



## Third Sector Briefing Note Perth and Kinross Integration Joint Board (IJB) – 26 January 2018

*Produced by Helen MacKinnon (HMack), 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/20079/Integration-Joint-Board-26-January-2018>

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

*There were no points in relation to the above items to make on behalf of the Forum.*

*HMack declared a conflict of interest relating to paper 7.5, Implementation of the Carers (Scotland) 2016 Act, noting that although she is a representative of the Third Sector Forum, she is employed by PKAVS who is commissioned by the Health & Social Care Partnership to provide support for Carers.*

### **Item 6. IJB Membership Update**

Following an election process, the paper proposes the appointment of Service User Public Partners to the IJB, with Linda Lennie as the main partner and Sandra Auld as the substitute partner.

### **Item 7.1 Perth & Kinross Mental Health & Wellbeing Strategy Progress Report**

The report updates on the development of the Mental Health and Wellbeing strategic priorities for 2018-21 and the requirement to develop a mental health and wellbeing commissioning plan to ensure priorities are met.

The paper notes links to the Perth & Kinross Community Plan, the joint Tayside Plan for children, young people and families, and the recent Fairness Commission. It also notes the key drivers within the national Mental Health Strategy for Scotland 2017-27.

Evaluation of the previous Mental Health and Wellbeing Strategy 2012-16 has informed key priorities. The previous strategy included a focus on Recovery and mental 'wellbeing' rather than 'illness' and saw successes ranging from peer support, awareness raising and advocacy, to Mindspace's Recovery College.

Strategy development work is being led by the Strategy Group, which includes the third sector and service users/ carers. With a shift to early intervention and prevention, there will be a future focus on: better access to self-help; supporting engagement with services; and appropriate resources and support when people need help.

A key priority is to develop a model of delivery based on population data in localities, working closely with GPs to support those with long-term complex needs. With only a small percentage of the population requiring inpatient care, it is important that community services can support people to manage their health and care needs.

Remodelling may be required across third and statutory services to support clear pathways across the system of support. A review of resources available is required to reshape and recommission services around local priorities. The report notes the good value for money and prevention/ early intervention impact of the third sector.

The IJB was asked to agree further work to review existing community health and wellbeing services. A draft plan outlining the commissioning priorities for community-based services that will complement the redesign of inpatient services will be brought back in 6 months.

*HMack welcomed the intention to review community mental health and wellbeing services and stressed the need for the Strategy Group to have a good grip on the total outcomes of this review. As a third sector, we rarely see information on the evaluated impact of statutory mental health services. The third sector feels that a more open culture that supports sharing, learning and scrutiny is required to enable a joint strategic commissioning approach with diverse stakeholders. HMack highlighted this as an Organisational Development consideration across the Partnership's strategy groups.*

*Response: The lead officer for the item welcomed and agreed with the comments, noting the importance of how we integrate our intelligence going forward.*

## **7.2 Perth & Kinross Learning Disabilities Progress Report**

This report outlines progress in delivering the *Keys to Life* strategy and action plan and notes the need to develop a commissioning plan to ensure priorities are met. A report on progress will come back to the IJB in 12 months.

During 2016/17, a new strategy and implementation plan for adults with a Learning Disability is being developed. The priority is to develop a flexible and responsive service delivery model, based on population data in localities. Integrated care teams and GPs will work closely to support those with long-term complex needs. Perth & Kinross has a strong focus on health promotion and human rights to support and empower individuals.

The paper highlights key demographic information relating to learning disabilities and the variance across localities. A 17% increase in the number of people with learning disabilities is expected between 2017 and 2037. It highlights the stark inequalities that individuals face, such as a shorter life expectancy, greater likelihood of hearing loss or dementia, and poorer mental and physical health than the general population.

The previous strategy 2012-16 was evaluated by the strategic leadership group, including third sector, carers and service users. Key achievements are highlighted, including a focus on Better Lives in Older Age.

A new commissioning plan will set out the detail of how support for people for learning disabilities will be provided. Plans will develop collaboratively across stakeholders and in a way which facilitates learning. Existing in-house services will be reviewed to ensure achievement of outcomes and best value. Plans will also emphasise Self Director Support and greater use of technology to support choice, control and independence.

## Item 7.3 Mental Health & Learning Disability Services Consultation Feedback Report

The report presents the findings of the Mental Health and Learning Disability Service Transformation Programme Consultation and seeks approval from the IJB of the preferred option.

