

Minute of the Dumfries and Galloway Integration Joint Board (IJB) meeting held on 6th August 2020 at 2pm via Microsoft Teams

Voting Members Present:

Andy Ferguson	(AF)	Local Authority Voting Member (Chair)
Lesley Bryce	(LB)	NHS Voting Member
Marsali Caig	(MC)	NHS Voting Member (Substitute)
Grace Cardozo	(GC)	NHS Voting Member
Ian Carruthers	(IC)	Local Authority Voting Member
Vicky Keir	(VK)	NHS Voting Member (Substitute)
Jane Maitland	(JM)	Local Authority Voting Member
Elaine Murray	(EM)	Local Authority Voting Member

Advisory Members Present:

Norma Austin Hart	(NAH)	Third Sector Representative
Greycy Bell	(GB)	Registered Medical Practitioner (Primary Medical Services)
Lillian Cringles	(LC)	Chief Social Work Officer
Heather Currie	(HC)	Associate Specialist
Ken Donaldson	(KD)	Registered Medical Practitioner (Not Primary Medical Services)
Ann Farrell	(AFa)	Local Authority Staff Representative
Fiona Gardiner	(FG)	NHS Staff Side Representative
Jim Gatherum	(JG)	Scottish Care Representative
Katy Lewis	(KL)	Chief Finance Officer
Karen Martin	(KM)	Carers Representative
Stella MacPherson	(SMac)	Service Users Representative
Alison Warrick	(AW)	Governance Officer
Julie White	(JW)	Chief Officer
Valerie White	(VW)	Acting (Interim) Director of Public Health (Substitute)
Alice Wilson	(AWi)	Nurse Director

In Attendance:

Rod Edgar	(RE)	Communications and Engagement Manager
Vicky Freeman	(VF)	Head of Strategic Planning and Performance
Glen Graham	(GG)	Strategic Planning and Commissioning Manager
Ruth Griffiths	(RG)	Strategic Planning and Commissioning Manager
Jenny Halliday	(JH)	Consultant Child and Adolescent Psychiatrist and Clinical Lead
Denise Moffat	(DM)	General Manager for Mental Health
Liz Manson	(LM)	Community Planning and Engagement Manager and Interim Head of Democratic Services
Amber Murray	(AM)	PA to Julie White, Chief Officer
David Rowland	(DR)	Sustainability and Modernisation (SAM) Programme Director

Apologies:

Caroline Cooksey	(CC)	Workforce Advisor to the IJB
Penny Halliday	(PH)	NHS Voting Member (Vice Chair)
Laura Douglas	(LD)	NHS Voting Member
Andrew Guisti	(AG)	Local Authority Voting Member
Carol Stuart	(CS)	Carers Representative
Ronnie Tait	(RT)	(Substitute) Local Authority Voting Member

1. NOTIFICATION OF SUBSTITUTES

Apologies were received from Laura Douglas, Andrew Guisti and Penny Halliday.

We have been informed of the following substitutions today:

Marsali Caig and Vicky Keir are deputising for Penny Halliday and Laura Douglas.

Ronnie Tait who was due to deputise for Andrew Guisti could not get connected to the meeting so therefore did not attend.

2. DECLERATIONS OF INTEREST

No declarations of interest were noted.

3. MINUTES OF DUMFRIES AND GALLOWAY INTEGRATION JOINT BOARD HELD ON 30TH JUNE 2020

Minutes were agreed as an accurate record.

4. CARE AND SUPPORT AT HOME FRAMEWORK

GG highlighted Dumfries and Galloway currently purchase personal care and support at home through a locally developed 'framework' agreement. This local framework is due to end on 31st March 2021.

GG confirmed an updated report was shared prior to the meeting due to the need to exclude commercially sensitive information from within one of the tables.

JG asked how we will be assured that quality will still be an important factor in determining allocation of packages. GG confirmed the contract monitoring team will be in place and will be utilised to monitor and assure the Partnership of the quality of the service. National support will hopefully be provided for the framework and will assist how we measure quality locally.

KL reflected to IJB members that finance have worked with commissioning to form this framework.

MC queried if there will be an impact on our ability to recruit when we move to the National flexible framework. GG confirmed this was the main reason we adopted this framework as support will be provided for recruitment and the adoption of the Scottish Living Wage is seen as a critical factor in supporting recruitment.

