

Third Sector Briefing Note

Perth and Kinross Integration Joint Board (IJB) – 30 June 2017

Produced by Helen MacKinnon, Chief Officer – TSI at PKAVS and Clare Gallagher, Executive Director Independent Advocacy, who was deputising as the Third Sector Representative at the IJB Meeting on 30 June 2017.

Please note that this should not be taken as a minute of the meeting, but as an overview of the papers presented (Part 1) and a summary of specific points raised and responded to on behalf of the Third Sector Forum (Part 2).

For queries and feedback please email helen.mackinnon@pkavs.org.uk

The Integration Joint Board meeting papers are published in full online. To view papers, please visit <http://www.pkc.gov.uk/article/19640/Integration-Joint-Board-30-June-2017>

PART 1: Overview of IJB Papers

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

Item 6 – IJB Membership Update

The report updates on the four new Councillor Members nominated from Perth & Kinross Council as new IJB Voting Members. The Chair will be Councillor Crawford Reid. Other new members are Councillors: Xander McDade, Eric Drysdale and Chris Ahern. Jacqueline Pepper will replace Bill Atkinson, Chief Social Worker, as professional advisor and non-voting member.

Ann Gourlay stepped down as Service User Representative following the briefing session 16 June, awaiting confirmation of her replacement following service user elections in July 2017.

Item 7.1 – 7.4 – Audit and Performance Committee

The minute of 28 March and associated action points are shared in the papers. The Chair of the Committee updated on the meeting of 30 June 2017.

Item 7.5 – 7.7 – Unaudited Annual Accounts 2016-17, Finance Update, and Hosted Services Memorandum of Understanding

Item 7.5 presents the IJB's unaudited accounts for the financial year 2016/17. Best practice is for the IJB to have formally considered the Unaudited Accounts prior to submitting them to the appointed auditor and making them available for public inspection.

The audit of the accounts will take place during July and August 2017. The report includes a management commentary which provides users of the financial statements with integrated information on management's view of performance, position and progress,

Key 2016/17 yearend financial information noted is:

- The IJB made an overall surplus of £1.386m on total income of £194m. This overall under spend (0.7% of income) will be carried forward into 2017/18 through the IJB's reserves.
- Against health budgets, an underlying over spend of £2.774m was reported. In line with the risk sharing agreement agreed with NHS Tayside and Perth & Kinross Council for the first two years of the IJB, NHS Tayside devolved further non-recurring

budget to the IJB to balance income with expenditure. A break-even position for 16/17 is therefore reported against health budgets.

- Against Social Care budgets, an underlying under spend of £2.549m was reported. Of this £1.984m, although not planned, had been forecast in the latter months of the financial year. The Integration scheme sets out that under spends will be retained by the IJB as reserves following agreement with the Partners. Agreement was reached with Perth & Kinross Council prior to 31 March 2017 that £1.386m would be retained by the IJB to meet agreed social care priorities, with the £598k balance to be retained by Perth & Kinross Council in an earmarked reserve for the IJB against which priorities will be discussed and agreed in 2017/18.

Financial Outlook for the future notes the ongoing financial pressure points relating to Prescribing and In-patient Mental Health, which Perth & Kinross IJB hosts on behalf of all three IJBs. Financial plans continue to develop to support 2017/18 financial position.

Item 7.6 notes the financial outturn for the period 2016/17, which is an overspend of £225k. The risk sharing agreement has impacted on the finally reported year end position within the IJB's draft year end accounts. A detailed summary of the financial position is included in the report.

The report also gives a 2017/18 budget update. It reminds that in March 2017, the IJB accepted the level of budgetary resources calculated by the Council and adopted the associated savings proposals.

The budget proposition for Hospital and Community Services and other Hosted Services has now been confirmed by NHS Tayside and the Chief Finance Officer recommended its approval to the IJB. Detailed figures are given in the report, which also notes progress made around in-patient mental health services and GP Prescribing.

Item 7.7 details progress in relation to the hosting arrangements between the three IJBs in Tayside and sets out proposals to improve reporting on hosted services across all three IJBs for 2017/19.

In August 2016, the IJB approved a high-level framework for the hosting arrangements via a Memorandum of Understanding. Work continues to progress a more detailed agreement for each hosted service.

The report sets out a basis for resource allocation and risk sharing agreement for 2017/18 and a proposed financial reporting framework and seeks approval.

Item 8.1 – Mental Health Service Redesign Transformation Programme – Option Review

Perth and Kinross IJB has hosting responsibility for in-Patient Mental Health (MH) and Learning Disability (LD) services. Mental Health and Learning Disability Strategies seeks to deliver an increasing proportion of care in local communities with greater emphasis on prevention and early intervention.

