

**Minute of the Dumfries and Galloway Integration Joint Board (IJB) meeting held on
22nd April 2020 at 11am via Microsoft Teams**

Voting Members Present:

Andy Ferguson	(AF)	Local Authority Voting Member (Chair)
Penny Halliday	(PH)	NHS Voting Member (Vice Chair)
Lesley Bryce	(LB)	NHS Voting Member
Grace Cardozo	(GC)	NHS Voting Member
Ian Carruthers	(IC)	Local Authority Voting Member
Laura Douglas	(LD)	NHS Voting Member
Andrew Guisti	(AG)	Local Authority Voting Member
Melissa Gunn	(MG)	NHS Voting Member
Jane Maitland	(JM)	Local Authority Voting Member
Elaine Murray	(EM)	Local Authority Voting Member

Advisory Members Present:

Lillian Cringles	(LC)	Chief Social Work Officer
Katy Lewis	(KL)	Chief Finance Officer
Alison Warrick	(AW)	Governance Officer
Julie White	(JW)	Chief Officer

In Attendance:

Amber Murray	(AM)	PA to Julie White – Chief Officer
Stephen Thompson	(ST)	Substitute Member

1. GOVERNANCE ARRANGEMENTS DURING COVID19

AW highlighted this Report provides Members with an update on interim governance arrangements during the COVID19 pandemic. As part of these interim arrangements, IJB Meetings will only take place with the approval of the Chief Officer, Chair and Vice Chair. This has also been discussed with both the NHS and Local Authority Chief Executives.

All other meetings including Committees, Strategic Planning Group and Workshops are suspended until the COVID19 situation improves or we receive guidance from Scottish Government.

Members were asked to agree that normal governance arrangements will be suspended during this time. Alternative decision making arrangements will be enacted in that the IJB will delegate authority to the Chief Officer in consultation with the Chair and Vice Chair of the IJB, in line with the Standing Orders.

JM asked why IJB meetings are being held in private. AF commented that the recording could be added to the website for non-confidential items. AW confirmed that IJBs throughout the country are enacting the same protocol for their meetings and following this model.

LD asked how we are going to communicate this appropriately to the advisory members. AF confirmed that the meeting was to ensure appropriate Governance arrangements are approved. The IJB agreed minutes will be shared to all the members and the next meeting being held in 1 months time will include all IJB members and will be undertaken virtually via teams.

LB asked if a statement can be highlighted on the website to inform public of the changes, AW confirmed there is a statement already on the website but will be reinforced on the website with the minutes.

KL asked if a timeline can be agreed for the Governance arrangements to be reviewed. AF confirmed these will be regularly updated at the future IJB meetings.

LC highlighted for members to review the Emergency Legislative Guidance changes that have come in within the Act that has now been issued. There have been a number of changes in delegated responsibilities that will ensure continued transparency regarding decision making.

JW confirmed that from today all advisory members will be invited to IJB meetings to be held via teams.

AF agreed for the IJB to be held on a monthly basis.

11:23 Andrew Giusti attended the meeting

Decision(s)

Board Members:

- **Agreed that normal governance arrangements and delegation of authority is enacted 'if required', to meet immediate operational demand during the course of the CoVID 19 pandemic**

- **Approved an alternative IJB meeting arrangement as outlined at Section 3 of this report**
- **Noted that regular updates will be provided to members**
- **Noted arrangements will be reviewed in line with any advice or guidance we receive from Scottish Government**
- **Agreed Advisory Members to be invited to future meetings and to be included in all correspondence**
- **Agreed that the minute of this meeting would be published on the website**

2. COVID19 UPDATE

JW confirmed as of 21st April we have had just over 230 positive cases confirmed within Dumfries and Galloway, 25 deaths within DGRI and 54 recovered patients within the Hospital settings. In terms of our Partnership and other environments, we have 3 care homes closed for admissions which are all in the East of the Region also 1 residential facility for younger individuals. As a Health and Social Care Partnership we are working very closely with Scottish Care and the Care Inspectorate to support these facilities.

A new model has been developed which shows various predictions based on certain levels of compliance with social distancing and rates of transmission of infection. Scottish Government model sits at 40% compliance with social distancing. Numbers are currently low across Dumfries and Galloway. Essentially we are seeing a lower number of admissions and lower bed occupancy for this time of year, our key message is that this is due to the social distancing compliance. We are confident that our systems are coping with the current level of admissions. Critical care remains very busy within DGRI. JW highlighted that a small percentage change in compliance with social distancing would increase transmission and therefore admissions to DGRI.

We have designated some cottage hospitals as step down COVID19 hospitals. At the moment these are not required, staff from these cottage hospitals have been deployed to other parts of the organisation including providing support to care homes and community nursing teams.

Regarding support for the Care Homes, we have developed a rapid response team for the East and the West of the Region which will support Care Homes who are experiencing adverse impacts of staffing from COVID19. We have deployed this rapid response team already into the East of the region. We made important decisions around our current routine work, Silver Command have agreed with Bronze Command to recommence elements of routine work primarily through virtual clinics.

Our Partnership has worked incredibly well across all the settings to support the delivery of PPE across the Partnership. A PPE Partnership Group has been established led by Alice Wilson, Nurse Director.

In relation to our testing we now have local capacity for testing in DGRI laboratories. From the outset our testing strategy was for all of our staff across the Partnership to ensure our system was able to continue to deliver what was required. We have locally been testing staff from lots of different organisations including social care, council, police, fire and other services.

