

Third Sector Briefing Note

Perth and Kinross Integration Joint Board (IJB) – 24 March 2017

Produced by Helen MacKinnon, Chief Officer – TSI at PKAVS, Third Sector representative on the IJB for the Third Sector Health & Social Care Strategic Forum. Please note that this should not be taken as a minute of the meeting, but as an overview of the papers presented and a summary of specific points raised and responded to on behalf of the Third Sector Forum.

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The Integration Joint Board meeting papers are published in full online. To view papers, please visit <http://www.pkc.gov.uk/article/19197/Integration-Joint-Board-24-March-2017>

Items 1-5: Welcome, Declarations, Minute, Action Point Update and Matters Arising

HMacK noted that the action point she had raised at the last meeting relating to mental health inpatient services contingency plan had not been captured in the Action Plan. There had been a proposal from the Third Sector Forum for good communication around the temporary changes affecting Perth & Kinross. HM had asked that written guidance be prepared for community-based services, individuals and carers about what this temporary changes mean for them in terms of contact points, travel arrangements, support etc. and understood this was to be taken forward.

This will be added to the Action Plan.

Item 6 - Financial Update as at 31 December 2017

This report provides an update on the forecast financial position of the IJB for year ended 31 March 2017, noting a yearend forecast overspend of £1.19m. This is a significant deterioration from the £303k overspend predicted previously.

The deterioration is due to an increased forecast overspend on GP Prescribing and a reduction in the underspend across Community Care.

For the first two years of the IJB, an overspend will be met by the partner with operational responsibility, unless otherwise agreed by the IJB and partners. The underlying £3.1m overspend against the budgets devolved by NHS Tayside will therefore be managed as part of NHS Tayside's commitment to deliver an overall breakeven position at 2016/17. The £1.9m underspend against the social care budget will be carried forward as reserves into 2017/18.

Explanation of material underspends and overspends are noted in the paper. The main driver of the forecast overspend for the IJB continues to be the inability to identify savings plans to meet the significant NHS Tayside savings targets.

The Forum had queried how accurate the financial forecast position was felt to be, given the deterioration since the last meeting. The Chief Finance Officer updated in her verbal report to the IJB that there had been no material movement based on the latest actual position.

On behalf of the Forum, HMacK asked if the partnership understood, or was making efforts to understand, the value lost through underspends due to vacancies? Explaining value as the impact on the delivery of services and numbers of people not being supported in a timely way? It was explained that the majority of community care underspends were due to accelerated savings based on redesigning services rather than reducing an offering. There has been the opportunity to purposefully not fill vacancies where redesign is happening; reassurance was given that this is only happening where there are areas of under-occupancy.

Item 7 – 2017/18 Budget

The report sets out progress made in agreeing the 2017/18 budget requisition for Perth & Kinross Council and NHS Tayside. It reminds of the 2016-17 budget process and decisions made by the IJB last year, whereby the IJB could not accept the budgets for GP Prescribing and Inpatient Mental Health Services as sufficient and as such, the risk sharing agreement to cover overspends as set out in the Integration Scheme was invoked.

The development of budget requisitions for 2017/18 has been progressed in four parts:

- Perth & Kinross Council Social Care Services
- Hospital and Community Services/ Other hosted services
- NHS Tayside GP Prescribing
- NHS Tayside Inpatient Mental Health Services

With regard to social care services, the management team are content that the level of pressures has been prudently estimated and that planned savings are deliverable and do not conflict with the delivery of the Strategic Plan objectives. It was recommended that the IJB approve the budget proposition.

The report gave background to the budget settlement for NHS Boards issued by Scottish Governments. The settlement and subsequent planning assumptions have significant implications for the IJB. The NHS Tayside Financial Framework for 2017/18 has not been finalised and is subject to change. As such, it was not possible to recommend approval of any aspect of the budget at this stage.

The report notes that the overall uncertainty around the budget proposition to the IJB from NHS Tayside, along with unachievable savings emerging for Inpatient Mental Health Services and GP Prescribing mean that budget sign off will not be achievable by 31 March 2017.