The Mental Health Service Redesign Transformation Programme is the first step in a process intended to design safe and sustainable in-patient services for the future and to enable existing community services to meet the growth in population and the changing needs of the majority of people who live in Tayside.

The report describes the option development, modelling and appraisal process. It presents a preferred option and the rationale for its selection.

The key issues to be addressed by the option are:

- Currently unable to safely maintain three General Adult Psychiatry (GAP) acute admission inpatient units in Tayside and two Learning Disability inpatient sites. This is because the current and predicted future availability of staff is insufficient to safely manage the services across multiple sites.
- Strathmartine Centre does not meet the needs for patients who are in hospital for often years at a time. There is an urgent need to upgrade the physical environment for Learning Disability patients but this cannot be achieved in the current Strathmartine accommodation. However, there is potential for re-location within the existing hospital estate.

It reminds that approximately only 6% of people who access secondary care mental health services each year, need to access care within inpatient services. 94% access services in the community.

The preferred option is Option 3A: a single site option for GAP acute admission beds in Carseview, involving the relocation of current inpatient beds in Angus and Perth; and a single site option for Learning Disabilities services in a refurbished combined ward in Murray Royal Hospital, involving a relocation of current inpatient beds from Carseview and Strathmartine.

Option 3A was identified as the safest most sustainable service for the future, ensuring sufficient medical cover, nursing, AHP and Psychology workforce who can share learning and experiences across speciality services.

The report notes the impact on travelling time and the need for further exploration of the impacts on service users and their families during the consultation period. It notes the feedback received to date around the importance of family visits in supporting and assisting recovery.

This model would require some remodelling and investment within community mental health and learning disability teams and home treatment services to support more care and treatment at home and prevention of admission.

The Perth and Kinross Integration Joint Board are asked to formally approve progression to a period of formal consultation on the preferred option from 3rd July 2017 to 3rd October 2017. An outline business case report should follow in October 2017 and a full report by December 2017.

The paper includes a very detailed Option Review report which expands on the above in more detail and includes reports of options modelling workshops and the communication and engagement plan.

Item 8.2 – GP Prescribing and Locality Engagement

The report updates on progress around GP Prescribing and Locality engagement. In March 2017, the IJB approved expenditure of £312k per annum to invest in an initial 3-year GP engagement plan focused on sustainable prescribing and the wider transformation of care. The funding was to generate new capacity within the GP practice community to work with P&K IJB.

Since March, the initial programme has been presented to GPs in P&K, with an initial positive response from the GP community, and to the Tayside Local Medical Committee. A programme manager role is to be advertised shortly to support programme delivery. A Medicines Management Group is meeting 4-weekly to identify key prescribing priorities and feed these into the programme.

Item 8.3 – Technology Enabled Care Strategy

A Technology Enabled Care (TEC) Strategy and Action Plan (2016-19) was presented, outlining how the Partnership will improve and enhance the use of TEC to support independent living and improved outcomes, in line with Strategic Commissioning Plan priorities.

TEC includes areas such as telecare, telehealth, video conferencing and mobile health and wellbeing. It is not a replacement for professionals and unpaid carers; it is there to complement other supports and empower people to self-manage. As of February 2016, there are 3,549 people who currently have Telecare equipment across Perth and Kinross. This is a 5.6% increase since 2013.

It notes that there is currently unfilled potential regarding TEC to deliver personalised and cost effective care and support that can support more flexible, responsive and integrated services.

The plan proposes to ensure the development of TEC includes the incorporation and promotion of home health monitoring, telehealth and video conferencing to assist people to remain at home for longer, including implementing a test of change with complex care/bariatric patients, with a view to rolling the model out to various groups across the partnership (e.g. COPD, diabetes, heart disease).

Item 9: Stepping into the Future – Reshaping Care at Home

The report outlines recent options appraisal to agree the future delivery of Care at Home services delivered by the Partnership.

In 2010, the Council approved the transformation of Care at Home services to support people at home which involved the establishment of a Reablement service and the commissioning of the majority of Care at Home from external providers to develop a more cost effective and efficient service.

Since then, internal provision of Care at Home has continued to reduce in favour of more delivery by external providers. The current split is 7% internal, 93% externally commissioned. Services provided by the independent and third sectors have been achieving a high quality of care, with positive inspections from the Care Inspectorate. However, it has been necessary to recommission Care at Home under a new framework agreement to support improvements within the sector and meet the growing demand from an older population with complex needs. Pressures has been compounded by recruitment issues for the private Care at Home providers and, as a result there are people waiting in hospital or in the community for an average of 450 hours of care at any one time.

