



Third Sector Briefing Note Perth and Kinross Integration Joint Board (IJB) 22 June 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.

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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/1813/Committee/95/Default.aspx>

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

The minute was approved and updates provided on the action point around workforce planning.

Item 6. IJB Membership Update

The eight voting members of the IJB are made up of four elected members from Perth & Kinross Council and four non-executive Board members from NHS Tayside. There have been several exchanges on membership since the last meeting.

New members to join the Board are Cllr Colin Stewart and Cllr Anne Jarvis, and Lorna Birse-Stewart and Dr Robert Peat from NHS Tayside. A vacancy remains from the NHS Tayside voting members and this will be confirmed at NHS Tayside Board's next meeting. Stephen Hay is the new Chair and Cllr Colin Stewart the Vice Chair.

It was agreed that the Carers Members, reaching the end of their initial 2-year appointment, are extended for a third year until May 2019.

Item 7. Position of Clerk to the Board and Standards Officer

Noting the upcoming retirement of the current Clerk, Gillian Taylor, and Gillian's resignation as Clerk of the IJB from 30 September 2018, the Board agreed the appointment of Scott Hendry, Perth & Kinross Council as Clerk with effect from 1 October 2018.

Item 8. Redesign of Substance Use Services in Perth & Kinross

The report updates the IJB on the redesign of substance use services and the implementation of a Recovery Orientated System of Care (ROSC) in Perth & Kinross.

The Alcohol Drug Partnership (ADP) is a strategic body that oversees issues around substance use in Perth & Kinross, including governance, policy and strategy implementation, performance and engagement with external stakeholders. The Scottish Government allocates an annual budget to the ADP. Partners bring other public and charitable funds to support the total ADP activity in the area.

The report notes substance use service resources totalling £3.6m (this includes the inpatient service for Tayside hosted locally). Third Sector organisations involved in this work are CAIR Scotland, Tayside Council on Alcohol, Barnardos Hopscotch Project and CATH.

The Scottish Government issued guidance that ROSC should be implemented throughout Scotland. Features include being person-centred; inclusive of family and others; keeping people safe from harm; individualised services; connections to the community; and services that are trauma-informed.

Findings from the APD self-assessment in 2017, together with a local consultation report and other report recommendations are being used to develop a ROSC in Perth & Kinross.

The main issues and challenges to ADPs are: funding pressures in the next 3 years, disconnects between different providers within system of care, and the need to create an aligned model that delivers ROSC. Resources will need to be moved away from maintenance and into prevention and recovery. Operating with traditional models is no longer financially sustainable.

The APD has established a multi-agency Redesign Project Group, including services users and carers. The group aims to support the implementation and delivery of a ROSC. An options appraisal and an improvement event were carried out in 2017 and key work-streams forward, reporting monthly to the Project Group.

A pipeline of supports has been mapped and analysis enabled identification of gaps and duplication. This will support the review and realignment of existing services and will form the core of the ROSC.

A new multi-agency drop-in assessment clinic and revised triage process have been introduced; their effectiveness is currently being evaluated. Lead worker and client-owned recovery plans are also progressing. The report also updates on progress around engagement, training & development, performance frameworks and the prevention work-stream.

Third Sector Member comments:

HMack noted the clear rationale for service redesign and process underway with relevant stakeholder engagement. Noting the paper's reference to traditional models not being financially sustainable, HMack asked if there was a distinct financial saving targets within this redesign across services involved in the ADP?

Officer response clarified that there had initially been savings targets however additional new funding was now expected. It was intended that the redesign would produce cost savings in time through a more preventative approach.

HMack noted that the Social Prescribing project was highlighted as an example of good practice and asked if the learning was being integrated into the new social prescribing plans that the partnership is currently forming?

Officer response clarified that the project had stopped due to short-term funding and assured that the learning was being brought into the new social prescribing work.