JG and GG to pick up a conversation offline regarding a figure within the table for a certain provider.

NAH asked for clarity regarding paragraph 6.2, this refers to work with Independent providers, will this also include Third Sector providers also. GG confirmed all providers will be involved.

Decision(s)

Board Members:

- **Agreed the recommendation of adopting the National Flexible Framework for Care and Support from the 1 April 2021 replacing the existing local framework**
- **Noted the timeline and key milestones for implementing this transition**
- **Issued a Direction to Dumfries and Galloway Council to adopt and implement the National Flexible Framework for the Delivery of Care and Support at Home from 1st April 2021**

5. DUMFRIES AND GALLOWAY DIGITAL HEALTH AND CARE STRATEGY

The purpose of this paper is to seek Integration Joint Board approval of the draft Dumfries and Galloway Digital Health and Care Strategy.

NAH raised a concern regarding the responses from the consultation and asked if the local emerging picture reflected the national responses to the Consultation. RG confirmed these figures were from the consultation work which took place in Dumfries and Galloway although the questions had to cover guidelines set by Scottish Government. The local responses very much mirrored the national picture with information sharing being top of everyone's agenda.

GC asked did the consultation take place pre CoVID and if so, are we confident that the views and focus are still relevant for our current times? RG confirmed CoVID has significantly increased the use of technology and she feels that the responses are still very much relevant to current times.

GC also asked about workforce capability and was keen to hear about the level of support being offered to the Third and Independent Sector, Care Homes and Care Providers. RG confirmed this will be addressed within our implementation plan. RG confirmed the digital care planning work in Care Homes that RG and JG have been leading links with this. Good Conversations will be key. JG agreed this project has been a great star. JG also asked the team to ensure providers are involved in all proposals even those that will have little or minimal direct impact on them as there is often an unintended consequence or benefit that we must ensure we capture across the Partnership.

LC mentioned there is already a significant level of information sharing, we are not starting from a zero baseline. There is an information sharing protocol and the progress is ongoing to maximise information sharing across our operational teams.

Decision(s)

Board Members:

- **Approved the Dumfries and Galloway Digital Health and Care Strategy (Appendix one)**

6. GOVERNANCE ARRANGEMENTS FOR THE CARE HOME PROFESSIONAL OVERSIGHT GROUP

JW highlighted following guidance issued by the Cabinet Secretary for Health and Sport in May 2020 all Health and Social Care Partnerships were directed to provide “Enhanced Clinical Professional and Care Oversight” for Adult Care Homes. This included responsibility and oversight / assurance of the Care Homes management during the CoVID19 pandemic. The Care Home Oversight Group meets daily during the week. The expectations of the Care Home Oversight Group were very clearly set out by the Cabinet Secretary. As confirmed within the report a regular update will be provided to the IJB, NHS Board and Full Council.

The oversight report from the assurance visits was shared, JW would like to thank all the operational teams within Health and Social Care and an extended thanks to all Care Home Providers who have worked alongside us. AF as IJB Chair would like to thank all involved.

IC asked JW and JG about additional funding that had been received from Scottish Government regarding support for Care Homes. IC stated that he believed this had resulted in the Partnership being able to better meet the level of clinical need. IC asked what have we put in place to retain this level of support going forward post CoVID.

JW confirmed that the delivery of care for an individual, at any point (regardless of the COVID19 situation) would be based on a professional assessment for the individuals needs whether that is clinical or social care needs. The Partnership would then deliver the appropriate support. JW asked if IC was referring to the provision of a 24 hour community nursing service during the COVID19 pandemic and indicated that this input is primarily to support people in their own homes, this is on a planned basis and this is not an emergency service. JW confirmed she is happy to pick up a chat out with regarding concerns about the model of care in the West of the region. JW confirmed a proposal will be brought back in the future regarding the 24/7 model for community nursing across the region. JW noted that this will not be cost neutral and the model will involve additional costs. LC confirmed this process was started prior to CoVID but our work during the pandemic has helped us more fully understand the need and the demand for the service which will help inform the future model.

