

## INTEGRATION JOINT BOARD

### VIRTUAL MEETING, 1 JUNE , 2022

**Integration Joint Board Members:**

Mrs R Atkinson, (NHS Grampian) (Chair); Councillor A Stirling (Vice Chair); Mrs J Duncan (NHS Grampian); Councillor M Grant; Councillor D Keating, Councillor G Lang (Items 1-10), Ms R Little (NHS Grampian); Councillor G Reynolds; and Ms S Webb (NHS Grampian).

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

Mrs F Culbert, Carers' Representative; Mr D Hekelaar, Third Sector Representative; Ms S Kinsey, Third Sector Representative; Ms I Kirk, UNISON; Mrs J McNicol, Advisor; Ms A Mutch, Public Representative); 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, Mr G Howie, Ms P Jensen, Mrs A Macleod, Ms A Pirrie, Mr J Shaw, Ms S Strachan, Aberdeenshire Health & Social Care Partnership; Ms C Cameron, Dr A Glennie, Ms A McGruther and Ms R Taylor, NHS Grampian; Ms J Raine-Mitchell and Mr M McKay, Aberdeenshire Council.

**Apologies:** Ms A Anderson (NHS Grampian); Mr M McKay, NHS UNISON.

At the commencement of the meeting, the Chair welcomed all members and officers to the meeting, including the new and returning Members from Aberdeenshire Council, following the recent local government election.

The Chair advised that she had agreed to accept a late paper, circulated as item 14, to be considered on the grounds of urgency, for the reason that an existing contract ends on 30 June, 2022 and due to increased costs, approval required to be sought for the increased spend. The said report would be considered as an exempt item, after the closure of the public section of the meeting.

#### 1. DECLARATION OF MEMBERS' INTERESTS

The Chair asked for Declarations of Interest and the following interests were declared:

Cllr Keating declared an interest in item 13, as Vice Director and Trustee of Aberdeenshire Samaritans, an organisation applying for funding, and confirmed he would leave the meeting during consideration of the item;

Ms S Kinsey declared an interest in item 13, as Vice Chair of GCRA, an organisation an organisation applying for funding, and confirmed she would leave the meeting during consideration of the item.

## 2A. 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 equality impact assessment has been provided, to take its contents into consideration when reaching a decision.

## 2B. EXEMPT INFORMATION

The Joint Board **agreed**, that under paragraphs 6, and 7 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Items 13 and 14 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.

## 3. MINUTE OF MEETING OF 30 MARCH 2022

There had been circulated, and was **approved** as a correct record, the Minute of Meeting of 30 March, 2022.

## 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.

The Chief Officer confirmed that the finalisation of the Volunteer Stakeholder Expenses and Replacement Care Policy would be reported as soon as possible, that work was ongoing to progress the issue of digital inequality, with a recruitment process currently underway for a new post and that regular updates would be provided via the monthly newsletter to Members.

## 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, advising that a detailed response had been received from the Minister for Mental Wellbeing and Social Care to a letter from the Chair highlighting the challenges around recruitment and retention in social care services, which had provided some areas of potential action as well as useful national links; advising that the national Carers Collaborative network had recently published its annual scoping report on the experience of carer representatives on IJBs, and indicating that in line with this, officers had been undertaking further work and engagement to ensure alignment of the Aberdeenshire

policy to the Carers Collaborative expenses guidance and template, and to provide clarification in response to the queries raised by Members; advising that work was commencing on the preparation of the Aberdeenshire H&SCP Annual Performance Report for 2021-2022 and it was intended to bring the report to the formal meeting of the IJB for approval in August; advising that a public consultation on the Integration Scheme would be commenced, following a light-touch review in 2020, with a timescale for reporting back before the end of 2022. The Integration Scheme sets out the Local Governance arrangements for integration, the services which are formally delegated to the IJB and provides the context and rules in which the Health and Social Care Partnerships can operate.

There was discussion of the need to ensure that the IJB was making progress against the Best Practice Standards for Carer Engagement, and the need to improve on the recruitment of carer representatives onto the various groups, in order to ensure there was a good representation of people with lived experience.