In March 2017, a three day improvement event supported the analysis of Care at Home pressures and the associated hospital delays to develop a new model of care.

Seven options were appraised; the two highest scoring options then went through a financial analysis to score their financial efficiency and effectiveness or 'Best Value'.

The one that scored the highest in terms of Best Value is the preferred option, and involves transferring all internal Care at Home care support to independent sector companies and retaining internal Care at Home staff to deliver unmet need. The option is felt to have capability to increase hours to respond to unexpected demand, such as care provider failure, at an additional cost.

Fuller details are included in the report. The IJB was asked to agree the direction outlined in the preferred option.

Item 10: Joint Workforce and Organisational Development Strategy

The report notes progress on activity supporting the Joint Workforce and Organisational Development Strategy.

It highlights challenges areas relating to Social Care recruitment and medical workforce in relation to mental health services. It notes the significant workforce employed by the third and independent sectors.

The report details priorities for 2017/18 and beyond. This includes workforce mapping and analysis across sectors, the development of a skills register, and the development of a volunteering strategy. It also notes the need to develop volunteering and career pathways in partnership and with further education colleges and universities.

Item 11.1: Equalities Outcomes Report

The report provides the annual update to the Equality Outcomes Report which was required to be published by all Integration Joint Boards, as Public Bodies, by 30 April 2016.

Last year, the IJB agreed 5 Equality Outcome, which are noted in the report. Progress is reported within an Equalities Outcomes Action Plan which evidences the outputs/ actions, timelines, targets or other measurements to address specific inequalities.

Item 11.2: Planning Services for Children, Young People and Families and Update on Standards and Quality in Child Protection

The report updates the IJB on two key documents:

- The Tayside Plan for Children, Young People and Families 2017-20, which has now been agreed across the three CPPs for Tayside. The plan sets out the shared vision for children, young people and families alongside five key priorities for closing outcome gaps and achieving better outcomes.
 - o Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments.
 - o Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential.
 - o Our children and young people will be physically, mentally and emotionally healthy.
 - o Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people.
 - o Our children and young people will be safe and protected from harm at home, school and in the community.

- The Perth & Kinross Child Protection Committee's Annual Standards and Quality Report 2015-16, which provides an overview of the key activities of the Child Protection Committee and progress made against a 3-year improvement plan. The CPC has overall made good progress in its first year of improvement plan implementation, with an extensive range of activity across services and effective multiagency practice.

Item 11.3: Clinical, Care and Professional Governance Progress Report

An update is provided on the arrangements for Care and Professional Governance across the Partnership and the progress to date led by the Forum.

It reminds of the integrated framework for Clinical, Care and Professional Governance – *Getting it Right for Everyone* – that underpins work across the NHS and local authorities in Tayside.

A local Forum was formed to ensure there are effective and embedded systems for Clinical, Care and Professional Governance in all services in the Partnership. The Forum's role includes progressing a work-plan for the IJB; ensuring care is delivered in the context of the 6 domains of the framework; ensuring reporting and assurance mechanism for hosted services; sharing best practice and providing assurance to the IJB and others.

A Gap analysis was conducted across services and sectors to allow a baseline measurement of adherence to the six domains. The Third sector forum contributed to this and details are included in a traffic light report.

Item 11.4: Adult Social Work and Social Care Joint Business Management and Improvement Plan 2017/18 and Annual Performance Report 2016/17

A combined report details the Annual Performance Report 2016/17 and a forward-looking Joint Business Management Improvement Plan for 2017-18 for Adult Social Work and Social Care.

The report connects to the Council's strategic objectives - particularly to 'developing educated, responsible and informed citizens' and 'supporting people to lead independent, healthy and active lives' - and the Health & Social Care Partnership's vision and key principles.

2016/17 Performance Summaries notes highlights across the service's activity, including a number of initiatives delivered in partnership with third sector.

Date of Next Meeting: Friday 18 August 2017. The Third Sector Forum meeting will be Tuesday 15 August at 9.30am.

PART 2: Comments raised on behalf of the Third Sector Forum (TSF) by Clare Gallagher and responses from IJB meeting