JG highlighted that, like many Providers, he had initial concerns about the establishment of the Care Home Oversight Group and the new arrangements. However, he wished the IJB to know that he and other Providers across the region are impressed with the approach, level of support and the genuine approach to working together that has been demonstrated by members of the Care Home Oversight Group and their teams. He sits on the Board for Scottish Care and he believes that no other areas have handled this as well as Dumfries and Galloway. JG was confident that the shared learning to be taken from this will significantly improve the relationships between the statutory and non-statutory elements of our Partnership as when we move out of this emergency situation.

GC stated that she was aware of the significant additional workload that this placed on members of the CHOG and asked if they had to give up other areas of work to allow this role to be fulfilled? Have other pieces of work been covered or back-filled by other staff, and has these created areas of pressure or risk elsewhere in the system? LC confirmed we have undertaken this task as additional to everything else. We now have a small amount of funding to assist and we are looking at how

we best use this. The five members of the CHOG along with business support undertake this role daily as part of their duties.

EM mentioned what assistance we can provide if Care Homes have challenges with their supplies of PPE. EM also highlighted there was some unfair coverage on the television regarding “test and trace”.

AWi leads the PPE Partnership Group and highlighted the approach we have taken as a full Partnership to address any concerns regarding PPE during this period. This group has been a real success. Care Homes are expected to order their own stock but there is stock held in the Community Hubs to support all providers with any shortages. We have also proactively pushed supplies of PPE to Care Homes. We have introduced an out of hours arrangement for Providers to access PPE from the hub.

VW highlighted that the social care portal has capacity to support the weekly offer of staff testing within our Care Homes. As a HSCP, we initially experienced some challenge within Care Homes to undertake this testing, and the Partnership has offered support. The Care Homes are now getting onboard with this. The number of staff being tested improves weekly, the access for testing is there and available for all the Care Homes. Public Health provide the testing for symptomatic residents.

GB mentioned there has been real progress in adoption of Anticipatory Care Plans throughout the Care Homes, all records of key information have been confirmed, and Care Home admissions to the Acute Hospital decreased significantly.

Decision(s)

Board Members discussed and noted:

- **The requirements set by Scottish Government for the Health and Social Care Partnership to provide assurance in relation to Care Homes**
- **The governance arrangements in place**
- **The summary report of the findings from the programme of Care Home visits**

7. SUSTAINABILITY AND MODERNISATION PROGRAMME UPDATE

DR confirmed this report sets out the focus and scope of the Sustainability and Modernisation (SAM) Programme for Financial Year 2020/21. There are 3 key areas of service around unscheduled care, scheduled care (planned care) and Community Health and Social Care. In terms of urgent and unscheduled care an urgent triage hub is being established in Dumfries and Galloway to provide a viable and sustainable service, this hub will link with the NHS24 service. Priority 2 is around the planned care services and this will link with our remobilisation plan. Home Teams and Single Point of contact is the final priority for Health and Social Care, the aim is to deliver these within 4 months.

Mental Health will link with the planned care pathways and further priorities will be discussed with Denise Moffat. A key area of focus around unscheduled care will be

to ensure appropriate mental health pathways from the urgent care triage hub with the aim of making sure individuals get to the correct service first time.

Communication Plan and OD plan is being drafted, DR has linked with Rod Edgar and Nat Morel, a priority plan will be shared with JW and Nicole Hamlet w/c 10th August and this will link the engagement for public and members of staff.

JW highlighted the importance of continuing to engage with our local communities around these changes and discussed a proposal to establish a community conversation as there is a need for us to be explicit with the public around Home Teams, these are for deliverable for the next 6 months and needs to be in place before Winter. Transforming Wigtownshire draft paper will go to the Health and Social Care Governance and Performance Group, then will be taken through the appropriate channels, it will go to NHS Board and Full Council for review prior to the IJB.

GC highlighted we need to go beyond consultation, and move up the ladder of participation and engagement into true collaboration / co-production with the public around transformation changes.

IC asked about out of area services and placements and asked if there are plans to bring these back in region. He was keen that mental health remains a firm priority for the IJB and the HSCP moving forwards and asked that the priority areas are brought back for review to a future IJB meeting.

Third Sector are keen to interact with the Home Teams pilots and are very supportive of this going forward.

