



## **MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD**

**Thursday, 26 March 2020**

**Room 4 Dunbarney House, Dr Gray's Hospital, Elgin (and by video conference)**

### **PRESENT**

Ms Tracey Abdy, Mrs Pam Dudek and Mr Jonathan Passmore

### **BY VIDEO/AUDIO CONFERENCE**

Ms Elidh Brown, Councillor Frank Brown (for Councillor Tim Eagle), Councillor Theresa Coull, Mr Steven Lindsay, Mrs Jane Mackie, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Sandy Riddell, Mr Dennis Robertson, Dr Graham Taylor and Dr Lewis Walker

### **APOLOGIES**

Mr Ivan Augustus, Mr Sean Coady, Councillor Tim Eagle, Councillor Louise Laing and Mrs Val Thatcher

### **IN ATTENDANCE**

Also in attendance at the above meeting was Ms Kay Dunn, Lead Planning Manager (Grampian Mental Health and Learning Disability Review); Fiona McPherson, Public Involvement Officer; Heidi Tweedie, Moray Wellbeing Hub; and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

## **1. Chair of Meeting**

The meeting was chaired by Mr Passmore.

## **2. Welcome and Apologies**

The Chair welcomed everyone to the meeting and apologies were noted.

## **3. Declaration of Member's Interests**

Mr Riddell declared an interest in items 9 and 10 as Chair of the Mental Health Welfare Commission.

There were no other declarations of Members' Interest in respect of any item on the agenda.

#### **4. Minute of Board Meeting dated 30 January 2020**

The Minute of the meeting dated 30 January 2020 was submitted for approval.

The Board agreed to approve the minute as submitted.

#### **5. Action Log of Board Meeting dated 30 January 2020**

The Action Log of the meeting dated 30 January 2020 was discussed and updated accordingly at the meeting.

At this juncture, Mr Robertson requested the Chair takes Item 12 next to ensure it is discussed in case IT connections fail. Recognising the importance of the paper it was agreed to take the item first.

#### **6. Minute of Audit, Performance and Risk Committee Meeting dated 19 September 2019**

The minute of the Audit, Performance and Risk Committee dated 19 September was submitted and noted.

#### **7. Minute of Clinical and Care Governance Committee Meeting dated 28 November 2019**

The minute of the Clinical and Care Governance Committee dated 28 November was submitted for noting by the Board

Mr Riddell stated that following the governance workshop last year things are progressing well and moving in right direction pan Grampian.

#### **8. Chief Officer's Report**

A report by the Chief Officer (CO) provided the Board with an update on Overnight Responder Service – Night Owl and COVID-19.

In relation to the Overnight Responder Service update Mr Passmore stated this pilot needs to be considered as part of a wider review of Learning Disability (LD) work to ensure context is clear. A full report will come back to the MIJB in due course. The CO confirmed that use of this technology remains on an individual risk assessed basis and in collaboration with the individual and family as appropriate.

The CO advised the Health and Social Care Moray (HSCM) Response Group meets daily and staff are working at pace to operationalise and bring to fruition plans discussed over the last two weeks. As MIJB hosts GMED and Primary Care, the CO was tasked with delivery of a pan Grampian plan with 5 working days to get established and in place. This plan comprises of a managed pathway from NHS24 through to ventilation and onto recovery with a Hub in Aberdeen and Elgin. Virtual arrangements are in place using NHS Near Me with a clinical workforce working remotely – patients will be seen face to face, if needed, by appointment. The CO confirmed there are strong governance arrangements in place and decision making criteria – with medical and ANP leadership. The CO commended the work of primary

and secondary care colleagues across the system in the development of this pathway; it was a huge undertaking.

GMED will move out of ARI and Dr Gray's Hospital to allow for more space in the hospitals. HSCM / Dr Gray's Hospital are planning for potential 30% staff absence. Non urgent work has ceased with staff redeployed where required – broadly urgent non COVID-19, urgent COVID-19 and palliation.

Angie Wood, CO Aberdeenshire, is taking forward work on a palliation cell. Ms Wood will work with x3 Health and Social Care Partnerships to start to provide direction on approach, following national guidance. Mrs Mackie is working with teams around social work and social care to establish robust mechanisms there to support home care and external providers.

Mr Robertson extended his gratitude and thanks to primary and secondary care staff and to Mrs Dudek. The Chair and Vice-Chair echoed this sentiment. Councillor Morrison asked if HSCM staff are managing to adhere to social distancing. The CO advised there is more space now in buildings which allows staff to work further apart, meetings are being done virtually and MC/NHS IT are expediting process to allow people to contribute from home. Technology is the biggest inhibitor to remote working / virtual meetings.

