Integration Joint Board – 15th February 2019
Third Sector Strategic Forum Briefing and Feedback
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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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Agenda/ Page	Notes
6.1 Pg. 19	**2018/19 Financial Position:** • Overall current projected overspend of £1.954m for P&K IJB for 2018/19 reflects an improvement of £2.081m from the last report. The forecast position assumes actions set out in the Financial Recovery Plan will be delivered in full - includes £1.238m of recovery actions. • Local hospital and community health services are currently projecting underspends or near breakeven – reflects good progress in delivery of savings and cost containment, but improvement also reflects slippage in recruitment to key posts integral to the development of Older Peoples Services. • Services hosted in P&K on behalf of Tayside IJBs – overspend of £1.725m is an increase of £0.137m from last report. This is largely driven by an increase in overspend within Learning Disabilities, and reasons for this are being established. • Services hosted elsewhere on behalf of P&K IJB – main contributors to overspend are undelivered savings, pressures within Palliative care, Brain Injury, Psychotherapy and Out of Hours • Overall position regarding NHS directed resources – has improved from overspend of £2.026m to £1.339m, but must be considered in the context of the originally approved £0.920m overspend. • P&K Directed Services – is currently projecting a £0.615m overspend for Adult Social Care Services. The Financial Plan assumed breakeven could be delivered. ***Raised*** *- Reference is made to the recovery of prior years' surpluses from providers. The point was raised for consideration of individual circumstances of third sector organisations. There is understanding of the financial need to do this where possible, but many third sector organisations have limited or dwindling reserves with little opportunity to address this. One of the of the added benefits to the Partnership from the third sector is the ability*

	to attract external income from grants or trusts into P&K, but if organisations don't appear sustainable, there is a higher likelihood of failure in funding bids from sources like The Big Lottery. Therefore, this could limit the third sectors ability to generate external income. ***Response from RP*** *– from the point of view of the IJB and in the service redesign challenge ahead, the philosophy is to move services closer to people for early intervention and prevention, making the Third Sector important to achieve this. To stop concentration on 'failure demand' and to intervene early that is not lost.*
6.2 Pg. 35	**2028/19 Financial Recovery Plan** (based on month 8 financial forecast)**:** • At this stage no additional budget from partners has been agreed for functions that could not have been foreseen. • In the event the recovery plan is unsuccessful, firstly any reserves held would be used and thereafter a revised Strategic Plan must be developed to manage the overspend in future years. • Recovery Plan covers 3 areas: Adult Social Care Services, Prescribing, Inpatient Mental Health Services Some of the relevant mitigating actions (not discussed in previous briefings): - Cost of complex care – implement a higher limit on cost of community placements, therefore complex care packages will only be funded if no cost-effective alternative can be identified. - Single Handed care will be developed – resulting in a reduction of double up (two person) care packages. - Developing a centralized unit for allocating care at home services to create a single approach - Increased use of Technology Enabled Care (TEC) - Full review of commitments against partnership funding (ICF/Change Fund) has identified an in-year underspend of £220,000.
7.1 Pg.43	**Chief Officer Strategic Update:** • Winter Plan: - Home Assessment and Recovery Team is well embedded and managing transition from care back to home. - P&K still has highest proportion of delayed discharge in Tayside, however length of delay has reduced. - Rehabilitation is now available over 7 days - Redistribution of PRI beds has enabled planned procedures at the same time as emergency admissions • Joint Inspection: - Timetable onward is: 4 February - Distribution to Board Members and Partners 6 February 2019 - Submission of pre-inspection Information 25 February 2019 - Fieldwork Week 1 (4.5 days) 18 March 2019 - Fieldwork Week 2 (2.5 days approx.) 5 April 2019 - Professional Discussion 2 – inspection initial feedback 15 May 2019 - Professional Discussion 3 – final feedback - 2 fieldwork events – week 1 meet with relevant Partnership staff, observe key meetings. Week 2 interview specific officers and stakeholders • Refresh of Strategic Plan – document will be smaller, high level strategic summary of intentions for the next phase of the partnership, including a consultation process. The plan will focus on ambitions set out by four Care Programme Boards, who will address matters of service distribution where historical location is no longer sensitive to the population need. It will also consider sustainability and affordability, and fully evaluate workforce planning requirements.
7.2 Pg. 47	**Audit Scotland Report – Health and Social Care Update on Progress:** • Key messages:

