



## Integration Joint Board – 30<sup>th</sup> November 2018 Third Sector Strategic Forum Briefing and Feedback Clare Gallagher

*Produced by Clare Gallagher, Chief Executive-Independent Advocacy Perth & Kinross, 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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<b>Agenda/ Page</b>	<b>Notes</b>
<b>4</b> pg 15	<b>Action Points Update:</b> Budget – CO was to develop a proposal for a collaborative budget process with NHS and P&K for 2019/20. A number of informal discussions have taken place with NHST and P&K. A formal meeting will now be scheduled to support the joint approach for budget setting for 2019/20.  <i>Although the timescale for the joint discussions states by May 2019, the CEO of PKC and NHST have already met to hold discussion on joint finances.</i>
<b>7.1</b> Pg 25	<b>2018/19 Financial Position:</b> 1. The overall project overspend of £4.035m for P&K IJB includes:

	<p>a. The forecast overspend of £2.009m on adult social care, an increase of £0.596m from last report. From:</p> <p>Older People’s Services – largely attributable to demographic growth issues, care at home additional demand and interim placements, and slippage on the implementation of a revised Intermediate Care Service model</p> <p>Adaptions and Equipment – increasing frailty and service demands</p> <p>Care Home Placements – due to number of people in care homes whilst progress is still to be made to the implementation of the “Shifting the Balance of Care” project.</p> <p>Mental Health and Learning Disabilities – continued and sustained increase in the costs of individual care packages (residential and community). This is due to deteriorating conditions and increased frailty/care needs, number of cases where provision of care from family carers has broken down, increase in clients needs who were previously receiving low or no services.</p> <p>b. The forecast overspend of £1.495m on GP prescribing, an increase of £0.669m from the last report.</p> <p>The key driver of the deterioration from plan relates to a £20m national level increase to the community pharmacy global sum to reflect tariff reductions. SGHSCD has top-sliced £1.8m from NHST funding allocation, negating the benefit assumed within all 3 IJB’s prescribing financial plan from tariff price reduction on specific drugs, including Pregablin.</p> <p>c. The forecast overspend of £0.755m on Tayside hosted services.</p> <p>Inpatient Mental Health – driven by medical locum costs, supplementary nursing costs and historic brought forward balance of undelivered savings.</p> <p>2. A Financial Recovery Plan has been prepared in line with the integration scheme and is being discussed with the Chief Executives of P&amp;K and NHST. It will come forward to the IJB for approval at the earliest opportunity before being passed to NHST and PKC for formal consideration.</p> <p>Any balance of overspend not addressed by the recovery plan would require to be offset in line with the IJB risk sharing arrangements. This has been to date attributed back to the partner organization in which the overspend arose. This may change to a proportionate split for 2018/19 and future years. Formal agreement is now being pursued with PKC and NHST.</p> <p><i>The Audit and Performance Committee have also given notice that there is likely to be further financial consequence due to the costs of the prison improvement plan (resulting from the interim inspection) and increased prison population.</i></p> <p>93. The overall projected financial position for 2018/19, based on very early information with many on-going risks, is an over spend of £4.035m. £2.009m of this is projected over spend from PKC.</p>
<b>7.5</b>	<b>National Joint Review of Local Governance:</b>