There were concerns expressed that in terms of Section 2.4 of the statutory guidance on IJBs, which states that IJBs should ensure the appointed member has the resources and support to fulfil their responsibilities to the IJB for the full term of their appointment, that this requirement was not being met for carer representatives, and no adequate access to alternative care was being facilitated to allow for wider participation. The result of this was that carer representatives were unable to fulfil their obligations. The Chair acknowledged that there was an ongoing dialogue in this regard and improvements and solutions were being sought in order to ensure that a satisfactory conclusion could be reached. There was also a suggestion that Scottish Government should be asked to reconsider the expectations on public representatives and more adequate support arrangements to allow for participation should be put in place.

Thereafter, the Joint Board **agreed** to note the terms of the updates provided.

## **6. REVENUE BUDGET UPDATE**

There had been circulated a report dated 10 May, 2022 by the Chief Finance and Business Officer providing the final financial monitoring update for the 2021/22 financial year.

The report covered the twelve month period up to the end of March 2022 and it also covered the financial impact of the Covid 19 pandemic on the resources of the IJB in terms of funding received and additional expenditure incurred.

The Chief Finance and Business Officer provided an overview of the financial position at the end of 2021/22, with an underspend against revenue budget of £28.5 million, which could be carried forward into 2022/23 within reserves. The underspend reflected the continued impact of Covid on the financial position, as a number of services had continued to be paused or operated at reduced capacity during 2021/22 which produced underspends against budgets, and in addition, there were more general savings in areas such as travel costs and staff training.

He highlighted areas of material over and underspend and the movement in the reserves position during the 2021/22 financial year, and advised that the reserves

strategy would be reported on to the IJB as part of the Quarter 1 financial update report for 2022/23 at the next meeting.

There were concerns raised around the underspend in adult services, mental health, set against the increasing levels of mental health related illness and how the ever increasing needs could be met. It was recognised that there were extreme challenges in the recruitment of specialist practitioners to alleviate the existing pressures, due to a national shortage in psychiatry. It was noted that work was underway to recruit primary link workers in this area to alleviate some of the pressures.

The continued issue of recruitment of staff was highlighted, including the use of locum staff, which resulted in very high costs. It was noted that staffing budgets were reviewed as part of the regular revenue budget monitoring.

The need for further and ongoing communications to the public regarding future and changing service provision was highlighted, and to communicate what the future looks like, in view of budgetary restrictions and savings that would be required going forward.

Thereafter, the Joint Board, having considered the financial position as detailed in the report and appendices, **agreed:**

- (1) to note the financial position set out in the report and Appendices 1 and 2;
- (2) to approve the budget adjustments detailed in Appendix 3; and
- (3) to note the plan to balance the 2022/23 IJB Revenue Budget detailed in Section 10 and to be reported to the next IJB as part of the regular Revenue Budget update;
- (4) that further communications should be issued around the future of service delivery;
- (5) that officers should arrange a development session for members to address budgetary issues and how to deliver strategic aims within available budgets; and
- (6) that further information on the recruitment and retention of staff should be provided within regular briefings to the Joint Board.

## **7. APPOINTMENT OF INTEGRATION JOINT BOARD COMMITTEES**

There had been circulated a report dated 23 May, 2022 by the Chief Officer informing of the appointment of Aberdeenshire Council substantive and substitute members, following the recent Local Government Election on 5 May, 2022, and asking for nominations to the Audit Committee and Appointments Committee.

The Joint Board **agreed:**

- (1) to note the appointment of five substantive (Councillors Grant, Keating, Lang, Reynolds and Stirling) and three substitute members (Councillors Gifford, Logan and Nicol), (with a further two to be advised) of Aberdeenshire Council,

and the appointment of Councillor Stirling to the position of Vice-Chair (or Chair as may be from time to time), to serve on the Integration Joint Board for the forthcoming Council term, following the Local Government Election on 5 May, 2022;

(2) to note the continuation of the existing Integration Joint Board Committees as detailed in the report, namely the Audit Committee, Aberdeenshire Health and Social Care Partnership Appointments Committee and the Clinical and Adult Social Work Governance Committee;

(3) that the following members be appointed:

Audit Committee – Councillors G Reynolds and G Lang;

Aberdeenshire Health and Social Care Partnership Appointments Committee – Councillors A Stirling and G Reynolds; and

(4) to note that the appointments to the Clinical and Adult Social Work Governance Committee would be considered under item 9 below.

## **8. CLINICAL ADULT AND SOCIAL WORK GOVERNANCE COMMITTEE REPORT**

There had been circulated a report dated 9 May, 2022 by the Chair of the Clinical and Adult Social Work Governance Committee, updating the Joint Board on the key issues arising from the Committee meetings on 10 March and 8 April, 2022.

