



Third Sector Briefing Note Perth and Kinross Integration Joint Board (IJB) – 23 March 2018

Produced by Helen MacKinnon (HMack), Chief Officer – TSI at PKAVS, Third Sector Member 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, decisions made, and a summary of specific points raised and responded to by the Third Sector Member following discussion with the Third Sector Forum.

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 <https://perth-and-kinross.cmis.uk.com/perth-and-kinross/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1812/Committee/95/Default.aspx>

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

The lateness of papers was noted. Public Partners highlighted the impact of late papers on their ability to discuss content with wider carers and service user networks. Officers endeavour to issue papers a week in advance.

Item 6. IJB Membership Update

The IJB approved Dr Daniel Carey to replace Dr Neil McLeod as a non-voting member of the Board.

Item 7. Recording of Meetings

The Board was asked to consider whether it wishes to amend Standing Orders and record meetings for public viewing online following the meeting.

Third Sector Member comments:

HMack noted that this proposal was recently raised at the Communications & Engagement Steering Group meeting and considered to be a positive step in widening public and other stakeholder communication. HMack asked if this was to be pre-recorded or live streamed. It was confirmed that it would be recorded and then uploaded to YouTube as per Council committees.

The proposal was supported by the IJB.

Item 8.1 Redesigning Care: Review of Residential Care

This report was considered at the IJB meeting on 26 January; a decision could not be reached by the Board, meaning that the item automatically defers to the next meeting.

The report included in 8.1 outlines the same information given in January. A summary from January's Third Sector Briefing Note is included below.

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.

Four options were considered in the review and are summarised in the report. 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 £168k against the original savings target. Alternative savings options have been requested to address the shortfall.

The report details engagement with staff, families, GPs and the independent sector and key feedback themes.

Residential Care - Supplementary Briefing Note

A supplementary briefing note was included with March's IJB papers to provide additional supporting information. It reminds of the focus of the Strategic Plan 2016-17 in shifting the balance of care and the need for care home provision to be adaptable to complex health and social care needs.

It highlights that between 2013/14 and 2017/18 there has been a projected increase of 17.7% in the number of residential and nursing placements in external care homes. Nursing placements have grown by 24% and residential by 10%. The report also considers the split between full cost and free personal care placements. Using this trend information, a pressure of £462,000 for increased nursing care has been built into the 2018/19 budget.

There was a lengthy discussion on this item at this meeting. Several IJB Members reiterated their concerns around the proposal, concerns which included the impact on people at this age and stage of life and capacity and stability in the independent sector. Public Partners highlighted research that evidences the negative impact that a transition can have on health and wellbeing.

Third Sector Member comments:

HMack noted that the future care of the individuals affected by these changes must remain at the heart of the decision, supported by the context of our strategic intent and financial plan. HMack felt that the placements were given to people as a 'home for life' and there will be an inevitable level of impact and unsettlement for people and their families.

HMack felt it was important that the IJB remind itself of the assurances received around the extensive experience that HSCP staff have in supporting transitions for older people – this is day-to-day business as people's care needs change. The IJB

should carefully bear this experience and track record in mind when making its decision.

HMacK addressed the point raised in the meeting about evidence showing the impact of transitions on people's health and wellbeing. HMacK highlighted that research also shows that the critical factor in any transition is careful planning, and that good planning is essential in mitigating negative impacts.

HMacK asked a question following discussion with the Third Sector Forum around whether the HSCP could offer and honour 'choice' for those relocating to new homes. People choose care homes for a range of reasons based on quality, staff continuity or proximity to family. How confident are officers that the capacity in the system can ensure that people's high quality of care is maintained and that they can be accommodated in their locality of choice?

Responses: *Officers noted that all people using services are supported based on conversations around choice and that this situation would be no different. It would be difficult to comment beyond this as those conversations would be person-centred and dependent on factors that would be important to people. Reassurance was provided around the standards of care in the private sector. The overall capacity in the system of approximately 30 places per month was reiterated.*

*As the Chair moved to agree the recommendations within the proposal, a series of amendments were proposed by individual IJB Members. Each amendment was considered in turn, however all were ruled as being 'incompetent' as an alternative proposal, as they did not address the necessary savings target on a recurring and sustainable basis. **

Three voting members noted their dissent for the recommendations being proposed. The recommendations were agreed with a majority support.

Two voting members who had expressed their dissent elected to leave the meeting at this point.