- The issue of the lateness and volume of papers was raised by one of the reps, and CG added that the short turnaround made it difficult for the Third Sector Forum to be consulted prior to the meeting.
- Action point Update (if arises) –
Item 6-6.2 Contingency Planning for Mental Health Services: The Third Sector haven't received information on the changes and what they mean yet, and a question was raised as to the likely timescale for this to be distributed.
- Val Johnson answered that after the initial newsletter which was sent out they are not at the point of sending out a further update yet, but this will be done at the second point of the review – likely to be within the next 6 months.
- Annual Accounts Audit – the issue of where accountability lies with commissioning is still under discussion – there is no consensus across Scotland. IJB's in Tayside are due to meet with the Scottish Government to discuss and assist with this.
- 7.6 - Finance Update – *CG raised the point from the TSF regarding the way the finances are reported, in particular with the complexity around the areas of rebalancing of finances for hosted services between IJB's. There is understanding of the timing factors in this reporting, however feel that better explanation and narrative would make them more accessible for people to understand.*
- Point was accepted, and LD stated that if the Third Sector are making the effort to read through the finances, then it would be appropriate that efforts are made to address this. RP to liaise with HMack/CG and reps to discuss this further.
- Financial Leads – Rep asked why there are 2 financial leads in P&K and only 1 in Dundee and Angus. RP answered that this is part of the journey, not necessarily how it will be at the end. He is committed to making sure there is the right amount of staffing along with looking at the savings needed.
- Changing prescribing behaviour of G.P.'s is being pursued, but is not a quick solution. There are about 50 G.P.s in P&K who need to get on board. Elements such as using non-branded products is one consideration.
- 7.7 - Hosted Services – detailed Memorandum of Understanding are being developed, with mental health the first one being discussed. % share will be the same for all hosted services in the first instance, but may be adjusted as things progress in future years. A development opportunity for the Board was identified around better understanding of how % shares are worked out.
- 8 - Mental Health – Presentations given by the mental health transformation team on The Mental Health Strategy 2017-2017 and there will be a stakeholder event on 30/8/17.

Mental Health Redesign process –

- originally 10 options
- reduced to 7 for the start of the Options Appraisal
- reduced to 4 options through the appraisal process
- since this reduction there have been 2 facilitated options modelling events

- short life working group formed to scope costs, staffing etc. for each option
- each option considered for safety, sustainability and costs
- only 2 clinically safe and sustainable options are 3a and 5a, other options deemed unsafe
- 5a is currently safe, but not sustainable as unlikely to be able to have a shortage of doctors and nurses from December 2017. Going forward with this option may mean emergency contingency needed with little notice from February 2018.

Pro's for Option 3a:

- It will be a centre for excellence
- Provide consistency of approach
- Provide a centre for shared learning
- Enhanced provision of cross over specialities
- Improved physical environment
- Proximity of Ninewells A&E

Consultation will now be undertaken from 3/7/17 to 3/10/17 in the following formats:

- Soft start and media campaign
- Stakeholder identification
- Methods of engagement – calendar of events, website, social media and questionnaires
- The consultation will maximise accessibility – use of sign, translation etc.
- The consultation is going to be widened to ask about community needs for services, carers, support, travel etc.

Process next steps:

- Approval from Boards – June 2017 (see scanned document of outcomes)
- Consultation 3/7/17 – 3/10/17
- Mid point review will be held with the Scottish Health Council – August 2017
- Full consultation report to go to the IJB – December 2017/January 2018

IJB voted to proceed with the consultation on Option 3a - majority voting members in agreement with one dissent (agreed to have objection recorded, but for consultation to proceed).

Points raised from TSF:

- Mental Health Carers group raised concerns about how the additional time needed for travel and the travel arrangements will add challenges to visiting, attending admission/discharge and routine ward meetings, mental health tribunals and organising weekend and day passes. These will all add additional challenges for carers to be involved and support those they care for whilst they are within hospital.
- With Option 3a both Out of Hours support and acute beds are both going to Dundee, there is concern that this will leave people in distress and unsafe. There is a request that some sort of emergency crisis response provision is looked at for P&K.

Response – the plan is that there will be enhanced community services to support people within their own homes with the aim and focus on preventing crisis. This will be an element of the discussions taking place in the consultation.

- There was discussion at the Third Sector Forum with regard to the need for investment into the community. Services in P&K feel at breaking point and have seen significant rise in referrals already with no additional resources. The Third Sector would like more information on how the funding spread across the 3 IJB's is going to be decided and who is going to make these decisions. In light of the increase in referrals, and the likelihood of these growing with the approaching changes, additional transitional funding for the Third Sector will be essential.

Response - it was acknowledged that transitional issues for the Third Sector need to be considered and be part of the consultation. LD stated that she feels this is a very important issue.

- 9.1 - the meeting had overrun by an hour at this stage, and so it was agreed for Paul Henderson to progress with the reshaping of Care at Home, but to put this on the agenda for the next meeting to give it full time for consideration.
- 11.1 - Equality Outcomes Progress Report – LD requested that we take this issue outwith the meeting as there was no time left. I agreed to email RP with the points I was going to put forward at the meeting.

Clare Gallagher
Executive Director
Independent Advocacy Perth & Kinross
30th June 2017