The Joint Board heard from Ms Little, Chair of the Clinical and Adult Social Work Governance Committee, on the recent work undertaken by the Committee, which included consideration of lessons learned and areas of good practice in the aftermath of Storms Malik and Corrie, the reinstatement of the Risk and Resilience Group, information on the Risk Register and Risk Assurance, feedback from the Care Home Clinical and Care Professional Oversight Group, a review of the Terms of Reference of the Committee, information relating to the ongoing G-OPES Level 4 service pressures and work being undertaken to mitigate the pressures.

There was discussion of the need to ensure that any unmet need in terms of social care was being adequately monitored and addressed. It was confirmed that assurance visits continued to monitor the situation and to support, where necessary and that two large scale investigations were currently being undertaken through the Adult Support and Protection Network involving care homes, which were welcomed and were due to conclude soon, and would be reported to the next meeting for discussion,

After consideration, the Integration Joint Board **agreed** to note the key points and assurances from the Clinical Adult and Social Work Governance Committee in relation to governance matters.

## **9. CLINICAL ADULT AND SOCIAL WORK GOVERNANCE COMMITTEE – TERMS OF REFERENCE**

There had been circulated a report dated 9 May, 2022 by the Partnership Manager (Central), proposing an update to the Terms of Reference for the Clinical and Adult Social Work Governance Committee.

The Partnership Manager, Central, introduced the report and advised that a refresh of the Terms of Reference of the Clinical and Adult Social Work Governance Committee was proposed, in line with the requirement for it to be reviewed every two years. The main updates proposed included increasing the membership of IJB members from four to six, to be made up of two Health Board members, two Aberdeenshire Council members and two stakeholder members, and a refresh of the organisational structure diagram.

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

- (1) to approve the updated Clinical and Adult Social Work Governance Committee Terms of Reference attached at Appendix 1 to the report;
- (2) following the Local Government Election on 5 May, 2022, to agree nominations for the appointment of a replacement Aberdeenshire Councillor Member to the Clinical and Adult Social Work Governance Committee and to agree nominations for the appointment of one additional Aberdeenshire Councillor Member and one additional Health Board Member to the Clinical and Adult Social Work Governance Committee, as follows –  
  
Aberdeenshire Council Members – Councillors D Keating and M Grant;  
NHS Grampian Member – Ms Joyce Duncan; and
- (3) to agree to update the IJB Governance Handbook to reflect the revised version of the CASWG Committee's Terms of Reference.

## **10. STRATEGIC PLANNING GROUP UPDATE**

There had been circulated a report dated 5 May, 2022 by the Chief Officer, which provided a summary of the main items of discussion at the most recent meeting of the Strategic Planning Group, which included discussion on the Scottish Government consultation paper on the Health and Social Care Strategy for Older People; the AHSCP Commissioning and Procurement Plan; AHSCP Workforce Plan; Health Improvement Delivery Plan Workstream Performance Report; and other related business.

The Programme Manager introduced the report and sought comments from Members on a draft response to the Scottish Government Consultation on the Health and Social Care Strategy for Older People. She advised that the consultation centred on four themes of: Place and Wellbeing; Preventative and Proactive Care; Integrated Planned Care; and Integrated Unscheduled Care. The consultation document indicated that it would continue to be informed by and align with recommendations from the Independent Review of Adult Social Care and the National Care Service consultation.

There was discussion of staff health and wellbeing being fundamental to workforce planning, although not a central part of the workforce plan, which should be about having the right numbers of staff in the right place; challenges around volunteers going into care homes; the need for further reference to preventative and proactive care; continued need to put staff wellbeing at forefront and to acknowledge pressures on staff, the need for more staff and consideration of staff terms and conditions, recruitment and retention of staff.

After discussion, the Integration Joint Board **agreed**:

- (1) to acknowledge the report from the Strategic Planning Group following its meeting on 21<sup>st</sup> April 2022;
- (2) that comments provided on the draft response to the Scottish Government Consultation on the Health and Social Care Strategy for Older people be fed into the consultation response by officers; and
- (3) to note the performance report for the Health Improvement Delivery Plan.

## 11. INSCH STRATEGIC NEEDS ASSESSMENT UPDATE

With reference to the minute of meeting of 19 May, 2021 (Item 11), when it was agreed that a strategic needs assessment be carried out to develop options for future health and social care services for residents of Inch and the surrounding area, there had been circulated a report dated 19 May, 2022 by the Partnership Manager (Central), providing an update on the work undertaken to date and progress made to develop options for fit for the future health and social care services delivery models.