** Due to the complexity of these discussions and amendments proposed not being shared in writing with the full Board, it was not possible to capture each of these in detail. The official Minute of the meeting will provide exact detail for the Third Sector Forum's interest.*

Item 9. Finance and Governance

Item 9.1 2017/18 Financial Position and Forward Look

The report provides a summary of the issues impacting on the financial position of the IJB in 2017/18, based on 9 months to 31 December 2017. The IJB is forecasting an overall underspend of £1.293m, an improvement of £522k from month 7.

The key drivers of the position are a £2.493m forecast underspend on Social Care and a £500k underspend on Hospital and Community Health.

£1.071m of the social care underspend is due to accelerated savings and £795k due to slippage in the utilisation of budget flexibility.

Underspends are offset by a forecast overspend of £1.475m on GP Prescribing (lower than the 2017/18 financial plan) and £1.52m on Inpatient General Adult Psychiatry (higher than the 2017/18 financial plan). £879k of Inpatient GAP overspend relates to Medical Locum costs and discussion is required with NHST to agree release of non-recurring budget to offset this cost.

Item 9.2 2018/19 Financial Plan

The IJB was asked to approve the 2018/19 Financial Plan including budget proposals from both Perth & Kinross Council and NHS Tayside and the 2018/19 Transformation and Efficiency programme.

Analysis of costs pressures indicates that if nothing else changes, £12.5m would be required to meet current and anticipated demands for devolved services in 2018/19. A breakdown of the cost pressures is given in the full paper. This is to be reduced by £7.995m of savings proposed through transformation and efficiency programmes.

Perth & Kinross Council Budget Proposition

The budget proposition from the Council has reduced by £1.5m. Savings of £6.15m require to be delivered in social care. This is an extremely challenging level of savings. £4.62m of this is proposed to be addressed by transformation and efficiency plans. The recurring gap of £1.53m will be covered in-year by the transfer of non-recurring reserves arising from the 2017/18 social care under-spend. The paper notes that the budget proposal from the Council is considered manageable for 2018/19 but that it is essential that a fair settlement is agreed for 2019/20.

NHS Tayside Budget Proposition

The proposition within NHS Tayside Budget sees an increase of £2m; this responds to the pay uplift pressure anticipated and is a fair share over the overall uplift received by NHS Tayside. Savings of £6.12m require to be delivered. £3.37m of this will be supported by transformation, efficiency and cost reduction plans. The gap of £2.75m has been off-set in part by non-recurring funding from NHST to support inpatient mental health contingency arrangements. This leaves a gap of £1.2m for Perth & Kinross IJB, after hosted services have been considered.

Overall position

An overall recurring shortfall of £4.285m is forecast for PKHSCP. £1.8m of social care 2017/18 underspend will be transferred to IJB reserves, and £1.532m used to balance the in-year financial position. £448k funding for inpatient mental health contingency costs from NHS Tayside has been agreed and will support this further. This leaves a gap of £2.305m in the PKHSCP position.

The net overall gap for P&K IJB is £1.22m once the risk sharing agreement across the three IJBs in Tayside has been applied.

The paper notes that further work is being undertaken to deliver a balanced budget. The Chief Officer is to develop proposals for the June IJB meeting for a collaborative budget process with the two partner organisations. A full financial risk assessment will be provided at that stage.

Budget Review Group

A budget scrutiny group has been established and undertaken robust scrutiny and review of both pressures and savings to ensure that they are robust, deliverable and supportive of strategic intention. The group has recommended the approval of all savings proposals, except for Residential Care, as it did not feel it appropriate to pre-empt discussion at March's IJB meeting.

Third Sector Member comments:

HMack recognised the work by Officers that had gone into preparing the financial plan and the substantial transformation and efficiency programme.

HMack noted that the IJB was being asked to approve a transformation and efficiency programme totalling just under £8m without the details of some of these plans having been brought before the Board for approval. For clarity, HMack asked if the IJB is being asked to approve, only, the indicative financial savings targets attached to these programmes, and that the redesign of specific services within the programme would still have to come before the IJB for approval.

Response: *The Chief Finance Officer noted that it was a good question and clarified that some of the programmes were small and would not need to come to the IJB. Most of the larger programmes had already been to the IJB, however there were one or two material areas such as Tay Ward that should come to the Board.*

HMack noted the reference to Perth & Kinross Council's budget proposition, which has reduced by £1.5m, and to the indicative further reduction of £1.3m for the social care budget in 2019/20. HMack asked if there is an understanding of why this budget has been reduced, and, given the level of risk this poses on a recurring basis, if the IJB is clear of the steps to ensure that a 'fair' settlement is achieved going forward.