Item 8 – Proposed Reserves Policy

The IJB has the same legal status as a locality authority and is therefore able to hold reserves. Guidance is in place nationally which outlines the framework for reserves, purpose of reserves and key issues to be considered when determining the appropriate level of reserves.

The IJB allocates the resources it receives from the local authority and health board in line with the Strategic Plan. It is able to use its power to hold, build up and use reserves in line with its reserve policy. It is important for long term financial stability of the IJB and parent bodies that sufficient usable funds are held in reserves to manage unanticipated pressures from year to year. It is also important that in-year funding intended for specific work can be earmarked and carried forward into the following financial year as required to support best value for the IJB.

A reserves policy is detailed in the report.

Item 9 – Strategic Commissioning Plan – Update

An update is provided on the key actions within the Strategic Commissioning Plan 2016-17 as part of the regular progress update to the Board. To support Strategic Plan monitoring, the detailed actions were condensed and prioritised to that the critical areas for 2016/17 (17 areas) are monitored and reported on a cyclical basis to the Board.

The report also links this to the national Health and Social Care Delivery Plan which outlines key priorities for 2017-21, highlighting a health and social care system which is:

- Integrated and focuses on prevention, anticipation and supporting self-management
- Will make day-case treatment the norm when hospital treatment is required
- Focuses on the highest standards of quality and safety, with the person at the centre of decisions
- Ensures people are supported back to their home or community environment as soon as possible, with minimal risk of re-admission

Actions which will have the greatest impact on delivery must be prioritised (the 'triple aim'):

- **Better Care:** Targeting investment at improving services which are better organised to provide the best and most effective support for all.
- **Better Health:** Supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management.
- **Better Value:** Increasing the value from, and financial sustainability of, care by making the most effective use of resources available to us.

The report provides assurances that the aims, aspirations and priorities of the national delivery plan fit with and reflect those of our local Strategic Commissioning Plan.

Item 10 – Chief Officer Update

The report provides an overview of the partnership's work, highlighting progress of major progress and any issues arising under the 5 Strategic Planning Themes. The meeting only considered some of these points in discussion.

Prevention and early intervention: Additional pressures across unscheduled care in January and February were noted, resulting in moderate increase in delays in hospital, however this remains reduced from last year. Social care undertook twice as many assessments in January 2017 than the previous January. The factors affecting delayed discharge are now better understood by the partnership and focused activity has supported readdressing the shortfall in home care provision. The South locality has appointed its social care and NHS locality managers and already the philosophy of care has begun to change with increasingly evident pull from the locality.

Person-centred health, care and support: The difficulty in sustaining full staffing on Tay and Stroke wards in PRI is noted, affected by several factors including a national shortage of registered nurses and few newly qualified practitioners choosing to work in Perth. Short-term contingency plans are in progress and a team of partnership staff are working to address the issues. The report notes the temporary decision to close Crieff Ward 1 (Psychiatry of Old Age) over Christmas due to shortages of staff. The number of patients had reduced to only two; the last patient was discharged in February. The change in occupancy reflects more care for people living with dementia in their own home. Changes were supported by clear messages and communication with local groups, elected members and the public.

Forum comments: The Forum raised the question of what the partnership is doing to influence positive solutions to workforce recruitment challenges at a national level. HMack asked this question at the start of the meeting where there was discussion of the recruitment pressures affecting nursing. It was explained that NHS Tayside is connected into national workforce work-streams to contribute to national workforce plans and strategies where there is a national backdrop to recruitment challenges.

Working together with communities: The report notes community discussions between the Chief Officer and representatives of Ptilochry and Moulin Community Council relating to ambulance services, out of hours GP services and future use of community hospitals. The report updates on the ongoing recruitment challenges for nursing staff to support community hospital beds in Dalweem; it was highlighted at the meeting that since the report was written, a more successful round of recruitment has taken place, with a number of applicants. The project build is nearing completion. Lead staff are working with the Nursing Directorate to develop new models of care and recruitment will continue in the interim.

Addressing Inequality, inequity and promoting healthy living: The Chief Officer reported to the Fairness Commission on its plans to address inequalities in Perth & Kinross. Senior staff contributed to the recent Audit Scotland review of implementation of Self Directed Support as a means of supporting people with care needs in the community.