The Chair indicated that two requests to speak had been submitted by Mr Chris Humphris, on behalf the Friends of Inch Hospital and by Mr Frank Musgrave, on behalf of Bennachie Community Council. The Joint Board **agreed** to hear from the two speakers.

Mr Musgrave advised the Board that, on behalf of the Bennachie Community Council, he was representing the views of the local community, which covered some 6,000 residents of Inch and the surrounding rural community, and was served by the Inch Hospital, prior to its closure in March 2020. The hospital was a highly valued facility, providing inpatient treatment and residents were concerned that of all the small rural hospitals that had been closed since the pandemic, Inch was the only one which had required a Strategic Needs Assessment before it could re-open.

The Community Council had encouraged people to engage with the consultation process, in order that they could influence the process. However, there was no reference to the status quo prior to covid and this did little to dispel the view that the closure of the hospital was already a done deal. The largest volume of comments in the public consultation had referred to the hospital, reinforcing that this was a key issue for the community.

There were concerns that the options development which was developed by the stakeholder group, did not specifically refer to the hospital or beds and the

reinstatement of the hospital was a key concern for the community. Although the Bennachie Community Council had participated in the Stakeholder Working Group, they had not had sight of the report to the Integration Joint Board prior to its publication, and they considered that the report did not reflect the urgency of the situation, nor did it take account of the rural nature of the area, and it was considered to be premature to eliminate the short term solutions.

Local expectation had been influenced by a visit from the First Minister in May 2021, when she had said that she was determined that the Inch War Memorial Hospital would reopen, and that the Scottish Government had included it in their capital investment plans and were prepared to make funding available to the Health Board to reopen and to do work to give a long term sustainable future to the hospital.

Mr Musgrave concluded his presentation by advising that the local population was clear on the value of local inpatient beds and suggested if the IJB were to accept the Strategic Needs Assessment recommendations as presented, there was little point in moving to the next stage of the process as public confidence in the entire process would have been eroded. He advised that the Community Council supported the proposals from the Friends of Inch Hospital to amend the recommendations being presented today.

Mr Musgrave responded to questions from Members about the role of the Stakeholder Group in the development of the four proposed options; whether he was aware of any engagement with Scottish Government regarding a business case related to the retention of beds; and noted that reports in local newspapers in this regard had influenced the views of the local population.

Mr Humphris then addressed the meeting and advised that he was representing the Friends of Inch Hospital, a group which had worked for many years to ensure that the best facilities for health and social care were provided for the residents of Inch and the surrounding area. He highlighted a number of areas, each linked to a specific recommendation, and wished to suggest some amendments to the recommendations as a result.

The Friends, although not happy that a Strategic Needs Assessment was to be carried out, decided to participate fully and constructively in the work. In that spirit they had responded very actively to the consultation process. A strategic vision document was prepared by the Friends, to inform and develop options for innovative, fit for the future service delivery models. In this vision and everything said since, the Friends had indicated that they believed that local beds at Inch hospital were only one element of a comprehensive set of local services, and completely understood that it was not simply all about beds. He advised that there was much common ground between the partnership managers and clinicians, the general practice and Friends, in terms of service needs, priorities and the benefits of integrated working to address these in a practical way.

The Friends believed that the best approach to meet the needs of the population would be to ensure the development of a local team approach and stressed the wishes of the Friends to build upon existing partnership work on the ground. He advised that the Friends had brought considerable resources to meet local challenges, had respected the process and tried to work with it, but felt that it had got

in the way of moving towards a collective position where there was a clear service plan that all parties could support, and the Friends would like to be involved in co-producing a service plan that was innovative and offered the best opportunities for success. The Friends wished to encourage the IJB to go further than recommendation 1.2.b and substitute with a recommendation such as 'to develop an Insch Service Planning Group that will develop a local service plan reflecting on the identified health and social care priorities and building on the ideas of suggestions the service development and ways of working that can be fully supported by all the stakeholders'.

With regard to beds, the stakeholder group clearly saw the provision of beds at Insch hospital in their top 4 options, and this would have to move to a capital funding proposal with a business case, and the Friends believed that this should not include further consideration of an option for beds for Insch residents to be located at Inverurie and that option 8 should therefore be ruled out of the capital planning exercise as a short listed option. If Inverurie was kept in the mix, it would remove none of the existing uncertainty for the community about the future of beds at Insch hospital, and did not reflect the clear preference the stakeholder group had expressed.