Mr Passmore noted the potential impacts on self-isolation for the public in terms of domestic violence, child protection issues, mental health etc and sought assurance that planning arrangements around that are being put in place. The CO advised Ms Joyce Johnston and Mrs Mackie, with others, are leading on that. The establishment of a Humanitarian Assistance Centre (HAC) goes live today. Mrs Tracey Gervaise is taking the lead locally for care for people. The Local Resilience Partnership (LRP) is the owner of this system with lots of partner contributions i.e. MOD, Police Scotland. Mrs Abdy added work streams are being set up to support vulnerable families. All this work is being done to support the public and shield health and care system. Ms Lynne Taylor, Head of Psychology, is pulling together a paper which will cover these strands. It was noted there is a huge third sector and community effort ongoing. Ms Brown stated it is amazing to see people rising to the challenge and volunteering to help and she welcomes the connections people are making.

Mr Robertson requested to understand the processes that might be put in place to support staff once the pandemic is over. Mr Passmore advised he has spoken with Chief Executive of NHSG and directed them towards 'military decompression system' which they are looking at now.

The Chair concluded stating there is opportunity here to identify system improvements through this unprecedented time.

## **9. Grampian Wide Strategic Framework for Mental Health and Learning Disability Services 2020 – 2025**

A report by the CO seeks approval from the Moray Integration Joint Board (MIJB) of the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLDD) 2020-2025.

Mrs Dunn presented the framework, detailing the consultation process. A detailed delivery plan will come to Boards in the future. In April 2020, the Transformation Board (Grampian MHL D) will establish the associated work streams so that further engagement with staff, partners and people with lived experience can take place as progress with service redesign and transformation takes place. A number of deliverables are being progressed at pace due to urgency.

The Chair made reference to the third recommendation in the report which instructs the Aberdeen City Chief Officer to report back on the Performance Framework and Programme Transformation Plan to MIJB on 26 June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability. The Chair suggested adding a fourth recommendation stating these timelines are accepted as variable due to current COVID-19 pandemic.

Mr Riddell asked that the framework includes references to reviews/ recommendations completed more recently than 2017 ie the independent review of LD and Autism in the Mental Health Act. Mrs Dunn confirmed prior to the launch she will ensure reference is made to more recent work. The CO supports what has been said with regards to keeping up with reviews and it is something that needs to be prioritised across Grampian.

Mr Robertson asked Mrs Dunn to be mindful of making these documents easy to read with less jargon. Mrs Dunn responded to advise this was discussed and there are easy read documents that are ready to go and will be available online once framework agreed.

Thereafter the Board agreed to:

- I. Approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHL D) 2020-2025 in APPENDIX A;
- II. Note Aberdeen City Health and Social Care Partnership (AC-HSCP), Aberdeenshire HSCP (A-HSCP) and Health and Social Care Moray (HSCM) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community based services in 2022; and
- III. Instruct the Aberdeen City Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25th June 2020, Aberdeenshire IJB on 24th of June and Moray IJB on 26th of June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.
- IV. Note the above timelines are variable due to COVID-19 pandemic and the MIJB will receive this update at some point in the future.

## **10. Revised Scheme of Integration to Host Grampian Wide Mental Health and Learning Disability (MHL D) Services**

A report by the CO informs the Board of the transfer of operational and budget responsibility for Grampian-wide MHL D to the Chief Officer of Aberdeen City Health and Social Care Partnership (HSCP).

Ms Dunn confirmed the main change will be at strategic level. Professional reporting arrangements will continue. The Medical Director and Executive Nurse Director in NHSG continue to remain responsible for the assurance of clinical and care

governance across delegated and hosted MHL D Services on behalf of the 3 Integration Authorities and NHS G.

Financial budget will transfer to the host lead. NHS G has agreed to underwrite any financial loss on inpatient and specialist MHL D Services for up to two financial years from 1 April 2020.

The Chair stated the financial risk in the short term is low. Mrs Dudek stated, for clarity, Ward 4 Dr Gray's Hospital and Muirton Ward, Buckie remain in Moray's management arrangements. Mr Riddell gave his support for what has been proposed.

The Board agreed to:

- I. Note that NHS Grampian (NHS G) will be delegating operational responsibility and the associated budget for Grampian-wide inpatient and specialist Mental Health and Learning Disability Services to the Chief Officer of the Aberdeen City Health and Social Care Partnership (HSCP) which will be set out in Annex 1, Part 2 B of their Integration Scheme;
- II. Consider and agree to the proposal that Aberdeen City Integrated Joint Board (IJB) hosts Grampian-wide inpatient and specialist Mental Health and Learning Disability (MHL D) Services on behalf of Aberdeenshire IJB and Moray IJB;
- III. Note that NHS G will continue to fund any deficit arising from the inpatient and specialist Mental Health and Learning Disability Services delegated under this arrangement; and
- IV. Note the proposals to amend the Integration Scheme for Aberdeen City and that it will be revised and submitted to Aberdeen City Council and NHS G to seek approval.

Mrs Dunn left at this juncture.

## **11. Revenue Budget 2020-21**

A report by the Chief Financial Officer (CFO) seeks agreement on the MIJB revenue budget for 2020/21.