The preferred option is the provision of a single site solution for acute General Adult Psychiatry (GAP) admission inpatient beds on the Carseview Centre in Dundee and a single site for Learning Disability inpatient services from Murray Royal Hospital in Perth. Patient safety was given high priority in arriving at this recommendation.

The 12-week consultation sought to: identify, share information and gain feedback with all stakeholders including the public; record all feedback; respond to questions; and identify concerns about the impacts and identify ways to address and mitigate these. A full report on the consultation process is detailed.

The key themes/ concerns raised were:

- Access
- Quality/ Culture
- Workforce
- Enhanced Community Services
- Co-design /Participation
- Improved environments

On approval of the option, further work will continue to develop, enhance and remodel community-based services for both GAP and Learning Disabilities across Tayside. A high-level draft key milestone programme plan is set out in the report.

The report also details risk, resource implications, improvement measurements and gives a hyperlink to an equalities impact assessment. The views of the other IJBs in Tayside, NHS Tayside Board and other key groups in review process are detailed in appendices. A summary of the consultation feedback in each individual area of Tayside is also noted.

Within the recommendations, the Chief Officer is asked to establish an inclusive process for the development of internal and external implementation plans to ensure the key themes highlighted during the consultation are supported and impacts mitigated. It requests that further work be undertaken across the IJBs and with stakeholder involvement.

At the IJB meeting, a presentation on the consultation process and feedback was given by officers leading the redesign programme.

*HMack commented on the extensiveness of the formal consultation process in trying to reach out to people, provide information and create opportunities for dialogue.*

*HMack felt it was important that the IJB note that over 50% of survey consultation responses did not support the preferred option and that, should the option be approved, there is lot of work to do, to bring people on board, particularly in P&K.*

*A key priority within this option for the third sector is the need for enhanced community services, particularly in relation to local crisis response out-of-hours and transition back to the community. HMack noted that both she and third sector colleagues had concerns that the in-patient services redesign programme and reviewing/ enhancing of community service were not linking as they should. HMack*

*asked if there are plans to formally integrate work-streams across inpatient and community to ensure they are developing jointly. This was essential to maximise the innovative potential of developments, to drive quality improvement across our system of care and support, and to improve the experience for the individual.*

*Response from officers: Health Improvement Scotland was working with the mental health teams to prepare for change. Feedback has already indicated the need to do more to join up work across Tayside and with children and young people. Officers noted that every pathway conversation starts with someone at home and considering the resource required to keep them there. There was a commitment to making the connections across pathways more explicit. It was also highlighted that the settlement from Scottish Government commits to money for mental health transformation; this will support the enhancement of community services.*

*The Forum raised a query in its meeting about whether the % of people who did not support the option related only to the consultation survey responses, or also to the body of opinion that was submitted by other means. It was confirmed during the presentation as only relating to the survey responses.*

The preferred option was approved by the IJB with one abstention and the rest of the votes being in favour.

#### **Item 7.4 Review of Residential Care**

The report follows a formal consultation and options appraisal to determine the preferred alternative service delivery model for directly provided in-house adult residential care services in Perth & Kinross.

The review included two residential Care Homes – Beechgrove in Perth and Parkdale in Auchterarder. A summary of their provision and occupancy rates is detailed in the report.

At present, there is surplus capacity in care home provision across Perth & Kinross, although the number of vacancies fluctuates on any given day. Historically, care homes have provided capacity for crisis admissions and interim placements. The redesign of care at home, intermediate care provision and community hospitals are intended to reduce the inappropriate use of residential care to meet crisis demand.

Four options were considered in the review and are summarised in the report. An options appraisal was carried out by a panel including officers, third sector and community representatives. The appraisal was structured to assess qualitative benefits for service users, families and carers, financial sustainability, and a strategic fit with the partnership's commissioning intentions. The preferred option scored the highest on the combined quality and financial appraisal.

The IJB was asked to approve the highest scoring option which will see the closure of Beechgrove Care Home in Perth and retention of Parkdale as a Residential and Intermediate Care facility. This option would enable the necessary capacity to meet residential care provision going forward.

The proposed option generates savings of £528k but leaves a shortfall of £128k against the original savings target that was approved as part of a Transformation Programme by Perth & Kinross Council in 2015. Alternative savings options have been requested to address the shortfall.