Item 9.1 Revision to Integration Scheme

Following the implementation of the Carers (Scotland) Act 2016 on 1 April 2018, there are provisions from the Act that need to be incorporated into the regulations that support the Public Bodies (Joint Working) (Scotland) Act 2014. Local authorities and health boards were required to revise the Integration Scheme for IJB to include the new list of functions and duties for delegation to the Boards. The revisions were approved by Scottish Ministers and the Board was asked to note these.

Item 9.2 Unaudited Annual Account 2017/18

The regulations require the IJB to consider the unaudited accounts. The audit will take place during July/ August 2018.

The report presents the IJB's Unaudited Annual Accounts for 2017/18. The management commentary provides integrated information on management's view of performance, position and progress.

- Against health budgets an underlying overspend of £1.279m was reported. In line with the risk-sharing agreement agreed with the two partners, for the first three years of the IJB, NHS Tayside devolved further non-recurring budget to the IJB to balance income with expenditure. A breakeven position for 2017/18 is therefore reported against health budgets. The health overspends are related to GP Prescribing and Inpatient Mental Health.
- Against Social Care budgets an underlying underspend of £2.637m was delivered. The Integration Scheme sets out that underspends can be retained by the IJB as reserves, following agreement with the Partners. Such agreement was not reached in relation to 2017/18 underspend. Instead Perth & Kinross Council reduced the budget to deliver breakeven and will carry forward the underspend in an earmarked reserve for Social Care.
- The IJB carried £1.386m reserves into 2017/18. These were fully released into the 2017/18 budget. The IJB is reporting no reserve.
- The IJB holds no assets.

Item 9.3 2017/18 Financial Position

The report provides a summary of the issues impacting on the financial position of the IJB in 2017/18, for the year ended 31 March 2018. The IJB yearend out-turn is an overall underspend of £1.4m.

The key drivers of the position are a £2.6m forecast underspend on Social Care and a £500k underspend on Hospital and Community Health. £1.3m of the social care underspend is due to accelerated savings and £0.8m due to slippage in the utilisation of budget flexibility.

GP Prescribing out-turn is £1.7m overspend in line with 2017/18 financial plan) and £1.4m overspend on Inpatient General Adult Psychiatry (higher than the 2017/18 financial plan).

Item 9.4 2018/19 Finance Update

The report notes that a gap of £920k remains in the 2018/19 Financial Plan, driven by Inpatient Mental Health and GP Prescribing. This is an improvement of £300k from the initial plan presented to the IJB in March 2018.

Key risks to the delivery of a financial balance have been identified and are summarised in the paper. The most significant risk is in relation to Social Work Complex Care packages. A detailed review has been undertaken and costs are now significantly higher than expected across Learning Disabilities and Mental Health.

A further significant risk is in the reduction in demand for 84 Care Home Placements through investment in Carer's Support. A review has been undertaken of the level of impact that increased investment will have on demand and this is now lower than originally planned.

NHS Tayside has agreed to distribute non-recurring funding in 2018/19 to each of the IJBs in relation to locally agreed projects for which spending plans have slipped.

A meeting has taken place to commence discussions on a joint approach to agreement of the 2019/20 budget for the IJB and this process will be progressed during the year.

In May, the Scottish Government confirmed earmarked recurring funding for a number of priorities. Funding will be allocated at integration authority level. Perth & Kinross' share is £1.685m for mental health strategy (action 15), primary care improvement fund, and out of hours. Spending plans will be developed in July/ August for IJB approval in September.

Third Sector Member Comments

The Chief Finance Officer's updated that the risk around the 84 care home placement was due to a level of slippage in getting the level of carer support in place. HMack asked if this was about the timing of the interventions not yet being in place or whether the overall impact and financial aspirations of the transformation project were still considered achievable?

The CO explained that it was partly about slippage in timings, noting workforce recruitment issues, but there was also a query over whether the aspirations were deliverable. The CO updated that the Audit and Performance Committee was keeping a close eye on this area of work.