Pg 61	<p>1.1 The above was launched in November 2017 by the SG (Scottish Government) and COSLA, setting out the intention to “decentralise power to a more local level in Scotland and launch a comprehensive review of local governance ahead of a Local Democracy Bill later in Parliament”. The intention is to bring a wide range of Scotland’s public services into scope, take cognisance of reforms where work is already progressing, and includes powers and functions held at national level.</p> <p>1.2 The review is being undertaken in two strands. Firstly, gathering communities and local organisations’ views about how decision making can work best for towns, villages and neighbourhoods. Secondly, public sector leaders and bodies have been invited to put forward proposals.</p> <p><u>Appendix 2 – letter from SG and COSLA:</u></p> <ul style="list-style-type: none"> <li>• There are a number of examples of working creatively across traditional boundaries to deliver responsive services – how can these be strengthened and scaled up.</li> <li>• Proposals should reflect National Performance Framework to tackle inequalities and drive inclusive growth (Christie Commission Principles), and strengthen local decision making.</li> <li>• SG are seeking indication of the issues HSCP wish to discuss.</li> <li>• Some authorities want to establish a single authority model of delivering local services.</li> <li>• The two strands of Local Governance Review will run in parallel for a period of around 6 months. In the event of legislative change being required a Local Democracy Bill is provisionally scheduled for introduction later this parliament.</li> </ul> <p><u>Appendix 1 – P&amp;K IJB Response to letter:</u></p> <ul style="list-style-type: none"> <li>• Opportunity to look at different models for public service delivery – single body? Need to look at geography in P&amp;K (rural vs urban).</li> <li>• Suggest funding for a pilot in P&amp;K of single body operation – <i>To pursue this model, both PKC and NHST would have to be in agreement. Both have raised concerns about this, and it was therefore agreed that there is a need for further discussion at each body’s Board. It was agreed for the P&amp;K IJB response to the SG to be withdrawn for further discussion prior to another submission.</i></li> </ul>
8.1 Pg 83	<p><b>Chief Officer Strategic Update:</b></p> <p><u>Workforce Planning:</u></p> <ul style="list-style-type: none"> <li>• Workforce planning will be centred on ensuring that the workforce is able to deliver strategic priorities, with responsibility from Programme Boards for this.</li> <li>• Workforce Development Group will be created to support managers.</li> <li>• The Joint Partnership Workforce Plan will be overarching, high level and strategic document, designed to facilitate transformation, service challenges and change.</li> </ul>