Engagement with staff and 45 families took place. Common areas of concern were around impact of closure and change and concern over quality of care by independent sector. The report highlights that there are 11 care homes in Perth & Kinross that have been awarded equivalent or higher grades by the Care Inspectorate than in-house provision.

GPs were concerned over the idea of Parkdale becoming an Intermediate Care facility due to travel distance.

Independent Sector Care Home providers responded positively about being able to fill vacancies. There was no interest in taking on Beechgrove as a facility nor in taking on the responsibility of either Care Home and TUPE transfer requirements.

The IJB was asked to approve the highest scoring option. The next step would be a detailed transition plan to support alternative arrangements and appropriate redeployment of staff. Choice for residents would be supported in so far as practicable.

*The Forum raised a query in its meeting about capacity in the system to support the option. This was addressed during IJB discussions. Officers confirmed that they were confident that the independent sector can cope with changes and demand. There are currently 7.6 new residential care vacancies each week. While capacity varies day-to-day, a constant is approximately 30 places available per month. It was noted that Perth City has less headroom compared to other areas, however some Beechgrove residents had indicated that moving to Parkdale would be an option for them.*

*IJB discussions saw significant concerns about the proposed option raised by several IJB members and service user representatives. An amendment was proposed to defer the proposal until there was more certainty around financial figures and until the Council, IJB and Scottish Government budgets had been approved.*

*Votes took place on firstly, the original recommendations, and then the amendment to defer. Votes were equal. The Chair does not have a casting vote. As votes were equal, the decision was automatically deferred until the next meeting.*

## **Item 7.5 – Implementation of the Carers (Scotland) Act 2017 – Local Carers Eligibility Criteria Framework Review**

The report updates on the consultation on the draft Local Adult Carers Eligibility Criteria Framework as part of the implementation of the Carers (Scotland) Act 2017 from 1 April 2018. The IJB is asked to agree the framework, which is detailed in full in the report.

The Act puts a duty on all Councils to develop a local Carers Eligibility Criteria Framework which details the level of needs a Carer must have before they become eligible for service position from the HSCP or Council/ Health. It determines the level of support a carer will get and whether this is provided under a mandatory duty or a discretionary power. From 1 April 2018, there is a duty on a local authority to provide support to carers meeting the threshold.

The draft framework considered other areas' frameworks, Coalition of Carers in Scotland best practice, and current practice and carer assessment processes locally.

The consultation period ran for 6 weeks. Details of communication reach and approach are included in the report. 100 participants provided formal feedback to the consultation. Feedback was largely positive, with most agreeing the draft is clear and well presented. The key feedback was around making the wording less harsh and simpler. The framework has been revised on this basis.

Following the consultation, a decision was made to take the framework for Young Carers forward separately through the Council.

Next steps will include: training and awareness for staff on the framework and a wider campaign on the Carers (Scotland) Act 2016.

*Having declared a conflict of interest, HMack could not be present at the table for the item. The Chief Officer fed in the Forum's comments:*

*The Third Sector have been key partners in the development of the framework and the Forum is supportive of the proposed framework.*

*The third sector noted a concern that the partnership may be at risk of 'over-promising and under-delivering' to Carers in terms of demand: are we confident that the partnership has the ability to meet and resource the demands that may follow the implementation of the Act?*

*Response: The lead Carers officer highlighted that the Partnership already provides a lot of services for carers. The new Act could potentially produce a landslide but it was also noted that many carers remain hidden and it remains a challenge to reach and engage many carers. The results of the engagement were reflective of this – over 7000 people reached out to and only 100 approx. responses. The impact of the Act will be monitored as the months progress.*

*Forum point: Third sector organisations have been made aware via representation on the national Carers Act Advisory Group, that resource for Carers Act implementation, including what is currently Carer Information Strategy funding, will no longer be ring-fenced and will form part of the local government finance settlement figure for health and social care. Carer organisations have requested some assurance as the IJB moves into 2018/19 budget discussions on how we safeguard services and associated resources to support carers.*

*Response: The Chief Finance Officer noted that work is being done to try to scope out the financial impacts of the Act. Areas being considered included advice and support, additional carers support workers, loss of income, and a potential step up in demand for flexible respite. The Scottish Government settlement includes indicative provision to fund these costs and this will form part of the discussion with Perth & Kinross Council over the budget to come across to the IJB.*

## **Item 8 – 2017/18 Financial Position**

The report provides a summary of the issues impacting on the financial position of the IJB at 2017/18. The IJB is forecasting an overall underspend of £771k, an improvement of £323k from month 5.