Item 9.5. Audit and Performance Committee - Update

The Chair of the Audit and Performance Committee provided a verbal update. Some key highlights included:

- Governance and accountability arrangements are ongoing and a paper will come to the IJB in September.
- Delayed discharge forms part of the wider performance reporting to the Committee. The Committee has requested more detailed reports on this.
- The Transforming Governance Action Plan is being updated.
- Training and development of the Board is being reported back to the next Committee. Performance reviews of Board members needs further exploration.
- The local Care and Professional Governance Forum should be redesigned and become a sub-group of the Committee. Third and independent membership to be considered.
- Only one complaint in relation to the IJB received.
- Tony Gaskin was appointed as Chief Internal Auditor
- The Annual Performance Report requires publication by 31 July. This will be circulated for comment prior to a special Committee meeting.
- Committee was updated on Health Improvement Scotland inspections of HMP Perth and PRI.

Towards the end of the meeting it was noted that Councillor Purvis would succeed Councillor Ahern as the Chair of the AP Committee.

Item 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.

Integrated Workforce Planning

The IJB approved its Organisational Development and Workforce Strategy in March 2016. The Scottish Government has produced national guidance to support workforce planning, including three parts published over the past 12 months. These parts included frameworks for improving workforce planning across NHS Scotland and in Social work and social care services and most recently, Primary Care. This plan focusses on developing and expanding multidisciplinary teams comprising professionals contributing unique skills to managing care and improving outcomes. The national guidance is key to enabling the development of a local workforce plan, which is underway.

Development of Healthy Organisational Culture

The report notes the importance of developing an organisational culture of shared behaviours, values and beliefs, which governs how people work together. The Chief Officer and his senior management team have taken a leading role to develop the partnership to develop a positive and shared culture.

It is intended that the Workforce Plan will set out the arrangements current and future to ensure a workforce that is enabled, fit for purpose, and able to deliver to meet current and future needs of local people.

Mental Health

Work continues to implement the service redesign transformation programme, with an intention to drive more rapid progress to meet further emerging workforce challenges and the requirement to achieve financial balance.

Following the Health Improvement Scotland report, work has been undertaken to draw together all elements of mental health and learning disability service across Tayside. The intention is to improve and broaden pathways of care to support early intervention and prevention.

A formal process of organisational change is being followed to support permanent solutions for staff working to support the contingency arrangements.

Public Partners

The report notes that officers and Public Partners are working to ensure appropriate engagement of the public, service users and carers in shaping the business of the IJB. It notes the scrutiny and advisory role of Public Partners as Board members and the development of new opportunities for Public Partners to gain a closer understanding of services.

Strategic Planning

The report notes strategic planning links between community and hospital services and partnership links to wider work across NHS Tayside.

Work is progressing to define and align services into care groups and allow appropriate standardisation of services. The March strategic planning event revisited strategic aims and will help prepare the refreshed strategic plan for presentation to the IJB in September.

10.2 GP Engagement Funding

The report seeks IJB approval for 2018/19 GP Engagement Funds of £221k to support effective GP engagement.

In March 2017, the IJB approved a proposal of £312k investment pa for 3 years to support additional GP time to focus on the quality, safety and cost of effectiveness of prescribing and transformation of unscheduled care. It was an 'invest to save' initiative, key to improving the cost effectiveness of prescribing.

Estimated spend for 2017/18 was £156k; actual spend was £41k. Delays in spending were due to:

- Challenges in finding additional GP capacity from within/ out-with practices in the current difficult recruitment climate.
- Lack of capacity in the HSCP to deliver such an innovative programme which has required personal visits to most GP practices
- Resistance to change in some practices

The Clinical Director and others' time investment in setting up a sustainable engagement approach has been significant.

