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## Minute of Integration Joint Board Meeting

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**Date:** Wednesday 17 February 2020

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**Time:** 2pm

**Place:** Teams

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### Present

Councillor Julie Dettbarn (Chair)  
Linda Semple (Vice Chair)  
Councillor Hugh Hunter  
Councillor William Grant  
Jean Ford  
Councillor Philip Saxton  
Ewing Hope  
Margaret Anderson

### In Attendance

Tim Eltringham, Chief Officer & Director of Health and Social Care  
Mark Inglis, Head of Children's Health, Care & Justice Services  
Elaine Hill, AHP Advisor  
Frances Ewan, Staff Side Representative, NHS  
Martin Rogan, Representative Member for Carers  
John Wood, Senior Manager, Policy, Performance & Commissioning  
Billy Cooper, UNISON  
Rosemary Robertson, Associate Nurse Director  
Karlyn Watt, Auditor, Audit Scotland  
Glenda Hanna, Independent Sector Representative  
Lisa Duncan, Chief Finance Officer, HSCP  
Marie Oliver, VASA  
Scott Hunter, Chief Social Work Officer, HSCP  
Phil White, Partnership Facilitator

### Councillor J Dettbarn in the Chair

### Apologies for Absence

1. Apologies for absence were received on behalf of Joy Tomlinson, Billy McClean, Karen Hedge.

### Declarations of Interest

2. There were no Declarations of Interest.

### Minute of Previous Meeting

3. The minute of the meeting held on 16 December 2020 (previously circulated) was approved by the Board.

### Matters Arising

4. The board was previously awaiting a report from public health. This was delayed due to the pandemic. It was agreed that HSCP officers should go back to public health to determine what is still relevant and request a report by October 2021.

### Chief Officers Update Report

5. T.Eltringham spoke to the report. It was acknowledged that the HSCP has had a significant surge in terms of COVID since the last meeting which has been more difficult to manage than the previous surge. There has been greater pressure on workforce and there has been a lot of work done to support teams. In the last week or so the position is beginning to ease. Hospital numbers are decreasing. Significant numbers of people are surviving COVID but require further support and it was acknowledged there will be a demand for rehab going forward.
6. Staff are regularly being tested with lateral flow tests. Those positive are usually backed up with a PCR test. More groups of staff have been getting access to lateral flow to allow them to self-isolate where necessary. Mobile testing units are in use at various points and there is focus on those areas with highest levels of infection. The partnership are not directly overseeing or leading on testing or vaccination but are contributing. All HSCP staff have been offered vaccination.
7. The NHS Remobilisation Plan 3 replaces the need for an annual operating plan. This helps identify how we intend to respond to COVID and step up services that have been stood down or delayed. It helps give further commitment to continuous improvement and transformation.

8. It was brought to IJB's attention that the CSWO and others have been reflecting on the opportunities to look at reconstructing adult social care services. S.Hunter will be bringing a report to the health & care governance meeting.
9. A draft strategic plan will be taken to the council for their comment and support at the beginning of March. The final version will then be brought to IJB. The carefirst implementation is on track and work is being done to implement the finance phase.
10. It was queried if there are any plans for the IJB to have a lengthy discussion about the Feely Review. A session will be organised.

### Budget Monitoring Report

11. This is for the period 9 budget. Care home occupancy has decreased and there are some delays on recruitment and staffing which has contributed to the underspend. L.Duncan advised that there is a request for approval to earmark funds. This is funds that were set aside for specific purposes but due to the backlog caused by COVID in courts etc this money has not been spent in this financial year. It is requested that this is carried forward.
12. There are conversations ongoing with both statutory partners who provide funding to the partnership about the coming year. There are opportunities which will be brought forward more formally next month. The board agreed to approve earmarked resources for next year and budget virements.

### COVID-19 Financial Implications

13. The HSCP will receive all funding that has been intimated on financial allocations. Payment to providers is the highest area of spend. Cllr Hunter questioned how the partnership are planning to deal with future winters. It was explained that DMT meet regularly to discuss such issues. The PPE store will remain open. Operationally, DMT will take any guidance that comes from Scottish Government level.
14. IJB agreed to note the report.

### Young Carers Strategy

15. Work has been ongoing on this for a number of years. The strategy has taken on what duties are in the Carers Scotland act, as well as looking at GIRFEC (getting it right for every child) and SHANARRI (safe, healthy, active, nurtured, achieving, respected/responsible) outcomes. A lot of time was taken to involve young carers in the production of the strategy. There were already elements of the strategy in place such as the young carers statement. The strategy sets out a number of themes.

16. The South Ayrshire Council CEO wants to bring young carers in line with care experienced young people in relation to apprenticeships etc. Community planning partners across the board will contribute.
17. More detailed action plans will be required, it was questioned how will these be monitored from a governance point of view. M. Inglis stated that it's monitored through the children's services planning group. There are a range of mechanisms for reporting back on the actions. It's a community planning partnership approach which involves many services.
18. It is essential that young carers themselves are involved in the support they're receiving. There was a discussion around support in schools and further education establishments to support young carers and that often teachers and lecturers are not aware of students personal circumstances. Work needs to be done around this but it is an area of significant challenge.
19. IJB were happy to approve the report

### Health & Care Governance Annual Assurance Update

20. T Eltringham explained that this is the first full annual assurance report to the IJB, prompted by a request from the chair of the NHSAA Health & Care Governance Committee.
21. Public protection, T Eltringham was able to provide assurance that the COG (chief officers group) has been meeting monthly overseeing data regarding child/adult protection and MAPPA. The AERG (adverse events review group), and also risk management. DMT currently meets 3 times weekly and is managing ever changing risks. The risk and resilience group which includes DMT and officers from NHS and council also meets. There is engagement with service users and localities, examples such as VASA, the champions board and justice team. IJB have previously approved recruitment of an engagement officer who will have a key role in supporting engagements with service users. Services have been doing self-evaluation and service improvement - there have been a lot of positive examples of audit work and self-reflection. CHOG (care home oversight group) takes place 3 times weekly and the digital strategy is progressing well.
22. IJB approved the report.

### Integration Joint Board Governance

23. There is a formality to bring minutes of SPAG (strategic planning advisory group) and Performance & Audit committee for agreement to IJB. SPAG has recently had the membership and remit updated, revised terms of reference have been agreed. Performance & Audit terms of reference have been reformatted for agreement. Governance review within the partnership is undertaking a briefing session with relevant councillors, a paper is going to full council in March reiterating the position of the regulations.
24. It is important to ensure the SPAG is fit for purpose regarding the statutory requirement. Locality planning group representation is clear in the terms of reference for the SPAG. It's important that it is executed correctly. This will be considered at the next SPAG in more detail.
25. IJB agreed the recommendations.

#### Minutes for Noting, P&A Committee

26. It was agreed that a short note from P&A committee will be brought to IJB when formal minutes are not yet approved.

#### Any Other Business

27. It was questioned if Hugh Miller will be replaced as the patient rep. J.Wood has been in communication with the health board about nominating a new representative. J.Wood will follow up.

#### Date of Next Meeting

28. Wednesday 24th March 2021 at 2pm via Teams.