Additional funding received is £1.8m from NHS Grampian and Moray Council (which is an uplift of 3% from each). The Moray Council did not exercise flexibility to restrict this uplift.

The estimated gap is £2m adding together underlying underspend, inflation and growth pressures. Mrs Abdy advised there is a recovery and transformation plan in place to address this gap. It was acknowledged some of this activity will now be delayed, however it doesn't leave the table and will still be closely monitored.

The Chair commended Mrs Abdy and her team in reaching a balanced budget.

Mr Robertson also extended his thanks to Mrs Abdy and seeks to ensure she has appropriate support required. Mrs Abdy responded that from the outset it was clear this may be subject to audit and enquiry at some point. There is a clear audit trail and everything is being recorded.

The Board agreed to:

- I. Note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.2;
- II. Note the underlying overspend forecast for the 2019/20 financial year in 4.2.2 and the financial risks detailed in 4.9;
- III. Formally approve the Revenue Budget for 2020/21 as detailed at APPENDIX 1 following consideration of the risks highlighted in 4.9; and
- IV. Approve Directions for issue as set out at Appendices 2 and 3 respectively to NHS Grampian and Moray Council.

## **12. Delegated Authority for Chief Officer**

A report by the CO seeks delegated authority from MIJB for the CO, for the duration of the COVID-19 pandemic, to take decisions that would normally require Board approval.

The Chair advised this report has been triggered following pan Scotland discussions.

It was noted that the majority of urgent decision making is operational, supported by management. The CO is still accountable to Moray Council and NHS Grampian Chief Executives. There is a mechanism in place to record spend attributed to COVID-19.

It was recognised governance around this situation is very important. The Chair advised, in the unlikely event of an urgent MIJB decision being required the following sequence should take place:

1. CO discusses with Chair and Vice-Chair of MIJB, if they are not available within timescales then;
2. CO discusses with Chairs of Audit, Performance and Risk Committee and Clinical and Care Governance Committee. If they are not available within timescale then;
3. CO discusses with remaining x2 voting members, if that is also not possible;
4. Go to dispute resolution mechanism where the CO meets with MC and NHSG Chief Executives (detailed in Integration Scheme).
5. If none of the above identified people are available the CO has the delegated authority from MIJB to take a decision which is justifiable.

Mr Robertson understands in the main decisions will be operational. However, to give the CO absolute assurance that any decision that needs to be taken, and in the event the CO is unable to contact the above listed people, the CO does have the power to make a decision and report as soon as possible thereafter to the MIJB. Mr Riddell requested to know as soon as possible, as Chair of CCG, if there was a decision made.

The Board agreed with the sequence of events detailed above for the CO to seek scrutiny on decisions but if that is not possible the CO will act in good faith in absence of a system in place to make justifiable decisions. The Board notes the risk but it is a risk the Board are comfortable with. Decisions made in these circumstances will be logged and reported back to the next MIJB meeting.

The Chair asked the Board to discuss assurance reporting and work of the two Committees. There is a need to agree frequency and process. The CO advised reports would be by exception, particularly about Clinical and Care Governance

aspects. The discussions would take place via teleconference with key people to ensure continued rigour around governance.

Mr Robertson concurred stating this line of assurance should be in place to support the CO. Mr Robertson asked the CO to consider keeping the MIJB informed of situation on a weekly basis or as appropriate.

Mr Taylor seeks assurance that the whole governance structure will be supported with process in place to escalate risks quickly. The confirmed structures in place will continue to be supported, the Clinical Risk Management group will continue and Mrs Mackie, as CSWO, will have oversight of Practice Governance in social work.

The CO will produce a weekly communications piece which will pull critical parts of business from NHS and LA. The Chair advised he will meet with the CO on a weekly basis and a comms to MIJB will be done following those meetings if necessary.

As per email from the Chair it has already been agreed to suspend workshops for next four months. MIJB meetings will continue to meet remotely understanding limitations with this.

After further discussion the Board agreed to:

- I. Grant delegated authority for the foreseeable future to the Chief Officer or Interim Chief Officer, to take decisions in respect of matters that would normally require Board approval, if the Board is unable to meet;
- II. The sequence of events detailed above for the CO to seek scrutiny on decisions, but if that is not possible the CO will act in good faith, in absence of a system in place, to make justifiable decisions.
- III. Note the risk with decisions made in these circumstances.
- IV. Review the delegation of authority to the Chief Officer or Interim Chief Officer in 3 months.
- V. Instruct the CO to discuss with the x2 Committee Chairs to agree a timetable of meetings.
- VI. Receive weekly communications from CO / Chair MIJB.
- VII. Suspend MIJB Workshops for next four months.
- VIII. Continue MIJB meetings via teleconference for now.

### **13. Items for the Attention of the Public**

It was agreed there would be no specific communication following this meeting.

### **14. AOCB**

The Chair gave the opportunity for members to raise AOCB. It was noted this was Mrs Dudek's last meeting prior to going on a 12 month secondment to NHS Highland. The Board look forward to welcoming her back at the end of her secondment.