Overall there has been a 0.19% decrease in GP Prescribing expenditure in P&K compared to an increase of 1.7% in Scotland. The GP engagement approach is likely a significant contributing factor in this progress. A step up in investment in GP engagement seeks to control the level of growth assumed in volume and price growth in the financial plan and close the current £438k shortfall.

£221k was requested to support GP capacity, specific projects and other costs including programme management support; this was approved.

10.3 Tayside Primary Care Improvement Plan 2018 to 2021

The IJB is asked to approve the Tayside Primary Care Improvement Plan (PCIP) in relation to Perth & Kinross content and endorse the management approach being taken locally in respect to the ongoing delivery of changes to General Medical Services.

The PCIP is a pan-Tayside collaboration to implement the new General Medical Services contract which came into effect on 1 April 2018. Once approved by each IJB, it will be submitted to the Scottish Government for approval by 1 July 2018.

The new GMS contract offers the opportunity to refocus GP activities away from areas of work that can be undertaken by other healthcare professionals and onto delivering more holistic and person centred care as "expert medical generalists". For patients, this means that they will come into contact with a wider range of professionals within GP practices. For GPs, it will free up time so they can undertake work dealing with more complex and challenging patient care.

The contract is split into key elements including:

- Vaccination services
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care services
- Additional professional role:
 - o Physiotherapy focused on musculoskeletal conditions
 - o Community mental health services
 - o Community link worker services

The budget for GMS implementation is held by partnership IJBs. Within P&K, each element of the PCIP which requires funding to implement the GMS contract will be worked into a business case proposal before resources can be allocated.

P&K will receive a share (£1.249m in 2018/19) of the Scottish Government's recurring Primary Care Improvement Fund. Spending plans will be developed and scrutiny and approval of decisions will sit with the Executive Management Team for the HSCP. The fund is designed as a facilitator to enable and accelerate change, directly supporting general practice by enabling work to shift away from practices. The income stream can be enhanced locally but cannot be reduced, is protected from savings targets and is expected to be spent within the year. Regional collaboration where appropriate will enable a more efficient use of funding.

The full PCIP is included in the papers.

Third Sector Members comments:

HMack commented this was helpful paper for Third Sector to better understand the future intentions and shape around the new GMS contract and primary care improvement. HMack welcomed the deepening aspirations for the role of Community Link Workers and stressed the importance of the third sector as a lead partner in the design of this layer of support going forward. HMack noted the need to ensure that the destination points for people in the third sector are available and sustainable, noting independencies across our sectors within a community linking model and the robust level of planning required to progress plans at scale.

HMack asked for clarity on where approval of the Primary Care Improvement Fund spend sits in P&K, noting one reference to IJB approval in the paper and another reference to Executive Management Team (EMT) approval.

Officers clarified that a level of delegation would need to be given to the EMT to enable spending plans to be developed and recruitment progressed at the necessary pace.

The Chief Officer proposed a third recommendation to the IJB report, which was to 'give authority to EMT to begin recruitment processes in line with the intentions of the plan'. The IJB approved this.

Item 10.4 Annual Performance Report 2017/19

The Board agreed that due to timescales for the publication of the Annual Performance Report by 31.07.18, the draft report would be circulated to Board members for comment and a special meeting of the Audit and Performance Committee would be called to approve the report prior to the deadline.

FOR INFORMATION ONLY PAPERS

11.1 2017/18 Winter Plan Review

The report outlines the HSCP Winter Plan review which was shared with the Scottish Government in April. Scottish Government was keen to have feedback on the learning specific to IJBs. It helped to identify key pressures and performance, which will feed into a national review report and guidance for the coming winter.

Winter 2017/18 was challenging for the HSCP with increased influenza like illnesses and prolonged incidence of adverse weather.

