

**ABERDEENSHIRE INTEGRATION JOINT BOARD**

**WOODHILL HOUSE, ABERDEEN, 18 APRIL, 2018**

**Integration Joint Board Members:**

Dr L Lynch (Chair), Councillor E A Stirling (Vice Chair), Councillor A Allan, Ms A Anderson, Mrs S Duncan, Mrs E Fairley, Mr A Gray, Councillor G Petrie (as substitute for Councillor D Robertson), Councillor A Ross, and Mr E Sinclair.

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

Mr A Wood, Chief Finance Officer; Mr D Hekelaar and Mrs S Kinsey, Third Sector Representatives; and Dr C Allan, GP Representative.

**Officers:**

Ms K Davidson, Mr I Ramsay, Mr M Ogg, Ms K Penman, Mr M Simpson, Mrs A Wood, and Mr A Wood, all Aberdeenshire Health and Social Care Partnership (AHSCP); and Ms J McRobbie, Mr N Moir, and Mr A Stobie, Aberdeenshire Council.

**Apologies:**

Councillor W A Howatson; Councillor D Robertson; Mr Coldwells; Ms Kirk; and Mrs E Chisolm.

**In attendance:**

Ms A MacDonald, Senior Audit Manager, Audit Scotland;

**1. SEDERUNT AND DECLARATION OF INTERESTS**

The Chair asked members for declarations of interest from both voting, and non-voting, members. No interests were declared.

**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 Equality Impact Assessment was provided, to consider its contents and take those into account when reaching their decision.

### 3. MINUTE OF MEETING OF INTEGRATION JOINT BOARD OF 14 MARCH, 2018

There had been circulated and was **approved** as a correct record, subject to the amendment of item 12, page 11, first paragraph to read, “ground to a halt”, not “half”, the Minute of Meeting of the Integration Joint Board of 14 March, 2018.

### 4. ACTION LOG

There had been circulated the Integration Joint Board Action Log, dated March, 2018, by the Chief Officer, Aberdeenshire Health and Social Care Partnership.

The Joint Board heard from the Partnership Manager (North) of the continuing engagement on the review of services delivered from the Ugie Hospital, Peterhead, with a recent public meeting attracting 147 attendees.

The Joint Board **noted** the updates provided.

### 5. CHIEF OFFICER'S UPDATE

There was circulated a briefing, prepared by the Chief Officer, Aberdeenshire Health and Social Care Partnership, providing (a) an update on the development of the Integration Joint Board's (IJB) Annual Performance Report advising that the External Auditor had agreed to support officers in the appropriate reporting of outcomes, evidenced by “facts and figures”; (b) that the finalised 2017 Adult Protection Inspection report was still awaited and would be reported to the Board in due course; (c) information on the current building assets in terms of the Asset Management and Capital Investment Strategy; (d) recapping salient points from the successful Development Session, held in March, 2018, on Best Value, Performance Reporting, and Risk; (e) confirming that HM Inspectorate of Prisons were to visit Her Majesty's Prison and Young Offenders Institute (HMPYOI) Peterhead the week beginning 11 June, 2018, for a follow up to their 2017 inspection; (f) an update on the continuing development of a Market Position Statement for the IJB in terms of Learning Disability, with workshops held on 20 March, 2018 with care providers and housing associations, and discussions with Aberdeenshire Council's Children's Services regarding honing future needs forecasting; (g) information on the proposed participation of medical practices in Huntly, Inverbervie, and Peterhead in the regional piloting of a “House of Care” initiative, encouraging a more holistic approach to the management of long term conditions, with particular focus on self-care and self-management; and (h) reporting on the 9 public engagement events, with in excess of 1000 participants, in the review of the Minor Injury Service.

The Joint Board heard from the Partnership Manager (Central) that the draft inspection report on Adult Protection had been received and was being checked for factual accuracy; that the Asset Management Plan had not, as indicated in the briefing, been circulated, as work was still progressing with the drafting of the Plan; that the Annual performance report would be evidence based and reflect issues identified at the Joint Board's March development session; that it was intended to revisit the Joint Board's appetite for risk at the development session planned for May; and that 9 events, in which the participation and support of local Councillors, and Board Members, as well as staff, had been significant and appreciated, had taken place in communities on the Minor Injuries Unit review, with over 1000 attendees, in addition to 4200 online responses.

The Partnership Manager (North) spoke of early sight of the self-evaluation document to be used in the follow up inspection of HMPYOI Grampian, which allowed preparatory work to be undertaken; of his continued work in leading on the position statement on Learning Disabilities.