The key drivers of the position are a £2.4m forecast underspend on social care and a £617k underspend on hospital and community health. These are offset by a forecast overspend of £1.7m on GP Prescribing and £1.55m on inpatient General Adult Psychiatry.

£1.5m of the social care underspend is due to accelerated savings and slippage in the utilisation of budget flexibility. The hospital and community health underspend has improved by £647k from month 5, mostly due to the identification of slippage in transformation funding. The council's Strategic Policy & Resources Committee has approved to carry forward the financial year-end spend on social care. This will be held within Council reserves and earmarked to support future social care activity.

## Item 9.1 Strategic Update

The report updates on progress on the Workforce Planning and Organisational Development Strategy. The Partnership is considering several distinct streams of workforce planning including:

- Integrating locality based teams across localities with differences in population and requirements
- Redesign of acute services to shift the balance of care to communities – shifting from bed-based models to a model that supports people at home
- Considering skill-mix opportunities to address shortages in staff and inappropriate use of costly locum staff
- Building robust community teams to sustain local services and reduce avoidable admissions
- Planning the future supply of workforce

Progress on the OD strategy's development has been halted by the absence of a key member of staff. A clear understanding of both the future clinical model and realistic assessment of affordability are both required to underpin a robust integrated workforce plan.

## Item 9.2 Proposal to revise arrangements for Strategic Planning

The report makes proposals to refresh the structures for strategic planning across the IJB. Changes will help reflect the ambitions of localities, coordinate the strategic ambitions for the partnership and support a level of detailed planning across complex change.

The paper outlines the progress of the partnership in the first two years in developing the Strategic Commissioning Plan. It notes a priority being to support the associated complexity of people living longer and with expectation of living independently for as long as possible. A second priority is to design services that address inequalities and known link between poverty and avoidable ill health.

The proposal notes a high-level Strategic Planning Board whose role it is to oversee the general direction for public services in Perth & Kinross. It notes locality steering groups as interfaces with the five Local Action Partnerships and having a role to consider the emerging needs of local populations and plans for change.

The third layer of planning integrates the professions, services and sectors around the redesign of care delivery, with an increasing focus on prevention and early intervention.

In March 2018, the IJB will be updated on the membership and terms of reference for the groups.

*HMack noted the absence of a reference to the former Strategic Planning Group which has a required prescribed minimum membership of different stakeholders. HMack asked if more detailed would be forthcoming about this and the make-up and membership of the proposed strategic group. The Chief Officer assured that the required membership would be taken into account and more detail would follow.*

*HMack also highlighted 3.2, which outlines the role of the Strategic Planning Board as being to 'oversee the general direction of development of public services'. This statement was felt to be narrow in its scope and did not reflect the full sense of our partnership, which must also be about how we coproduce with other partners, how we commission our third and independent sectors, and how as public services, we are nurturing and enabling those relationships in the way that we work.*

*The Chief Officer fully agreed with the comments made and noted that the wording had intended to reflect the partnership as services who serve the public rather than public services exclusively.*

### **Item 9.3 Visual Identity for the Partnership**

In August 2017, the IJB approved a new logo for the partnership subject to the development and agreement of a strapline.

Giving consideration to the total scope of the partnership's diverse work and an overarching focus on prevention, the strapline 'Supporting healthy and independent lives' was proposed. The strapline is in line with the vision set out in the Strategic Commissioning Plan.

The strapline was tested on 37 members of the public, with feedback being very positive in support of the proposal, noting the strap-line as simple and easy to understand.

The IJB approved the strapline, however it was requested that the logo be reviewed from an accessibility perspective, as it was felt to be unsuitable for those with colour-blindness.

### **Item 9.4 Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity and Healthy Weight**

The Scottish Government is currently consulting on *A Healthier Future* which proposes a range of fundamental actions to improve diet and weight. The paper includes a draft consultation response prepared by NHS Tayside. The IJB is asked to provide comments on the consultation document that will enable the co-creation of a partnership response by NHS Tayside.

The paper highlights obesity as being a priority for action and the need for a radical upgrade in our approach to the prevention and treatment of obesity. The large number of people accessing doctors and hospitals for obesity-related, preventable conditions is putting severe pressure on the system. Across Scotland, a more community-based approach is needed to tackle the challenge, reinforce healthy lifestyle choices and inspire changes in public behaviour. The consultation runs until 31 January.