Key priority areas for improvement locally are:

- ongoing review of business continuity plans to ensure 'all year' responsiveness
- focused targeting within community health and other vulnerable groups to increase anticipatory care planning; seasonal flu and other vaccinations; further roll out of enhanced care and support; and increasing polypharmacy reviews.
- greater focus on management of long-term conditions to decrease avoidable acute admissions
- Better defining pathways of care to reduce unnecessary admissions
- Implementing flexible 7-day working where appropriate

11.2 Update on the Implementation of the Social Care (Self Directed Support) (Scotland) Act 2013 in Perth & Kinross

The report updates the IJB on the P&K response to the Audit Scotland report on SDS. Officers are requested to update again in 12 months.

The report notes 2 key SDS outcomes for P&K:

- Developing a confident and competent workforce to support delivery of a personalised approach through SDS
- Improving choice and control to improve outcomes for service users

Between October 2014 and October 2017, the percentage of people choosing options 1 and 2 for their support has increased from 7/9% to 19%. 86% of service users confirmed that they had achieved their goals set in their outcome-focused assessment.

The report notes that over 90% of the HSCP's care at home service is now delivered by external providers following a major retendering process. It notes the HSCP's reliance on providers to deliver services in a different way and some of the challenges around this, relating to recruitment and developing new models of delivery. The HSCP works with providers to support them to deliver support that meets the needs of individuals.

The report highlights opportunities arising from the creation of HSCPs including:

- Locality working
- Participatory Budgeting
- Increased awareness and choice of SDS, including the work of the Care and Wellbeing Cooperative
- Data Collection

An overall summary is good progress has been made in relation to workforce development and increasing numbers supported by options 1 and 2. However there remain capacity issues in rural areas which restrict people's choices regarding their support.

11.3 Equalities Outcomes Progress Report

The report provides an annual progress update in relation to the HSCP's Equality Outcomes. It reminds that the IJB, as a public body, must publish a set of equality outcomes and a mainstreaming report. These were shared in 2016 with the Community Equality Advisory Group and the Equalities and Human Rights Commission. Last year, the Strategic Planning Group took part in a facilitated workshop relating to race equality and integration supported by CEMVO.

The IJB agreed 5 equality outcomes, which are cross-reference to the equality outcomes for the partner bodies. The IJB is asked to note the strong basis for continuing joint equalities activity.

The report notes progress around:

- Communication, including access to language support
- Equalities governance developments across the CPP more broadly
- Monitoring of voluntary organisations with SLAs that work specifically with an equality protected characteristic group
- Work with Syrian refugee families, gypsy/ travelers, Homeless Voice Group and others
- Training for staff
- Data collection
- And a wide range of events and campaigns

11.4 Technology and Innovation in Health & Social Care

The Health and Sport Committee, 1st report on Technology and innovation in health and social care is included in the papers for information. In 2017, the Committee agreed to undertake an inquiry into this topic, to find out what is being done to realise the potential of digital technology in health and social care and to build an innovative picture of how innovative an NHS we can expect to see in 10 years' time.

The report considered the draft digital health and social care vision and the development of the digital health and social care strategy, as well as funding, university collaboration, data sharing and other areas.

The inquiry heard:

- of a culture that was reluctant to adapt new ways of working, where innovation is not encouraged and outdated IT systems cause major barriers.
- that there is little leadership on technology or innovation as decisions are made on a board by board basis.
- the health service is still using multiple incompatible systems and various platforms. Staff highlighted untimely access to relevant health records.

It concludes that the Scottish Government must take ownership and offer strong leadership to tackle key issues urgently and ensure the nature of NHS changes to welcome new and innovative ways of working

11.5 Annual Report for Volunteering in NHS Tayside 2017

NHS Tayside's annual report for Volunteering is shared with the IJB for its information. It notes that NHS Tayside has around 1,000 volunteers providing a range of roles across acute services, in community settings and in people's homes. In addition to this are volunteers who support NHS Tayside including public partners and those working with voluntary organisations such as RVS, Chest Heart and Stroke Association and the British Red Cross.

The report notes progress for NHS Tayside as well as localised volunteering updates produced in partnership with each local HSCP and work with its third sector.