From Dr Allan, the Joint Board heard of the thinking behind the “house of care” approach, being explored nationally following its development in an English practice, and that whilst the empowerment of patients to take better control over their lives, in a holistic approach to care, was to be supported, there were already concerns at the multiplicity of processes to be established to allow this approach, and the impact on administrative resources at the test practices.

There was discussion of the continuing need to signpost communities to available services; the statistics recorded for learning disabilities in the prison population and the excellent work of the Learning Disability nurse at HMPYOI Grampian; the ethos behind the House of Care approach, which was not expected to have implications for the introduction of the new GP contract.

The Joint Board **agreed:**

- (1) to commend staff in the community engagements ongoing;
- (2) that a formal report be prepared for the Board on the outcome of the Adult Protection Inspection;
- (3) that the Best Value slide presentation made at the March development session be circulated to all for their information; and
- (4) in all other respects to note and welcome the updates provided.

## **6. ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLAN 2019 – 2022**

There had been circulated a report dated 27 March, 2018, by the Partnership Manager (Strategy and Business Services), requesting the Joint Board’s approval of the arrangements and proposed timescale for development of the Health and Social Care Partnership Strategic Plan 2019-2022.

Having heard further from the Mr Ogg of the opportunity to reflect, given the Partnership’s continued evolution; the need to reflect local measures in what was to be achieved, and how, not just respond to government prescriptive dictats; of the proposed involvement of additional partners including Fire & Rescue and Police Scotland, in the process; and the indicative timetable for the drafting of the Plan, the Joint Board **agreed:-**

- (1) to stress the requirement for the statement of a longer term view than the 3/5 years projected, to include, inter alia, a notional indication about workforce and financial challenges and digital technologies;
- (2) to note the inter connectivity between strategic direction, at one extreme, and locally expressed needs, at the other, in shaping the content of the Plan;
- (3) that the four main workstreams previously identified be revalidated as continuing areas for prioritisation; and
- (4) in all other respects to approve the proposed arrangements and timescale for the development of the Health and Social Care Partnership Strategic Plan 2019 – 2022 as detailed in the report.

## 7. ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (AHSCP) EQUALITIES MAINSTREAMING REPORT

There had been circulated a report dated 22 March, 2018 the Partnership Manager (Strategy and Business Services), reporting, in terms of the Public Sector Equality Duty, under the Equality Act 2010, the outcomes of the various actions in the Mainstreaming Equalities and Equalities Outcomes report for the Health and Social Care Partnership. The Joint Board heard further from the Partnership Manager and the Health and Wellbeing Lead of the legal duty to assess, and publish, a plan every four years, ensuring that there was an action plan to detail how to deliver on, and monitor completion of, the mainstreaming of equalities in the Partnership.

Having heard from the Health and Wellbeing Lead of the focus around the six themes of the initial action plan, and that work still had to be completed on the “next steps”, with partnership outcomes, in line with the Strategic Plan, to be identified.

There was discussion of the need to make specific reference to the BME (Black and Minority Ethnic) communities and the challenges in identifying/ making provision for hard to reach groups who may be hard to reach specifically because of the very nature of their isolation, and the Joint Board **agreed:-**

- (1) that consideration be given to the wider definitions of disability, beyond the current benefit linked definitions;
- (2) that the document should reflect the wider community benefits, beyond the individual client, relating to maintaining ability to contribute to the community/ work through addressing health issues;
- (3) that reference to the outcomes for people from the Autism Friendly Aberdeenshire project, as is for the Dementia friendly outcomes;
- (4) that additional reference be made to outcomes, not actions, in order that differences made may be clearly evidenced;
- (5) that a revised version of the Mainstreaming Report be circulated for approval before issue; and
- (6) in all other respects to approve the Mainstreaming report.

## 8. ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (AHSCP) PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 3 REPORTING – OCTOBER TO DECEMBER 2017/18

There had been circulated a report dated 8 March, 2018 by the Partnership Manager (Strategy and Business Services) reporting on performance in the delivery of the Aberdeenshire Health and Social Care Partnership’s strategic plan, for the period October – December, 2017 (Quarter 3).