EM asked if our Social Care providers have enough PPE, JW confirmed there was a concern a couple of weeks ago and any shortages are being highlighted through the hub and if they can't support this we then look wider through the Partnership. We supplied masks to Social Care providers from the DGRI supply to support a short term supply issue. JW highlighted there are still national challenges around PPE for example gowns. There is a process in place for emergency supplies through NSS. We also have out of hours access to PPE for Social Care Providers.

ST asked if we have a clear way of distinguishing the different PPE for other staff out with HSCP, JW confirmed we are working closely with partners. LC mentioned this has been dealt with through the Solutions Cell which has a separate supply and distribution and some of this has gone to other colleagues across the Partnership.

IC asked about staff morale across the Partnership, JW confirmed we have had a great response across the Partnership although morale levels will be variable, Critical Care within DGRI is currently working at double their usual capacity. The team in Critical Care are a strong, resilient team and we will continue to offer them any support they may need.

LB asked if we have a surge of admissions, if the social distancing is lifted, would we have a concern around PPE again or do we have a reserve? JW highlighted this is all part of the Surge planning that is underway. We will be pulling together all the directorates surge plans into one Partnership model surge plan, mainly looking at workforce, PPE, oxygen, supplies, equipment.

3. MOBILISATION PLAN

JW confirmed that she has addressed most of the mobilisation plan in her comments earlier, and this has been issued to members to read. Colleagues will be aware from our Surge Plan, that our current key area of critical business in Health is within our combined Critical Care Unit. Appropriate staffing levels will be essential if numbers continue to increase and we have plans developed to ensure we have safe, effective staffing levels.

We currently have 6 delayed discharges across our Partnership in our system 5 in a mental health setting and 1 in a cottage hospital setting. This is an incredible achievement at this difficult time.

JM asked around page 5 of the plan it mentions the Workforce Deployment Hub, is it right across the whole of the Partnership? Are we being efficient in deploying people? JW confirmed that more work is required on the use of the deployment hub and we are working closely with colleagues in the Local Authority.

EM asked when will this plan be in the public domain to highlight this sort of work is ongoing and we have plans if the situation with COVID19 deteriorates. When we get the system wide surge plan together we then need to consider how we provide that in an easy readable format for public in order that we can give assurance. This will be a public document sooner rather than later. AF stated he appreciates that the mobilisation plan should be made public at an appropriate stage to give updates to public.

JW mentioned she is more than happy to work with the Communications Hub for us to think about what reassuring messages can be shared with the public. The Health

and Social Care system is currently coping due to the public following the social distancing measures and we need to continue the engagement with the public.

PH highlighted if we were having a normal IJB Board any sensitive papers would be discussed in confidence.

IC confirmed he is happy to carry on this meeting as a private meeting but procedure needs to be considered.

MG asked around the Delayed Discharges and what different processes have been put in place as this has always been an issue before now. JW confirmed due to the emergency there has been different ways of working around this, a number of difficult decisions had to be taken which would not be done normally e.g. relaxation of choice guidance regarding care home placement. LC mentioned as a Partnership there has been a number of difficult decisions required to be taken but was the right thing to do. These decisions were always based on keeping people safe.

KL confirmed the financial plan that sits within this document has not been finalised and is not publically available as of yet.

JM highlighted the standing orders 5.7, 5.9 and 5.10 apply to this meeting, AW brought members attention to 5.9 regarding the Governance at this time. This should have been stated at the beginning of the meeting. Going forward this is a lesson learned.

All members agreed that the minutes be shared with members.

JW to work with the Communications Team with regards to public meetings.

4. YEAR END FINANCIAL POSITION AND BUDGET SETTING FOR 2020 - 2021

KL confirmed the Partnership financial plan is in place, KL has been having weekly meetings to monitor the spend.

IC asked if we will end up in deficit after this Pandemic or will it be written off. KL stated there has been no discussion around this yet but her ambition is to ensure our financial position does not deteriorate further.

KL confirmed the GMs at the moment are working together on the Surge plans but we are also working on a recovery plan.

JW highlighted this has been a challenging time however it is important to recognise we have made positive changes also during this time. We have seen a significant rise in clinicians undertaking Attend Anywhere clinics, so going forward there will be number of changes.

KL confirmed there has been a huge amount of work for her teams during this crisis.

Regarding our year end position, we still have a projected overspend of £4.8m, Local Authority numbers are still not confirmed. NHS Board will transfer resource to the IJB to break even as the overspend is in the Health Budget. Primary Care prescribing has increased by 20% due to COVID19.

KL will issue a draft paper to members and will then issue a more formal paper to the next meeting in a month to highlight formally the year end position. IC asked for a virtual workshop on the finance plan. KL highlighted the need to sign off the Annual Accounts. It was agreed for an informal Microsoft Teams meeting for IC, LD and KL from Audit and Risk to review.

5. SHIELDING UPDATE

JW confirmed we are now moving on to Phase 2 of the Shielding process. JW highlighted to members the strength of the Partnership to support this challenging agenda. We have successfully implemented Phase 1 supporting over 6,000 people across the Partnership.

6. ANY OTHER BUSINESS DEEMED URGENT BY THE CHAIR DUE TO THE NEED FOR A DECISION

Registration of deaths have been updated a report was shared with members.

DRAFT