Response: *The Chief Officer noted that there has been extensive discussion with the Council over this proposition. The Council also faces significant financial challenge. There will be a focus on building awareness of the HSCP's work and discussions will start in April. A strategy day is arranged with council officers to enable an overview of the HSCP. There will also be more exposure to wider groups including Councillors. It was also noted that the IJB determines the services required and that getting the budget process right is key going forward.*

Item 9.3 Audit and Performance and Committee Update

The Chair of the Committee gave a verbal update on the work of the Audit and Performance Committee (A&PC). This covered the following points:

- Paper to come to the IJB with arrangements for governance
- Timeline for strategic plan was requested [detailed in the IJB papers]
- Robust risk register being developed
- The Chief Social Work Officer noted that a key report came to the A&PC 6-7 months after it was published – this will be realigned in the future to ensure timeliness
- Care and Professional Governance Forum Chair updated to the Committee. Robust plans in place. Membership is an issue and is being addressed.
- A&PC had brief discussion on external audit.
- Delayed Discharge – noted DD is slightly short of target. Committee endorsed and supported proposed actions to address further.

FOR INFORMATION ONLY PAPERS

10.1 Chief Officer Strategic Update

The report updates Board members on progress against tasks outlined in the rolling actions list. The Board was asked to note the contents of the report.

This paper was noted as 'for information only' but was presented by the Chief Officer.

Mental Health Transformation Programme

Following approval of the preferred option in January, the programme has moved to implementation phase. Drop-in sessions for staff across several sites in Tayside are being arranged. The Programme Board met on 20 March to review governance structures, role and remit, and membership to support the implementation phase.

Following a Health Improvement Scotland recommendation, an improvement-focused action plan is under development. A quality improvement lead for adult mental health services is under recruitment. The Mental Health Care and Professional Governance Group meets 6-weekly with representation from the three HSCPs.

Strategic Planning

The Chief Officer noted that there has been significant change since the plan was first agreed, including national policy and legislation such as the living wage and the Carers Act, and the new GP contract.

The strategic plan 2016-19 will be refreshed and must take stock of developments. It notes that forums will connect senior managers and professional leads and enable the development of recommendations for consideration by the Strategic Planning Group. It notes that the HSCP will prioritise the needs of communities of interest and delivery of services at locality level.

10.2 GP Prescribing Forecast 2017/18

The report provides an update on the forecast financial position on Prescribing for 2017/18 and the key issues impacting on performance. The Board was asked to note the contents of the report.

This paper was noted as 'for information only' but was presented by the Clinical Director.

A year end forecast overspend of £1.638m (compares to the £1.687m in the financial plan) is predicted. Figures show a drop in P&K expenditure compared to the previous year; this goes against the increasing trends expenditure trends in Angus, Dundee and Scotland. This is noted as a positive position and provides a level of assurance that work has been done locally through pharmacy locality teams and strong GP engagement is making an impact.

The report gives details of the breakdown of high cost items, a number of which are not drugs but are appliances or nutrition and therefore less influenced by a GP decision and more likely by specialists.

Following the IJB's approval of investment in GP engagement, additional capacity is being provided in around one-third of local GP practices. The role of prescribing lead GP remains vacant and is being pursued.

The IJB will be asked at its next meeting to consider a revised request for funding.

10.3 Perth & Kinross Child Protection Committee (CPC) Standards and Quality Report 2016-17

For information, the IJB was given a copy of the Standards and Quality Report 2016-17 from the Perth & Kinross Child Protection Committee (CPC).

The report provides an overview of the key activities of the work of the CPC to protect children and young people from abuse and neglect, and presents the findings from a wide range of CPC-led single agency and multi-agency self-evaluation activities.

It also sets out the progress made against a 3-year improvement plan, identifies key strengths, and areas for further development.

10.4 Winter Plan 2017/18 Update

The report highlights the key areas of focus outlined by the Scottish Government to maintain effective hospital discharge and admission during weekends and the festive period. It notes the actions of the HSCP to support service continuity. These ranged from business continuity plans for severe weather, to cover over the festive periods and 7 day working/cover. It notes that the HSCP estimates additional investment of £140k at the end of January.