

Third Sector Briefing Note

Perth and Kinross Integration Joint Board (IJB) – 3 November 2017

Produced by Helen MacKinnon, Chief Officer – TSI at PKAVS as the Third Sector Representative on the IJB. 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/19907/Integration-Joint-Board-3-November-2017>

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

Under Action point 72, HM highlighted that the action was outstanding and that third sector colleagues continued to report not yet being involved in partnership work to explore the impact of the proposed mental health inpatient service redesign preferred option on community services (including third sector). HM understood that this work should be happening across the partnership, alongside the preferred option consultation, to ensure that a final option report considered community service impact and opportunities.

Item 6.1 2017/18 Financial Position and Forward Look

The report provides a forecast financial position for Perth & Kinross IJB for 2017/18 and a summary of the issues impacting on this position.

The IJB is forecasting an overall under-spend of £448k. The key driver of this position is a £2.6m forecast under-spend on social care. A large part of the social care under-spend relates to accelerated savings, with further under-spend against core budget.

Social care is required to deliver a £4.2m savings programme from 1st April 2018 based on the indicative PKC budget to be devolved for social care. Delivering this scale of transformational change requires careful planning and phased delivery resulting in a significant in-year benefit. The Partnership Team seeks to build the benefit from accelerated savings into its Financial Plan for 2018/19 to support delivery of existing and additional transformation plans over the next three years.

Further under-spend relates to slippage in the use of funds allocated to support the delivery of transformation. It is intended that these amounts will be removed from the 2017/18 budget and carried forward to meet expenditure in 2018/19.

GP Prescribing continues to be the main driver of a £2.1m overspend within health budgets. The significant savings target applied to the GP prescribing in 2016/17 and 2017/18 led to the IJB being unable to sign off the prescribing budget as sufficient. The Chief Officer has written to both parent bodies requesting a meeting to discuss this. In the meantime, work is progressing on a local and Tayside basis to drive down costs.

Within hosted services, a level of unidentified savings is impacting on the in-year position. The main savings gap is in Inpatient Mental Health. A material level of recurring savings is anticipated from the planned reduction in sites.

Full details are contained within the paper.

Item 6.2 Appointment of Chair to Audit and Performance Committee

Following Linda Dunion's appointment as Chair of the IJB, it is necessary to appoint another member of the Board as Chair of the Audit and Performance Committee. The paper

proposed that a Council appointed member of the IJB is appointed for 2 years. Councillor Ahern was proposed and confirmed at the IJB meeting.

Item 8 Implementation of Carer (Scotland) Act 2016

The report updates on preparations for implementation of the Carer (Scotland) Act 2016 in April 2018. The IJB is being asked to comment on the progress of implementing the Act and the planned consultation of the draft local Carer Eligibility Criteria.

This forthcoming legislation will turn what was a local authority 'power' to provide support for Carers into a 'duty' to support Carers. Although this is a new duty, the Health and Social Care Partnership and the Council, already provide support to Carers, particularly in the form of respite, as well as other services.

The Act will make it a duty to meet Carers needs in relation to information and advice, support planning and short breaks provision.

The report notes that the Perth and Kinross Carers Strategy 2015-2018 was completed in the light of the developing Carer (Scotland) Act 2016 and that support for Carers has been a priority for the Partnership. It notes the progress made by the partnership in:

- Ensuring access to information and advice for carers via third sector
- The ceasing of charges to Carers for the support they receive
- Carers involvement in the Carers Strategy, Participatory Budgeting for Carers and commissioning of projects such as the Care at Home tender.
- A hospital link worker post supporting carers around hospital discharge

The Partnership has used a Carers Act Readiness Toolkit issued by the Scottish Government to support a self-audit of priority areas to be developed. These were identified as:

- Consulting on and agreeing a draft Carers Eligibility Criteria. There is not one at present. The criteria will detail the level of needs a Carer must have before they become eligible for service position from the HSCP or Council/ Health.
- Agreeing and implementing Adult Carer Support Plans/ Young Carer Statements. These will replace 'carer assessments'. The Act requires Self Directed Support options for eligible Carers.
- Agreeing and implementing a Short Breaks Statement that will detail the type of breaks Carers can expect and who to contact.

A Carers Act working group including Partnership colleagues, education and children's services, PKAVS and the Carers Forum has been formed to take these actions forward. Consultation on the draft Eligibility Criteria will begin in November. A timetable for implementation is outlined in the report.

Comments raised on behalf of the Forum:

HM noted the importance of ensuring that alongside the eligibility framework for statutory support for carers, comes clear referral points through support plans for support through third sector and other partners to ensure carers presenting with lower impact/ risk, and not meeting criterion don't fall through the net. HM noted the opportunity to ensure connected support for carers across a wide range and degree of caring roles.

Noting the risk detailed in the report around tight timescales for consultation, marketing and training before April, HM stressed the need to ensure timescales are firmly applied and that

the IJB can ensure approval of final statements in January to enable training and preparation to take place.

Comments were noted and assurance was given that the statements would be considered at January's IJB meeting.