Having heard further from Mr Ogg of the challenges in correlating national and local indicators, there was discussion of the optimum meaningful reporting of annual national indicators in a quarterly report, and the Joint Board **agreed:-**

- (1) that future performance reporting include numbers to give a context to percentages attained;
- (2) that officers report on action taken to address declining indicators, in Occupational Therapy Assessments and support following diagnoses of dementia, identified in the report;

- (3) that the future development of link officer roles be considered in both a generic as well as the currently identified specialist role;
- (4) to welcome the very positive improvements in countering delayed discharge; and
- (5) to note that the Performance reporting would also be considered by Aberdeenshire Council's Communities Committee, with any feedback arising reported to the Joint Board to ensure a continued interactive process.

## **9. ADULT CARER STRATEGY 2018-2022, ELIGIBILITY CRITERIA FOR ADULT CARERS**

With reference to the Minute of Meeting of 17 January, 2018, (Item 6), there had been circulated a report dated 9 April, 2018 by the Partnership Manager (Strategy and Business Services), providing an update, following consultation on the proposed eligibility criteria for adult carers. There was discussion of the Partnership's requirement to undertake preventative work to identify potential need before the eligibility triggers were reached, and also of the challenges in getting carers to self-identify.

The Joint Board **agreed:-**

- (1) to note officers continuing concerns that the funds allocated would not be sufficient to address the need identified;
- (2) to welcome the ongoing work to ensure that appropriate support was available for carers as part of the hospital discharge process;
- (3) that officers consider and report in early course a management suite of potential indicators to assist the monitoring of performance of the adult carer strategy;
- (4) that additional emphasis be given to the requirement for preventative support, including better signposting, and the exploitation of all means of communication to alert carers to the resources available;
- (5) in all other respects to approve the Aberdeenshire Adult Carer Strategy, subject to minor corrections;
- (6) to approve the Eligibility Criteria for adult carers; and
- (7) that officers report, on a six monthly basis, progress with the implementation of the Carers (Scotland) Act 2016, to complement the light touch review, already scheduled, on impact of the eligibility criteria.

## **10. SCOTTISH GOVERNMENT CONSULTATION ON "A CONNECTED SCOTLAND: TACKLING SOCIAL ISOLATION AND LONELINESS AND BUILDING STRONGER SOCIAL CONNECTIONS"**

There had been circulated a report dated 4 April, 2018 by the Partnership Manager (Strategy and Business Services), requesting members consideration of a proposed response, on behalf of the Aberdeenshire Health & Social Care Partnership, to the Scottish Government's consultation, "A Connected Scotland: Tackling Social Isolation and Loneliness and Building Stronger Social Connections". There was tabled an updated report which included the comments made by Aberdeenshire Council's Communities Committee at its meeting on 29 March, 2018. After discussion, and having noted that while common concerns might be identified, the Health and Social Care Partnership's response could differ significantly, given the divergence of strategic function, the Joint Board **agreed:-**

- (1) that reference be made to the contribution of accessible and affordable public transport in both attendance to medical appointments and maintaining family connections, and

- the challenges which inaccessible, inconvenient, or prohibitively expensive transport in rural infrastructure sets for well-being;
- (2) that comment be made on Aberdeenshire's statistically identified pockets of inaccessibility, communication, education, and financial resources in terms of health and equalities;
  - (3) that reference to befriending networks in 3.3 be amended to clarify that these are national and not only local;
  - (4) that the proposed response to Questions 12 and 12 be amplified to highlight not just the availability of training and what the Health and Social Care Partnership can do to people, but also what the Partnership reflects in listening to people on these issues;
  - (5) to note, in respect of Question 14, the challenges in communicating, across the spectrum, the availability of physical activity; and
  - (6) that additional comments be submitted to the Chief Officer, for collation into a final submission to Scottish Government, to be agreed in consultation with the Chair and Vice-Chair.

Arising out of the above discussion, the Joint Board further **agreed** that the feedback from the recent Aberdeenshire Voluntary Action befriending event in Inverurie be shared with all members.

## **11. DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND**

With reference to the Minute of Meeting of 14 March, 2018, (Item 9), there had been circulated a report by the Clinical Lead, Aberdeenshire Health and Social Care Partnership, providing an update on continuing progress with the delivery of the new 2018 contract for general medical services in Scotland. Having heard further from Dr Allan of the discussions which sought to translate the national Memorandum of Understanding to local application in Grampian, with a supporting improvement plan in line with the Partnership's strategic priorities, the Joint Board **agreed:-**

- (1) to note the further details provided in the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities, and NHS Boards;
- (2) to welcome the update and further development of the local Primary Care Improvement Plan, in the context of the new national agreement; and
- (3) to agree to receive future reports at the appropriate time on progression of the matter.

Dr L Lynch

Chair