The Government has key commitments to limit the marketing of food high in fat, sugar and salt and provide more support for people with type 2 diabetes. It has announced funding of £42m over 5 years to expand these services. NHS Tayside and partners must consider how to use this investment, particularly to enhance and secure its weight management service.

*HMacK noted that Forum members had considered the response by NHS Tayside and felt it was strong, however it was highlighted there was scope throughout the response to recognise the role and contributions of the third sector. Two examples noted were: With reference to Q9, the importance of third sector partners such as Leisure Trusts in delivering physical activity actions, and Q8, with regard to type 2 diabetes, the role of minority ethnic specialist support services in engaging with 'at risk' individuals.*

*Full comments from Forum members will be submitted in writing to the Director of Public Health via the Chief Officer.*



## **Item 9.5 Delivering the new 2018 General Medical Services Contract in Scotland**

The report outlines the content of the proposed new 2018 General Medical Services Contract in Scotland. The Scottish Government published a draft contract in November 2017. The benefits of the proposal for patients are to help people access the right person, at the right place, at the right time. This will be achieved through:

- Maintaining and improving access
- Introducing a wider range of health and social care professionals to support the Expert Generalist
- Enabling more time with GPs when it's really needed
- Providing more information and support for patients

The benefits for the profession are:

- A refocusing of the GP role as the Expert Medical Generalist and senior clinical decision-maker. This will focus on three areas: undifferentiated presentations; complex care in the community and whole system quality improvement and clinical leadership.
- New workload formula and increased investment in general practice (£23m – 63% of practices gain additional resources).
- Manageable workload – Practices will provide fewer services. New primary care services will be developed and the responsibility of IJBs/ Health boards. A wider range of professionals will be aligned to practices. Priority services will include Pharmacotherapy support, treatment and care and vaccinations. Changes will happen over 3 years.
- Improving infrastructure and reducing risk through management/ ownership of premises and new information sharing agreement with GPs/ NHS Boards.

IJBs will set out a Primary Care Improvement Plan to identify how additional funds are implemented by the end of the transition period in 2021 to establish a multi-disciplinary team model at practice and cluster level. £250m of new funds will be invested to support general practice. This Improvement Plan should be presented to the IJB for approval in June 2018.

The paper also outlines other specifics relating to practice core hours, out of hours services, the role of practice nurses, practice managers and receptionists, IT and information sharing.

The draft is currently being negotiated. If agreed, it will support significant development in primary care.

## **FOR INFORMATION ONLY PAPERS**

### **Item 10.1: Director of Public Health 2016/17 Annual Report**

The Director of Public Health 2016/17 Annual Report is shared in full. The foreword notes the need for transformational change within the NHS, noting Public Health as being at the heart of, not part of, a solution. It notes the importance of an explicitly public health approach to transformation, which incorporates population health intelligence, co-production, needs assessment, prevention, value for money, early intervention, asset-based approaches and ensuring individuals are at the heart of all change.

The report updates on the work undertaken in 2016/17 to fulfil the recommendations from the previous year and sets out recommendations that feature in 2017/18 work-plans.

### **Item 10.2: Update on the Implementation of Self-directed Support**

The report updates Perth & Kinross response to the Audit Scotland Report on Self-directed Support. The report gives background to the Social Care (Self-directed Support) (Scotland) (Act 2013 which gives people a range of options for how their social care is delivered.

In Perth & Kinross, progress has focused on two key outcomes – developing a competent workforce to support a personalised approach, and improving choice and control for service users. The report details progress around workforce and notes an increase from 7.9% in 2014 to 19% in 2018 in people choosing options 1 or 2.

The report details some of the challenges to external providers in delivering services in a different way. Many of these relate to workforce, such as staff recruitment and retention and the impact of the Foundation Living Wage. However, it notes the new opportunities arising through locality working, the role of community engagement workers, participatory budgeting, and work with the care and wellbeing cooperative.

### **Item 10.3: Standards Commission for Scotland: Professional Briefing January 2018**

A short briefing from the Standards Commission for Scotland is shared. It notes that the Commission intends to organise a training workshop in 2018 for all members of IJBs. It will include discussions on topics such as identifying conflicts of interest, being clear about the capacity in which people are appointed to different organisations and resolving any cultural clashes.

The briefing also provides an overview of two cases that have been recently referred to the Standards Commission.