainable solutions to the issue of recruitment; and
- (2) in other respects to note the terms of the updates provided.

## **6. REVENUE BUDGET 2022-23**

There had been circulated a report dated 15 March, 2022 by the Chief Officer and Chief Finance and Business Officer, proposing a revenue budget for 2022/23 for consideration, and providing information on the funding context, the medium-term financial strategy, and the need to update it to reflect pandemic-related changes to public sector finances, and potential risks and mitigations as determined by the Management Team.

The Joint Board heard from the Chief Finance and Business Officer of the forecast financial position for the current financial year (2021/22) and the factors that had impacted on the financial performance, which had been reported regularly to the Joint Board. He advised that confirmation had been received of the funding contributions from NHS Grampian and Aberdeenshire Council, and highlighted the projected level of new resources available from the two partners. He advised that a number of risks had been identified during the preparation of the revenue budget, the impacts of which would be monitored as part of the regular budgetary review. He highlighted the funding gap of £3.2 million, and details of options for addressing and closing the funding gap, through a savings plan to be developed by the Senior Management Team, and advised that a further report would be brought to the Joint Board in June 2022 for formal approval. It was noted that the IJB would continue to incur costs for dealing with Covid 19 during 2022/23, with an initial estimate of these costs of £6.4million. Funding for these costs would initially come from the earmarked Reserves held by the Health and Social Care partnership for Covid 19 costs, including the recent allocation of funding made by the Scottish Government.

There was discussion of the issue of uplifts for Social Care providers not covered by the National Care Homes Contract, and whether there should be a limit imposed on the uplifts; the presentation of elements of the information relating to reasons for underspend; the extent of the Covid 19 earmarked reserves; how much of the

£22million inflationary uplifts were one-off; and aspects of the overall reserve position, which were anticipated to be above £20.5million.

The potential risks relating to prescribing costs were highlighted, given that these were a major component and a volatile area of the budget, and it was noted that updates would be provided throughout the year.

There was discussion of the public perception of health and social care services, and how to mitigate the risks by focusing on effective engagement, communications, education and co-production with the public. It was noted that satisfaction levels with the NHS in general were at an all time low, and negative feedback may not always be based on what was happening locally.

Having considered the financial position set out in the report, and the comments from officers and Members of the Joint Board in the discussion, the Joint Board **agreed**:

- (1) to acknowledge that the revenue budget facilitates the delivery of the Integration Joint Board's priorities;
- (2) to note the financial allocations proposed to be made from Aberdeenshire Council and NHS Grampian for 2022/23;
- (3) to agree the proposed revenue budget for 2022/23 as outlined in Appendix 1;
- (4) to note that the budget assumes that any additional Covid 19 costs incurred in 2022/23 will be met from either earmarked Covid reserve or additional funding from the Scottish Government;
- (5) to agree for the proposed savings plan referenced in section 6.6 of the report to be reported to the IJB in June 2022;
- (6) to Instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Homes Contract, in line with the limits of existing inflationary parameters and in compliance with the Financial Regulations of the Integration Joint Board;
- (7) to note the financial risks set out in Appendix 2, in order to work towards a sustainable financial future and to be able to deliver sustainable services;
- (8) to direct Aberdeenshire Council and NHS Grampian to deliver all delegated functions in terms of the legislation and the Integration Scheme as currently delivered by them in terms of the budget outlined in this report, as set out in the Direction at Appendix 3; and
- (9) that a briefing note be circulated, in due course, updating the Joint Board on the issue of prescribing costs, given they are a major component of the budget.

## **7. ABERDEENSHIRE COUNCIL CARE AND REPAIR PERFORMANCE REPORT**

There had been circulated a report dated 10 January 2022 on the performance of Aberdeenshire Council's Care and Repair Service and future service development.

The Joint Board heard from the Team Leader (Housing and Building Standards), who advised that the Communities Committee had received the report and agreed that it should be shared with the Integration Joint Board, for consideration, comment and feedback.

The report advised that the Council had a statutory duty to provide financial assistance to homeowners or tenants of private landlords who had a disability or required their home to be adapted to enable independent living. The report highlighted the range of services provided, continued demand, challenges and outcomes achieved for clients.

There was discussion of the referral process which was designed to ensure that the most vulnerable cases were prioritised. It was noted that the recent storm events had impacted on the ability of some local contractors to provide a service. In terms of future development of the service, it was suggested that the Housing Service should consider the inclusion of users or people with lived experience during the review and development process and for future planning.