	<ul style="list-style-type: none"> <li>The plan will be developed in 2019 in line with Programme Boards and strategic and financial delivery plans – time to be determined by EMT.</li> </ul> <p><u>Joint Inspection:</u></p> <ul style="list-style-type: none"> <li>As part of the process all HSCP staff will be invited to complete a staff survey.</li> <li>The inspection is a two-week process – meeting with staff, managers, IJB members, external providers and other stakeholders, focus groups and observation. Second week will continue if needed and any other scrutiny.</li> <li>To give value to self-evaluation towards continuous improvement, a special meeting of the IJB will be arranged for early January 2019 to formally consider this.</li> </ul> <p><u>Refresh of Strategic Plan:</u></p> <ul style="list-style-type: none"> <li>This is due to be refreshed and approved by the IJB by the end of March 2019.</li> <li>It will build upon the original plan where it remains relevant and include contribution from the four Programme Boards, redressing matters of service distribution across P&amp;K where location of services is no longer sensitive to the population need.</li> <li>It will consider sustainability and affordability, fully evaluating workforce requirements.</li> <li>It will be developed in partnership with service users, carers and staff –</li> </ul> <p><i>Raised the question of whether consideration is being given to ways of consulting with service users who may not use the traditionally consulted services, including those who may be in secure environments e.g. Rohallion SCC, HMPs Perth and Castle Huntly. Evelyn Devine confirmed that this is being considered, and consultation has already started in HMP Perth.</i></p>
<p><b>9.1</b> Pg 89</p>	<p><b>Progress made by the P&amp;K Primary Care Board:</b></p> <p>2. Key service areas which will report into the Board routinely:</p> <ol style="list-style-type: none"> <li>General Medical Services</li> <li>Primary Care Improvement, including the implementation of the 2018 General Medical Service Contract.</li> <li>Family Health Services</li> <li>General Practice Prescribing</li> <li>Anti-coagulant Service</li> <li>Hosted Services: Prison Health Care, Podiatry, Public Dental Services</li> </ol> <p>Board considerations to date include:</p> <ul style="list-style-type: none"> <li>Identification of current planning issues for future sustainable delivery of Primary Care Services</li> <li>Developments around Social Prescribing and relative benefits</li> <li>Primary Care Improvement Plan, including a supplementary and more detailed P&amp;K plan.</li> <li>HSCP new approach to managing prescribing activities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Current assets and infrastructure issues in respect of long term sustainability of services.</li> </ul>
<p><b>9.2</b> Pg 99</p>	<p><b>Progress made by the Mental Health &amp; Wellbeing Care Programme:</b></p> <p>2. Four existing strategy groups now report to the MH and WB Board:</p> <ol style="list-style-type: none"> <li>1. Mental Health &amp; Wellbeing Strategy</li> <li>2. Learning Disability Strategy</li> <li>3. Substance Use Strategy (ADP)</li> <li>4. Autism Strategy</li> </ol> <p>Key priorities for immediate progression and activity identified:</p> <ul style="list-style-type: none"> <li>• Action 15 monies – proposals for allocation</li> <li>• ADP monies – overview of proposals for allocation from ADP working group.</li> <li>• Review of the Strategy Groups</li> <li>• Complex Care – review and development of a financially sustainable model.</li> </ul> <p><u>Action 15:</u> The National Mental Health Strategy 2017-2027 details improvements it expects delivered. The submission for P&amp;K has been made and agreed for the following initiatives:</p> <p>Year 1:</p> <ul style="list-style-type: none"> <li>• Access to a therapeutic listening service provided by ‘Do You Need to Talk’.</li> <li>• Three Band 4 Mental Health Support Workers linked to the Healthy Communities Team.</li> <li>• Counselling sessions from Mindspace.</li> <li>• Computer based Cognitive Behavioural Therapy</li> <li>• User licences for the mental health smartphone app – Brain in Hand.</li> <li>• Mental Health nurse/social worker aligned to The Access Team</li> <li>• Mental Health nurse trained in Cognitive Behavioural Therapy for Perth Prison</li> <li>• Mental Health OT for Perth Prison</li> </ul> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• Continuation of Year 1 initiatives, review to determine impact and further investment if required.</li> <li>• Supports for people in distress which will involve working closely with the third sector.</li> </ul> <p><u>ADP:</u> P&amp;K have been awarded £464,188 pa, recurring for the life of the Scottish Parliament to support new and innovative approaches to supporting people with alcohol and drug use. For use in areas:</p> <ul style="list-style-type: none"> <li>• Increased involvement for people with lived experience in evaluation, design and delivery of services</li> <li>• Reduce waiting times for treatment and support</li> <li>• Improved retention in treatment</li> <li>• Development of advocacy services</li> </ul>

	<ul style="list-style-type: none"> <li>• Improved access to treatment among those accessing inpatient hospital services.</li> <li>• Whole family approached for support</li> <li>• Continued development of recovery communities.</li> </ul> <p>A working group has been established to determine how best to invest the monies.</p> <p><i>The question was asked with regard to the mental health transformation project and whether it should progress whilst the Independent Enquiry into NHST is still on-going as recommendations from this may affect some of the project plans? RP responded that he will reflect the comments raised to the CEO of NHST, but there remains a need to progress the re-modelling as the risks remain and workforce issues have to be addressed. He stated that delay would cause a high risk to people's lives and therefore the process cannot be stopped to wait for the outcome of the Enquiry.</i></p>
<p><b>9.3</b> Pg 119</p>	<p><b>Progress made by the Older People and Unscheduled Care Programme Board:</b> The board are proposing:</p> <ul style="list-style-type: none"> <li>• Develop and promote thriving, resilient communities through volunteering, social prescribing and neighbourhood initiatives.</li> <li>• Build on enhanced multi-disciplinary team community support.</li> <li>• Develop an enhanced respiratory community approach</li> <li>• Review the bed based resources and medical model for rehabilitation.</li> <li>• Radical enhancement of technology enabled care and home health monitoring.</li> </ul>
<p><b>9.4</b> Pg 131</p>	<p><b>Progress made by the Carers Programme Board:</b>The Carers Programme has been established but, due to it being in early stages, there are no proposals submitted for consideration.</p>