The potential for reopening beds at the existing Insch hospital had been the subject of much discussion over the last two years, and inpatient beds had been provided in the hospital for around 100 years. For the longer term, the Friends supported a new build option instead of the retention of the existing hospital, but would like some clarity on the reasons why it was not currently suitable for short term options. The Friends had been frustrated at the lack of opportunity to discuss potential short term options and wished to seek, as a matter of urgency, a way to be able to reopen beds on the Insch hospital site, and wished to recommend that this be progressed.

Mr Humphris concluded his presentation by advising that the Friends genuinely wished to work with the partnership going forward to develop services, but with the certainty of a plan for beds, and this would be met with a positive response from the community and Friends to developing services to the satisfaction of all parties.

Mr Humphris responded to questions from Members relating to any discussions with the Scottish Government in relation to the comments made in the press by the First Minister related to her commitment to support the retention of Insch hospital; future stakeholder involvement in relation to identifying interim solutions as well as longer term solutions; and the broad representation of experience and expertise on the Friends group.

The Chair then thanked Mr Musgrave and Mr Humphris for their contributions to the meeting.

The IJB then heard from the Partnership Manager (Central) and Location Manager on the work that had been undertaken to date in progressing the Strategic Needs Assessment for Insch and the surrounding area. The Strategic Needs assessment had been completed and published in February 2022, and since then there had been considerable work carried out by a Stakeholder group to review the data and to develop options for future delivery models. The GP practice, the Friends of Insch Hospital and the Bennachie Community Council had been instrumental in contributing ideas for the development of the options, and there had been input from

staff teams and clinicians. A comprehensive engagement plan was followed to gather input and views from the community to inform the Strategic Needs Assessment.

The Location Manager outlined the process that was followed and reiterated that the work covered all of the health and social care services, not only the inpatient services at the hospital. She advised that there were a significant amount of services delivered in the area, which had continued to be delivered throughout the pandemic, providing care and treatment to people in their own homes. There had been a short period of awareness raising, before the survey was issued, which was designed to gather information about what people wanted from their services, and what their priorities were in how the services were delivered. The survey had an excellent response rate, and follow up focus groups were held, to explore the issues in more depth. When reflecting on the responses, many of the comments related to the hospital and the focus groups were designed to explore the relationship between the community and the hospital and to discuss the functional issues of the building, then moving on to look at the future and widening the scope to discuss the type of services which could be delivered. The Strategic Needs Assessment report was written following this stage, and the purpose was to inform the planning and commissioning of services to ensure they were of the greatest benefit to the local population. The option appraisal phase followed, and the stakeholder group was formed. According to the process, the option appraisal did not consider financial implications of the options, rather it was focussed on non-financial costs and benefits, with a separate financial assessment that would follow. It was made clear to the group that any options to be taken forward in the short term would have to be deliverable within existing resources. A number of workshops sessions were run and high level options for future services were identified. A longlist of 10 options was developed at that stage, and a criteria was formulated, and the options were scored against the criteria.

in terms of the next steps, the Partnership Manager, Central advised that proposals for options had been set out, which were considered viable to be taken forward for further development, and the options were detailed in the report, with all the options being high level. Further work was needed to consider the options, and how they could work for the community, before any wider public consultation. It was recommended that the current hospital building be earmarked for a potential Wellbeing Community Hub which could include clinical space. More work and consultation on what this could offer would be needed and officers would be keen to develop this model with the practice and the Friends. The option had the potential for new services to be offered locally, in a suitable space and would allow the hospital to be used again for outpatient clinics, as well as other activities, which could be offered by partner agencies and the community to benefit the health of the population. No structural changes to the building would be needed and it was considered that this model could be delivered within existing Health and Social Care Partnership resources. Consultation on what this would look like was recommended. If this approach were supported, another solution would be required for in patient facilities and it was clear from the scoring that the highest scoring options were those that included some form of new build facility for inpatient beds. These would require further exploration in terms of costings and possible designs, followed by the submission of a business case to the Scottish Government. This would have to be done in competition with other areas in Scotland for capital investment and within Aberdeenshire there were other sites and priorities with needs for capital investment.