Thereafter, having welcomed the opportunity to raise awareness of the Care and Repair Service and the interlinking relationships between the Health and Social Care Partnership and the Housing Team in working to ensure that people are able to remain in their homes, with appropriate adaptations, and that there would be an increasing demand for the service going forward, the Joint Board **agreed** to note the performance report and to welcome future reports on the strategic intent in the context of the health and social care service.

## **8. STRATEGIC PLANNING GROUP UPDATE**

There had been circulated a report dated 4 March, 2022 by the Chief Officer providing an update on the most recent work of the Strategic Planning Group (SPG).

The Chief Officer introduced the report and referred to two recent development sessions, one being a facilitated workshop run by the iHub (Healthcare Improvement Scotland), which centred on the topics of good practice in strategic planning and collaboration and used the current significant system pressures/demands as a test case to explore and identify solutions and a second iHub workshop to explore community led approaches to health and social care and community engagement.

The Joint Board heard from the Programme Manager, who highlighted key aspects of the recent considerations by the SPG, including (1) an update on the outcomes from the initial engagement for the new NHS Grampian Plan for the Future 2022-28; (2) current thinking and opportunities for promoting place-based approaches to wellbeing across Grampian in line with local, national and international evidence and best practice; (3) consideration of the current Scottish Government consultation on the review of the Public Sector Equalities Duty; and (4) progress with delivery of the vaccinations project.

There was discussion of a proposal for Fraserburgh to enter the Shaping Places for Wellbeing Programme as a mentor project town, with the project to be implemented jointly by Aberdeenshire Council and NHS Grampian; and the benefits of developing a dashboard as a tool to support the work of the group, indicating which areas of the

Strategic Plan were being reported against, risks considered and work proposed to mitigate the risks.

Thereafter, the Joint Board **agreed:**

- (1) to acknowledge the report from the Strategic Planning Group following its meeting on 24 February 2022;
- (2) that officers consider developing a reporting dashboard as a tool to support the work of the group; and
- (3) that an overview report be developed for the next meeting, when there will be newly appointed members to the Joint Board, following the local government elections.

## **9. MAINSTREAMING EQUALITIES IN ABERDEENSHIRE 2020-22**

There had been circulated a report dated March 2022 by the Strategy and Transformation Manager, providing a progress report for the period April 2020 to March 2022 on the Joint Board's Equality Outcomes and Mainstreaming Equalities Report. In addition, the report contained a draft response to the Scottish Government's Consultation on the Public Sector Equality Duty (PSED), and the comments of the Joint Board were invited.

The Joint Board heard from the Health and Wellbeing Lead that the whole of the reporting period of the progress report had been impacted by the pandemic, which had disrupted progress as non-critical services and strategic developments were paused. Despite these challenges, progress had been made and were documented in the report, provided at Annex A. It was noted that in Section 3.1 of Annex A a key had been omitted from the table, and it would be updated to include the key prior to the report being finalised for publication.

There was discussion of the health advocacy work for the Gypsy Traveller community, which had been paused due to the pandemic, and whether there might be a further opportunity for funding to be made available to continue the work. There was also discussion of the good work being carried out to support New Scots, refugees and asylum seekers, which was extremely pertinent given current global events. The need to be mindful of and give consideration to the views of unpaid carers in terms of equality issues was highlighted.

After further consideration, the Joint Board **agreed:**

- (1) to note the progress made towards meeting the Public Sector Equality Duty over the past two years, through the actions taken to mainstream equalities and deliver the 2020-24 Equality Outcomes; and
- (2) to note the terms of the draft response to the Scottish Government's Consultation on the Public Sector Equality Duty, and to delegate to the Chief Officer, in consultation with the Chair and Vice Chair to agree the final response for submission.

## 10. FRAMEWORK FOR EMERGING FROM EMERGENCY MEASURES IMPLEMENTED DUE TO COVID-19

There had been circulated a report dated 7 March, 2022 by the Chief Officer which proposed that the Aberdeenshire Health and Social Care Partnership (AHSCP) should develop a framework to inform the move away from emergency measures, which would involve a review of all actions, derogations and changes undertaken by the AHSCP under emergency measures, reviewing the progress against strategic priorities and resetting of the Strategic Delivery Plan for the next 6 months, 1 year and 2-3 years. This would provide the AHSCP with the opportunity to engage with key stakeholders and to reset its relationships with NHS Grampian, Aberdeenshire Council, the Third Sector and our communities, with a focus on how to deliver together for the people of Aberdeenshire.