Making best use of available facilities, people and resources: The report updates following the invocation of the contingency plan for mental health services, noting that the plan was implemented as anticipated and all minor issues addressed in real time. 9 patients were transferred to the refurbished Mulberry Ward in Carseview Centre in Dundee, with staff transferring to facilitate continuity of care. Very regular meetings took place between operational staff and between a senior governance group to monitor issues and track progress. An out of hours crisis response team moved from Murray Royal to Carseview. Communications with interested parties are helping to moderate the level of public concern that was expressed. Evidence of benefit is noted, including improved communication and cover between staff due to co-location and faster determination of changes required.

The mental health service redesign transformation programme continues with detailed appraisals of the four options. Processes need to be concluded before the programme will be ready to proceed through the approvals required to move to public consultation on a preferred option. These include scrutinising the process of option appraisal, and making provision for the future connection between

acute and community based mental health services. The consultation is expected to run over the second half of 2017.

HMack highlighted recent communication from NHS Tayside that noted the need for further exploration of impact on community services in relation to the options being considered. HMack highlighted the third sector's critical role in this discussion as key providers of a wealth of community based mental health services that are supporting people with severe and enduring mental ill health. HMack asked for an update on timescales and the process through which this further exploration will happen, advocating for the involvement of the third sector which has a lot to offer to this conversation.

The Chief Officer noted that a process was ongoing to scrutinise the options and was following Scottish Government guidance around the process, including engagement. The Chief Officer noted NHS Tayside's Public Involvement Manager as a key lead around the engagement activity. The Chief Officer took an action to address this question with colleagues and feed back to HMack.

It was highlighted that mental health redesign would be an item at the next IJB meeting in June.

Operational Matters:

- The report notes that the Council agreed to appoint four Councillors as proxy members for the four current voting members of the IJB. It also notes that Morag Martindale will be replaced by Dr Neil McLeod and Grant Mackie by Fiona Fraser as the union representative for Perth & Kinross Council.
- A national suite of performance measures has been determined for benchmarking across IJBs in Scotland, to create a national overview of impact and to demonstrate the impact of Partnerships on transformation and their ability to measure progress against the ambitions set out in the Health and Social Care Delivery Plan. Six measures are to be considered at this stage:
 - o Number of emergency admissions
 - o Number of unscheduled hospital bed days; acute specialities
 - o A & E attendances
 - o Delayed discharge beds; all reasons
 - o Percentage of last six months of life: Community
 - o Balance of Care: Percentage of Population: Home
- The Chief Officer and Finance Officer have been exploring the opportunity to commission support for board members and senior management in developing good governance principles, assurance structures, skills and expertise. A proposal will come to the IJB in June 2017.

Item 12: GP Engagement

At the last IJB meeting, the Board was updated on prescribing management in Perth & Kinross and the challenge facing all Tayside IJBs on delivering a sustainable GP prescribing position. A fundamental shift is required in the way in which GPs work with partners in the delivery of a sustainable prescribing position and in the wider transformation of care.

The IJB was asked to approve investment of £312k per annum from Partnership Development funding for 3 years in the GP Prescribing and Locality Engagement Programme for change. This would invest in GP time for an initial 3-year period to work with the Partnership to support the Strategic Delivery Plan priorities.

The paper gives details of the proposal and financial implications.

The paper was issued late and therefore the Forum did not have the opportunity to consider and discuss. HMack and other members queried the source of the partnership development funding and availability over the next 3 years. Integrated Care Fund monies were earmarked. HMack highlighted concerns that the IJB was being asked to approve this level of partnership development funds without having sight of how it sits with other development funding

priorities and an understanding of the proportion of total available partnership development funds it represents. HMack also noted that, as a point of principle, the partnership needed to be clearer about where decisions around development funding are made within the partnership to ensure consistency and parity, noting that third sector initiatives are still awaiting ICF decisions for 2017-18 with only a few days to go until the financial yearend.

Date of Next Meeting: This was changed at Friday's meeting to fall on 30 June which is HMack's summer annual leave. HMack noted her apologies, highlighting that the role doesn't have a deputy and gained permission from the IJB to identify an appropriate representative for the next meeting from the Third Sector Forum. HMack will discuss ideas with the Forum.