Advice from Property and Estates services in NHS Grampian had confirmed that to re-configure the hospital building, even after investment, would not achieve compliance in terms of a Chief Executive Letter (CEL) 27 (relating to the provision of single room accommodation and bed spacing), or alleviate fire evacuation concerns. The existing hospital, reconfigured could not accommodate 10 inpatient beds. Recognising that further work on a business case would take a significant amount of time, and dependent upon availability of capital funding, the IJB were being asked to put in place the provision of inpatient facilities which could be achieved within current budgets, and with a safe staffing model. It was noted that Insch practice patients were currently able to access inpatient beds in Inverurie Hospital and Jubilee Hospital, Huntly, and there was alternative for other options. It was also recommended that a further update report be presented to the IJB after the next phase of consultations had been completed, and before implementation of any option, and that the IJB would be asked to approve the business case and preferred long term capital option before submission to Scottish Government.

There was discussion of the lack of clarity around the issue of bed spacing; the perceived commitment from Scottish Government to preserve bed facilities and reinstate the services at Insch hospital, and the possibility that it may be premature to discount the options relating to re-opening the hospital to inpatients; the need for a business case to be submitted for submission; the need for further examination of the existing buildings, given that the hospital was able to function adequately up until 2019; the issue of value for money in any consideration of a remodelling of the buildings; the need for further work to determine a best business case for the residents of Insch and District.

The need to keep a broad focus on the needs of the community in respect of all the health and social care facility requirements, rather than focussing on a hospital building was stressed, and also the need for further engagement with the key funding provider (the Scottish Government) should be explored, to ensure a robust process was followed. However, it was noted that there was no formal commitment of any funding at this stage, and any proposal would need to go through the standard business case process following the standard timeline.

It was noted that a Property and Asset Strategy was under development for the Health and Social Care Partnership as a whole, which would look at where the biggest impacts could be gained across Aberdeenshire through investment. It was also noted that not all communities had access to inpatient beds and there was a need to look at the wider service provision, and for realistic discussions, and the need for acceptance that some services may no longer be available.

Thereafter, after a full discussion, the Chair moved, seconded by Councillor Stirling, that the Joint Board should approve the recommendations contained within the report.

As an amendment, Councillor Grant, seconded by Councillor Reynolds, moved that the Joint Board should approve the recommendations contained within the report, subject to the addition of the words 'at Insch' to recommendation 1.2.d after the words 'for Insch patients'.

The Voting Members then voted:

For the motion	(5)	R Atkinson, J Duncan, R Little, Councillor Stirling and S Webb
For the amendment	(3)	Councillors Grant, Keating and Reynolds
Absent from the vote	(1)	Councillor Lang

The motion was carried and the Integration Joint Board **agreed**:

- (1) to acknowledge the significant work and commitment given by all stakeholders in the process and the progress achieved to date as detailed in the report;
- (2) they had considered the long list of options as scored by the stakeholder group at paragraph 6.5, and:
  - a) noted the highest scoring options involve a new build component for inpatient facilities and agreed to the progression of further work and consultation on options 4, 5, 6 and 8 in order to produce a robust business case for submission to the Scottish Government to seek capital investment;
  - b) approved further development and consultation on creating a 'wellbeing hub' and clinical space within Inch War Memorial Hospital and additional health and social care services in the community, which can be provided within existing financial resource;
  - c) agreed to discount options 1, 2 and 3 from further development; and
  - d) to instruct officers to work with stakeholders to make arrangements for alternative inpatient facilities for Inch patients that can be achieved within existing budget provision, until such time as any new build facility is available; and
- (3) Following the completion of the work detailed in recommendation 1.2, to report back to the IJB with an update on progress.

## **12. FRAMEWORK FOR EMERGING FROM EMERGENCY MEASURES IMPLEMENTED DUE TO COVID 19**

With reference to the minute of 30 March, 2022 (Item 10), when it was agreed to receive a more detailed report on a revised Strategic Delivery Plan, there had been circulated a report dated 9 May, 2022 by the Chief Officer providing an update on progress towards the development of a strategic framework to support a move away from delivering services under emergency measures, with a revised Strategic Delivery Plan, along with indicative timescales and recommending that a further report be provided with a revised Strategic Delivery Plan to the next meeting of the IJB on 24 August, 2022.