The Joint Board heard from the Chief Officer that another peak was being experienced in terms of Covid, which has had a significant impact on the AHSCP, and teams had been working extremely hard to support individuals in the community, alongside ward closures due to infection control, staff isolating due to illness, and care home issues. However, it was important to start to look ahead to how to emerge from emergency measures and to review the actions taken during covid and how to move forward.

The Strategy and Transformation Manager introduced the report and provided some background to the proposals and the measures planned to work towards the move from emergency measures, and would lead to the development of a revised Strategic Delivery Plan. The Joint Board was being asked to provide comments on the proposed approach and agree to receive a more detailed report on the framework that was being developed, to the next meeting on 1 June 2022.

There was discussion of the need for a recognition that the emergency measures had been implemented at a time when there was an absolute need, but that stepping down from them would be extremely complex and would require a very considered approach, taking into account all the aspects that may have to continue; the timescale for the development of the framework and ongoing reporting and the timeline for developing the steps necessary to move away from emergency measures; the need to ensure that appropriate communications would be issued to ensure that there was clarity around the changes that would be made, and to ensure that clear, non-technical, terminology was used in communications; that it may be beneficial to include a 'lessons learned' section in the next report, and information on future winter planning could be set out.

Thereafter, the Joint Board **agreed**:

- (1) to note the report and the proposed approach to moving away from delivering services under emergency measures;
- (2) to agree to receive a more detailed report on the strategic framework developed to progress this work and a revised Strategic Delivery Plan, and regular updates thereafter.

## 11. ORGANISATIONAL GOVERNANCE FRAMEWORK

There had been circulated a report dated 7 March, 2022 by the Chief Officer seeking approval of the Aberdeenshire Health and Social Care Partnership (HSCP) Organisational Governance Framework. The report advised that the draft document aimed to provide clarity and transparency as to the organisational management structures and decision-making processes in place within the HSCP that support and provide assurance to the IJB in relation to the governance and management of services, risk and performance.

The Programme Manager introduced the report and advised that a short life working group had been formed to oversee various areas of governance activity across the IJB and HSCP business, and the development of the Organisational Governance Framework had been a key task of this group. The Framework, which was presented to the Joint Board, set out the core strands of governance under the oversight of the IJB in line with its Integration Scheme, and how these are fulfilled through the arrangements in place within the HSCP organisational meeting structure.

There was discussion of a number of points of clarification within the draft document, which officers undertook to take on board, including clarification of the specific aspects of children's services that the HSCP holds responsibility for and, for clarity, the composition of the Audit committee,

Thereafter, the Joint Board **agreed**:

- (1) to approve the Aberdeenshire Health and Social Care Partnership (HSCP) Organisational Governance Framework, subject to some minor clarifications; and
- (2) to note the ongoing work to be undertaken to consolidate arrangements around the HSCP's organisational meetings' structure.

## 12. VOLUNTEER STAKEHOLDER EXPENSES AND REPLACEMENT CARE POLICY

There had been circulated a report dated 7 March, 2022 by the Chief Officer, which asked the Joint Board to approve the implementation of the replacement care and expenses policy for Volunteer Stakeholders on its strategic groups. The report advised that the HSCP had a commitment through its Strategic Plan to listen to and involve people in the design and delivery of services with the aim of achieving improved outcomes, and recognised the need for people with lived experience to be central to its strategic planning and redesign processes. A formal process for claiming replacement care expenses had been developed with the aim of enabling a streamlined approach to reduce potential barriers to the involvement of people with lived experience to the work of the HSCP, in particular people with caring responsibilities.

The Joint Board heard from the Programme Manager, who gave an overview of the proposed policy, which had been designed in consultation with legal and finance officers and aimed to be supportive of all representatives. She highlighted the ongoing issues in relation to care, with significant additional pressures being

reported by unpaid carers arising from the pandemic, as well as current cost of living pressures. The policy would represent a key step forward in terms of a commitment to supporting the participation of carers and those with lived experience.