Item 8.2 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. The Board was asked to approve the strategy, note the progress of current projects and support the implementation of key actions.

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 their health.

2011 Home Care Information showed that P&K had the third lowest number per capita in Scotland of over 75s with telecare. A focus on this showed an increase by 2015 to the fifth highest in Scotland. As of January 2017, there were 3,858 people who currently have Telecare equipment across Perth and Kinross; this is an increase of 11.7% since 2014.

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).

The plan also noted the need to establish and review the appropriate infrastructure and asset management of TEC across the partnership and review the requirements of community alarm and rapid response teams to meet future demands on services.

Item 8.3 NHS Tayside Integrated Clinical Strategy Update

An update is provided on progress in development of the Integrated Clinical Strategy (ICS) for NHS Tayside and the region's three IJBs. The ICS will support the development of new models of health and care delivery within a pathways context, taking account of the financial and workforce challenges that are impacting on current models of care. It will incorporate the co-dependencies and interdependencies between individual services and across partners. It will support the intended changes across acute care and health and social care over the next 5-10 years.

The report sets the work within the context of recommendations of the Scottish Government's Assurance and Advisory Group report to NHS Tayside and details progress so far including stakeholder engagement and the strategy's alignment to national policy and local contexts.

Comments raised on behalf of the Forum:

HM noted the scheduled timetable for connecting with the Third Sector Interfaces around third sector involvement being September/ October 2017 and confirmed that this hasn't happened

yet. With reference to page 53 – ‘Leadership Team to work with Health & Social Care Communications & Engagement groups to participate in local events’ – HM noted that this contact also isn’t in place yet.

HM asked what the plans were to involve third sector organisations on a local basis and to connect with local engagement groups, and asked how can we as an IJB can help move engagement forward, noting the Assurance and Advisory group’s comments about the need to accelerate engagement with wider stakeholders.

During the presentation on the ICS at the meeting, broader stakeholder engagement was planned from January 2018. Reassurance was given that mapping of key stakeholders was currently underway. The IJB Chair stressed the importance of early engagement and the need to connect with the third sector through TSIs.

Item 8.4 Public Bodies Climate Change Duties

The report updates on requirements for IJBs to report annually to Scottish Ministers on compliance with public bodies Climate Change duties.

The three elements of these duties are: Reducing greenhouse gas emissions; Adapting to the impacts of climate change; and sustainable development as a core value.

IJBs are expected to work alongside health boards and local authorities to complete their climate change reports. It is recognised that the majority of IJBs will not have responsibility or accountability for certain work/ policy areas and that the health boards and local authorities will report on the required information on behalf of IJBS.

The submission outlines some key priorities included:

- Improving links with NHS Tayside and Perth & Kinross Council and other Tayside HSCP climate change leads
- Ensure service delivery change considers climate change impact where appropriate
- Clarify the obligations and accountabilities of the HSCP in relation to climate change adaptation
- Better promote awareness of climate change with staff and communities using existing NHS Tayside and Perth & Kinross communication tools

Item 8.5 GP Engagement and Prescribing

The Board was updated on the ongoing work and progress to date to support new GP capacity in identified priority areas. This included:

- Face-to-face discussions with every GP practice in Perth & Kinross are in progress. These are mostly positive, but progress has been slower than desirable due to clinical commitments.
- A programme manager (2 year) post is under recruitment to support the leadership capacity to deliver the scale of change required.
- The report also details activity underway to get a handle on the drivers to the prescribing variances across practices.
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A fact finding visit to NHS Lanarkshire was fruitful in learning from a team who have effectively managed to reverse the trend that saw them as an outlier in primary care prescribing over the last few years.

Item 9.1 Winter Plan

- Each year, each Health Board and H&SC Partnership are required to collaboratively prepare a Winter Plan for submission to Scottish Government

- The report updates on the collaborative approach undertaken by the partnership to plan for winter across Tayside, planning for additional pressures, ensuring business continuity and ensuring that the needs of Tayside's population are met, particularly the elderly, frail and those who are acutely ill.
- The report outlines key actions being put in place by the partnership, covering areas such as: business continuity arrangements; transport; the role of the Discharge Hub, Care at Home; Integrated Care Teams in localities connecting with third sector colleagues around emergency plans for individuals identified as vulnerable; use of community hospital beds; enhancing specialist liaison services to reduce emergency admissions; 7-day working for social workers and AHPs.

For Information Paper – 10.1 – Mid-Point Review of Consultation Update for Mental Health and Learning Disability Service Redesign Transformation Programme

A report updates on the mid-point review of the consultation for mental health and learning disability redesign following meetings between the programme's communication and engagement work-stream and the Scottish Health Council. The consultation period is now concluded and the process of gathering and theming information and feedback has begun. The consultation report will be presented to the IJB in January.

The report detailed wide distribution of information across community contacts and over 50 consultation events. 12-18 organisations responded positively to support the public events across Tayside.

An area that hadn't worked as well was a proactive positive media campaign. There were also views by some groups that a preferred option meant 'a decision made' or that the process was a tick-box exercise.

Further actions and advice are detailed in the report.