	- Integration Authorities have started to introduce more collaborative ways of delivering services and have made improvements. - Financial planning is not yet fully integrated, long-term or focused on providing best outcomes for people. - Integration Authorities were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not yet been enacted in most areas. - Strategic planning needs to improve, and significant barriers overcome to speed up change, including the lack of collaborative leadership and strategic capacity; a high turnover in leadership teams, disagreement over governance and an inability or unwillingness to safely share data with staff and the public. - At both national and local levels, all partners need to work together to be more honest and open about the changes needed to sustain health and care services in Scotland. • The SG and COSLA are co-chairing a group involving leaders from across councils and NHS boards with the aim to identify and overcome barriers to integration. A statement has acknowledged that the pace of integration needs to improve. The SG and COSLA Reference Group will also report findings to the Ministerial Strategic Group, concluding the work January 2019. It will continue to monitor the actions from this report. • Workforce pressures are a clear barrier to the implementation of integration. IAs identify not being able to recruit and retain workforce they need as a risk. The contribution of the third sector should be part of workforce planning. • There is little evidence that councils and NHS boards are treating IJBs' finances as a shared resource, despite the requirement to do so in legislation. Councils and NHS boards can be unwilling to give up financial control of budgets and IJBs struggle to exert influence on the budget-setting process. • Several third sector organisations reported that they do not feel that IAs seek or value their input. Providers believe funding decisions are made on short term availability rather than the needs of the community. Third sector providers also report that there is not time to attend engagement meetings, gather information for consultations or research lengthy committee papers. Therefore, IAs have a responsibility to help them become involved and to work with them earlier. ***Raised -*** *The challenge highlighted on capacity to engage for the third sector (point 78) is an issue that has also been the subject of discussion at the Third Sector Forum. Many third sector organisations are not big enough to facilitate participation, with one result being that the same organisations provide reps for numbers of groups and then become quite thinly spread. It would be helpful to look at whether there are other ways of supporting third sector engagement – e.g. ways of increasing the capacity for those smaller organisations to engage or other models.* ***Response from RP*** *– Consultation with the public is seen as important at various levels. The strategic planning group has third sector members and RP and others have joined the Third Sector Forum. RP completely understands the capacity issues for smaller organisations, and endeavours to meet them at different parts of P&; seeking to engage with them at locality levels and around specific topics. RP acknowledged that formal engagement with the stakeholder group can be done better and can be done in a stronger way. One of the reasons this has been difficult over the last 3 years is that they have been working hard to meet the aspirations of original strategic plan and has meant fragmentation in trying to do too many things at once. Moving forward in the Programmes of Care will enable there to be more focused conversations.*
8.1 Pg. 97	**Chief Social Work Officer Annual Report:** • Key priorities for 2018/19 include:

	- Recommendations from Joint Inspection of Services for Children & Young People - Implementation of the Carers (Scotland) Act 2016 - Implementation of the Duty of Candour Arrangements - Embed Health and Social Care Standards - Implementation of the National Health and Social Care Workforce Plan - Preparing for the Joint Inspection of HSCP - Preparing for and inspection of Criminal Justice Social Work Services (focusing on Community Payback Orders) • Social work services operate within governance structures of: - Community Planning Partnership – prioritising preventative approaches and inequalities and the Fairness Commission (2017) – tackling inequality with 7 key recommendations - P&K Council, specifically ECS – Criminal Justice Social Workers have been integrated into ECS. - P&K IJB • Public Protection – Chief Officers Group (COG) has oversight of all public protection, including CPC, APC, VAWP, MAPPA and ADP • Performance, quality and improvements: - Discharge Hub and HART teams have improved timely discharge and prevent readmission. - Redesign of Psychiatry of Old Age has increased capacity for locality teams to provide care in people's homes. - Pilot for Care About Physical Activity (CAPA) will aim to increase levels of physical activity and frequency of movement for people cared for in homes and at home. - Drug and Alcohol Services have redesigned to operate a Recovery Orientated System to make services more joined up and accessible. - Suicide rate for P&K is 11.9% (per 100,000 population), and sits below national rate of 13.7%. - Additional support for Carers with creation of Carer Support Workers. Incremental increase in funding over 4 years will increase flexibility of respite. - Streamlined social work duty process enabled more efficient response. The new Early Intervention and Prevention Team responded to 9000 contacts in its first year. - Increased MHO work over last two years from 689 contacts (2016/17) to 912 (2017/18), with this trend set to continue. - Key challenge for MHOs is the transfer of in-patient and triage for GAP to Carse View. Impact on ability to meet service delivery due to additional travel time. - Increase in Welfare Guardianships of 45.8% since 2014/15. Review of Adults with Incapacity Act may result in additional pressures. • Commissioning – The Commissioned Services Board focus on investing in services which make a difference, are aligned with HSCP objectives to achieve better outcomes, provide value for money and promote a preventative approach.
8.2 Pg. 167	**Strategic Commissioning Plan Housing Contribution Statement:** • Actions around housing in The Plan are: - Increase the provision of affordable housing in areas where shortages are identified. - Identify and plan new housing developments for people with specialist support needs. - Deliver care and repair services and ensure access to adaptations in private sector accommodation. - Review the use of aids and adaptions in social housing.
8.3 Pg.	**Strategic Programme of Care Boards – Terms of Reference:** • Primary Care – Terms of Reference do not include a third sector rep.

	Raised *- There is no third sector rep on the Primary Care Programme Board. Although there may not be direct need, the third sector is a pathway option for social prescribing, and if there is increased demand which can't be met, then this may result in unmet expectations. It would be helpful to be part of the conversation and have representation.* ***Response from Evelyn Devine*** *– She felt it was important to note the comment Clare made earlier about the role of public partners and to look at new ways of working. Programme leads need to have this conversation around what it will look like moving down into locality engagement and consultation. Evelyn is happy to take this forward with leads for other boards as well.*