There was discussion of the draft policy, and a number of issues were flagged for further consideration, including: the need for a recognition of additional tasks to carry out the role, such as attendance at national events and the significant time required for preparation for attendance at meetings; there should be a recognition of the difficulties of finding alternative care for unpaid carers, particularly in rural areas and alternative options for payment for alternative care, such as Amazon vouchers or shopping vouchers, should be considered. In addition there were a number of points raised for clarification by officers in relation to who would agree the level of expenses, how will this be recorded, what evidence would be required of the consent of the person being cared for, clarification regarding some aspects of the IIA, and whether the payment of expenses in arrears might be a barrier to engagement, and if consideration could be given to an alternative means of reimbursement to ensure it was done in a timely manner.

Thereafter, having recognised that some further revisions and refinement may be required to the draft policy, following consideration of the issues raised in the discussion, the Joint Board **agreed:**

- (1) to approve in principle the replacement Care and Expenses Policy for Volunteer Stakeholders;
- (2) to delegate to the Chief Officer, in consultation with the Chair and Vice Chair, to consider and agree any further revisions to the policy, in response to the issues raised in the meeting;
- (3) that officers seek clarification on paying expenses in the meantime, in order to prevent further delays in implementing the policy;
- (4) if 3 (above) is not possible, that the issue be referred back to the Chief Officer, in consultation with the Chair and Vice Chair to consider a way forward; and
- (5) that a further report be taken back to the Joint Board once the revisions have been agreed, to confirm the outcome.

### **13. RE-MOBILISATION OF COMBINED DELIVERY MODEL MINOR INJURY SERVICE**

There had been circulated a report dated 18 March, 2022 by the Chief Officer, regarding the proposed remobilisation of the minor injury service in a number of localities, proposing that a report evaluating the remobilisation of the minor injury service be presented to a future meeting of the IJB and asking the Joint Board to agree to close the outstanding actions from the previous Minor Injury Unit review in August 2019, as these had been superseded by the response to the pandemic and remobilisation.

The Joint Board heard from the Clinical Lead, North of the background to the report, advising that during the early stages of the pandemic, a decision was made to

temporarily close some of the sites that delivered the Minor Injury Service to consolidate staffing, to support the Covid-19 response and vaccination work and to help protect Community Hospitals from the spread of covid-19. Sites which previously operated a combined delivery model were temporarily closed and remained so for the duration of the pandemic. Access to a minor injury service or, out of hours, a minor illness service must now call NHS 24 by calling 111. All calls related to minor injuries in Aberdeenshire are then passed on to an operational unit and assessed by way of triage, and the caller is then offered the most appropriate care or re-directed to another service. This allows a better scheduling of the minor injury service, and to direct people to the most appropriate site, and cuts down patient waiting times. As part of the remobilisation, the flow navigation system which has been rolled out which allows larger units to triage calls and offer appointments where the skill set is available, and it is proposed to use this model at the sites due to be remobilised. With the establishment of an Oversight Group, the group is scoping the current and potential future gaps in training, staffing, and additional support will be provided to ensure an integrated approach to supporting staff back into the assessment and treatment of minor injuries.

It was noted that this was the first step in a process to re-establish a service to serve the local populations in their local areas and this was to be welcomed. There was discussion of the need to ensure there was clear public engagement and regular communications issued on the remobilisation to ensure that the public were kept informed of developments.

The need for a continued level of staff engagement was highlighted, to ensure that staff were informed on an equal footing and were aware of the information and messaging being issued publicly.

Thereafter, the Joint Board **agreed:**

- (1) to welcome the proposals to remobilise the minor injury service;
- (2) to agree to remobilise the minor injury service in sites that offer a combined delivery model in the following localities – Aboyne, Banff, Stonehaven and Turriff;
- (3) that a report evaluating the remobilisation of the minor injury service be presented to a future meeting of the IJB; and
- (4) to close the outstanding actions from the previous Minor Injury Unit Review in August 2019, these being superseded by the response to the pandemic and remobilisation.

At the conclusion of the meeting, the Chair advised that the next meeting of the Integration Board would take place after the forthcoming Council elections. She wished to thank the Aberdeenshire Council members for their participation in the work of the IJB during their terms of office, and wished them well if they were intending to stand for re-election or if they were not planning to stand. The Vice-Chair, Councillor Stirling, also paid tribute to all the Members and officers and thanked them for their hard work and dedication. She also paid tribute to the Chair for her leadership and guidance during her time as Chair, during some very challenging periods in recent years.