Decision(s)

Board Members:

- **Noted the initial focus and scope of the SAM Workplan for 2020/21;**
- **Considered the extent to which this supports delivery of the Strategic Plan;**
- **Determined any further or alternative priorities for the SAM Programme in 2020/21.**

8. DUMFRIES AND GALLOWAY LOCAL CHILD POVERTY ACTION PLAN ANNUAL REPORT 2019 / 2020 AND ACTION PLAN FOR 2020 – 2023

The Child Poverty Act introduced a requirement for Local Authorities and Health Boards to jointly prepare Local Child Poverty Action Reports, In order to align with Scottish Government annual progress reporting, local areas are required to submit their Child Poverty Action Reports by 30th June each year. The Community Planning Partnership Board and the Integration Joint Board are invited to endorse the report given their contribution to this agenda.

LM confirmed colleagues from the NHS Board are going to include some more data. The Action Plan will be reviewed in more detail the by the Child Poverty Executive Group.

VW mentioned she read the Public Health Scotland Strategy which was highlighting child poverty and the need for extensive partnership working regarding this. VW asked if the Child Poverty Executive Group can link with Public Health Scotland regarding their strategy. LM confirmed they will get an invite along to Public Health to attend one of the Boards.

IC asked how all of the different elements of work to support action against poverty all come together across our region. LM mentioned one of the challenges for poverty is that it requires effort from a whole range of organisations, all strategic planning documents have been reviewed to identify how they are dealing with child poverty.

The Third Sector Children and Young People Forum was highlighted as a useful vehicle for consultation for the strategy, this has been referenced in the annual report as a new development.

Decision(s)

Board Members:

- **Endorsed the 2019/20 Annual Report of the Dumfries and Galloway Local Child Poverty Action Report and the outline 2020-23 Action Plan**

9. CAMHS CoVID RESPONSE PRESENTATION

Denise Moffat and Jenny Halliday provided a presentation regarding the responses of both Child and Adult Mental Health Services to COVID19 and the lessons learned for shaping services in the future.

IC asked for clarification on the redesign of the community mental health teams and the CATS service. IC asked if risk had increased as a result of these changes and wondered why this model continued to be delivered. DM confirmed that the Mental Health Directorate had to move to this model in response to COVID19 and was confident that this enabled us to respond to crisis work in particular. When CoVID first emerged locally, the service had to think quickly how they could deliver an efficient service over a 24 hour period. The model they came up with for this time is a move to an East / West Split in order to maximise flexibility of staff deployment across the teams. Also they required to make sure where there were any staff issues within Midpark they could utilise staff from the East / West Teams. DM recognised that we have asked staff through the Community Teams and Crisis teams to work in a different way so a range of measures are being reviewed on how we can support this and this will continue. IC asked how sustainable is the East / West split going forward and how long this will go ahead for:? DM confirmed that this is being regularly reviewed and will be in place until the end of Year. DM stated by then they will have much more data to review for agreeing the longer term model moving forward.

JH highlighted the shift towards the use of virtual clinics and the use of NearMe. Many young people and their families prefer the use of virtual clinics.

JM asked if there is an app that can be used by younger people who would prefer not to be face to face, JH confirmed there is a number of different apps, there are a

lot of inequalities regarding this, all systems to be reviewed to best utilise. The best one to connect safely and clinically is attend anywhere.

LB thanked both DM and JH for the presentation and asked what staff wellbeing is like throughout these changes and are carer and families being communicated with. DM highlighted all staff have coped well with this and have responded well to all of the requests we have made of them (which have been significant!). This has been a stressful period of time for the staff. We have developed a well being service for our staff which supports all our staff right across the Partnership. Rod Edgar has also created some materials to sign post staff to a full range of support and app's.

JH confirmed approx 60% referrals are from GPs which have continued to come in, a lot of the other referrals came from Schools, Self refer has also always been an option. Waiting Times are being managed but this is due to the number of referrals reducing. The new model requires to be tested with higher numbers.

DM confirmed good quality information has been collected from the Wellbeing Hub confirming how successful this has been for staff / public.

The IJB wished to record their thanks to Denise and Jenny for an excellent presentation and very helpful discussion.

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

The next meeting will be held on Wednesday 23rd September at 2pm – 4pm via Microsoft Teams.