The Strategy and Transformation Manager introduced the report and provided a summary of the progress made to date, to support the move away from emergency measures. She highlighted the need to take a considered approach to move away from delivering services under emergency measures, and the need to take

cognisance of all the changes, adaptations and learning from the past few years, the impact that people and communities had experienced as well as continuing challenges as a result of demand exceeding resources. She advised that the Health and Social Care Partnership had continued to work under the auspices of Operation Iris, established by NHS Grampian in response to the unprecedented pressures on the Grampian wide health and care system, and which were expected to intensify over the winter months in 2021/22. She highlighted work done so far which included engagement to reflect on progress to date against Phase 1 of the Strategic Delivery Plan, and to look at new and emerging priorities. A review had been undertaken of key decisions about service provision made by the Partnership under emergency measures and work was being undertaken with Health Improvement Scotland on a self-evaluation process for a quality framework for community engagement and participation. Work to date had concluded that the Strategic Plan remained valid but the Delivery Plan required to be reviewed and reset.

After consideration, and having noted the challenges ahead in moving out of emergency measures, the Joint Board **agreed**:

- (1) to note the progress towards the development of a strategic framework to support the move away from delivering services under emergency measures, with a revised Strategic Delivery Plan;
- (2) to note the development of the approach and indicative timescales; and
- (3) to receive a further progress report with a revised Strategic Delivery Plan at the next meeting of the IJB on 24<sup>th</sup> August 2022

### **13. EVALUATION OF HEALTH AND SOCIAL CARE PARTNERSHIP GRANT FUNDING APPLICATIONS 2022-2025**

As referred to under Item 1, Councillor Keating and Ms S Kinsey withdrew from the meeting during consideration of this item.

With reference to the minute of 3 November, 2021 (Item 12), there had been circulated a report dated 9 May, 2022 by the Chief Officer providing details of the evaluation of applications received for Health and Social Care Partnership (HSCP) Grant funding for 2022-2025; seeking approval of the allocation of grant funding to applicants in line with the outputs and recommendations of the evaluation process; and seeking authority for further work to be undertaken to develop a co-production test of change with third sector organisations and wider partners, to be brought back to the IJB for approval upon completion of the ideas generation and scoping stages.

The Programme Manager outlined the process that had been undertaken to consider applications for funding to support voluntary and Third Sector organisations providing services and support throughout Aberdeenshire, which contribute to health and social care outcomes. The aim of the work was to ensure the allocation of grants to services/projects was clearly aligned to the outcomes within the Health and Social Care Partnership's strategic delivery plan, and that there was a robust process for evaluating and understanding how projects had contributed to these outcomes and how they would address areas of unmet need and inequality. She advised that an evaluation panel had reviewed and assessed the applications and outputs were

considered by the IJB grants sub-group and applications assessed against a set of criteria. Finally, the Programme Manager outlined a proposal for the development of a co-production test of change with third sector organisations and wider partners, which would lead to a more specific focus for the use of third sector grant funding.

After discussion, the Integration Joint Board (IJB) **agreed**:

- (1) to note the outcomes of the evaluation of applications received for Health and Social Care Partnership (HSCP) Grant funding for 2022-2025;
- (2) to approve the allocation of grant funding to applicants in line with the outputs and recommendations from the evaluation process, as detailed in Appendix 2 to the report;
- (3) to approve the further work to be undertaken to develop a co-production test of change with third sector organisations and wider partners, to be brought back to the IJB for approval upon completion of the ideas generation and scoping stages;
- (4) that officers bring forward proposals on the future allocation of any grant monies that may be available, linking to the Strategic Delivery Plan; and
- (5) to Direct Aberdeenshire Council to make an award of grant funding to organisations as per list contained in Appendix 1 to the report, commencing 1 July, 2022 and continuing in full force and effect until 31 March, 2025.

#### **14. SUPPLEMENTARY PROCUREMENT PLAN PROCUREMENT WORK PLAN**

There had been circulated a report dated 23 May, 2022 by the Chief Finance and Business Officer requesting consideration of a Supplementary Procurement Work Plan and an Award Report and that the Joint Board directs Aberdeenshire Council to extend the services detailed in the Work Plan on behalf of the Integration Joint Board.

After discussion, the Integration Joint Board **agreed** to:

- (1) note the Supplementary Procurement Plan as detailed in Appendix 1;
- (2) approve the item on the Supplementary Procurement Plan and note that this item will be added to the Procurement Plan that was approved by Committee on 2 March 2022;
- (3) approve the Procurement Approval form in Appendix 2; and
- (4) Direct Aberdeenshire Council to extend the services detailed in the Work Plan on behalf of the Integration Joint Board.