

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 17 February 2021 at 1.00pm.

Present:

Voting Members:

Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor X McDade, Perth and Kinross Council (up to Item 8)
Councillor C Purves, Perth and Kinross Council
Councillor J Duff, Perth and Kinross
Mr B Benson, Tayside NHS Board (Vice-Chair)
Mr R Erskine, Tayside NHS Board (up to Item 7.2)
Ms P Kilpatrick, Tayside NHS Board

Non-Voting Members

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Chief Financial Officer

Stakeholder Members

Ms S Auld, Service User Public Partner (on behalf of Ms L Lennie)
Ms L Blair, Scottish Care
Ms S Watts, Third Sector Representative
Ms B Campbell, Carer Public Partner (up to Item 8)
Ms S Gourlay (on behalf of Ms S Dickie)
Ms M Summers, Substitute Carer Public Partner

In Attendance:

S Hendry, A Taylor, A Brown, M Pasternak, Z Robertson and K Ogilvy (from Item 8 onwards) (all Perth and Kinross Council);
E Devine, D Mitchell (from Item 7.2 onwards) C Jolly and V Aitken, (all Perth and Kinross Health and Social Care Partnership)

Apologies

Mr A Drummond, Staff Representative, NHS Tayside
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms S Dickie, NHS Tayside
Dr L Robertson

1. WELCOME AND APOLOGIES

Councillor Drysdale welcomed all those present to the meeting and apologies were noted as above.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Perth and Kinross Integration Joint Board Code of Conduct.

3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 9 DECEMBER 2020

The minute of the meeting of Perth and Kinross Integration Joint Board of 9 December 2020 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update as of 9 December 2020 (G/21/19) was submitted and noted.

5. MATTERS ARISING

There were no matters arising from the previous minute.

6. MEMBERSHIP UPDATE

There was a verbal report by the Clerk to the Board updating the Board on the membership of both voting and non-voting members of the Board.

Resolved:

- (i) It be noted that Mr Peter Drury would no longer be a NHS voting member on the Perth and Kinross Integration Joint Board and that NHS Tayside were currently looking to fill this vacancy and have undertaken to advise us of a replacement voting member as soon as possible, with Dr Norman Pratt continuing his role as proxy member at this stage.
- (ii) It be noted that the ongoing election process for the Service User Representatives continues and it is expected an outcome to this can be reported to the IJB in due course.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AT THIS POINT.

8. CHIEF OFFICER'S REPORT

There was submitted a report by the Chief Officer/Director - Integrated Health & Social Care (G/21/12) providing an update on the Health and Social Care Partnership's continuing response to the Covid-19 pandemic.

P Kilpatrick made reference to the Specialist Community Respiratory Service and queried whether this is the same service that was due to be established in 2018 or whether this was a new service and if it was a new service why wasn't it established in 2018. She also made reference to the section in the report on Urgent Care and queried what progress has been made in the last six months on finding a suitable site for a Minor Injury Service in Perth City. In response, the Head of Health confirmed that the Specialist Community Respiratory Service was agreed through the budget process in 2018, she advised that unfortunately there were significant issues with recruitment which ultimately caused delays with the establishment of the service. She also confirmed that the Service referred to in the Chief Officer's report is the same Specialist Community Respiratory Service but that a successful recruitment process has now been carried out. She also confirmed that temporary accommodation has been secured in Perth city for a Care and Treatment Centre at

Beechgrove but there still ongoing conversations around a more permanent base for this service.

B Benson made reference to Gold Command and queried how much of the Chief Officer's time is spent on this and whether this responsibility is shared out equally with other Chief Officers. In response, the Chief Officer confirmed that NHS Tayside's Gold Command had now been scaled back to three days per week from five, Perth and Kinross Council's was now twice a week and the Partnership's was also twice a week so these have been scaled back significantly. He confirmed that he sees his time on these Groups as an investment as it allows him to very effectively draw clear lines and make links between the three respective parties to ensure that all efforts are greatly aligned and supportive of each other as it provides a good opportunity to escalate any concerns that are arising which has yielded significant benefits in terms of both the Council and NHS providing support to the Partnerships. He also confirmed that he does this on behalf of the other two Chief Officers and he was in regular communication with both in this regard.

B Benson also made reference to the suicide prevention issues mentioned in Item 9 of the report and the alcohol and substance use issue mentioned in Item 10 and queried whether there was any overlap between these issues and if so whether there were any national funds available to the Partnership that could help given the recent responses from government to the Dundee drug deaths issue. In response, the Chief Officer confirmed that this was a very valid point and we were currently looking at how we could redouble efforts to establish the extent of whether there were any direct links but stated that the commitment was to put in place effective services that ensure that responses are available, that these are joined up and that they are accessible and reaching the people who may not otherwise have come out way because they have been effected by the pandemic. He confirmed that we have sought to address this through existing commitments, through our core funding and through the use of Action 15 including about £200,000 put through the Remobilisation Plan to be passed onto Third Sector Organisations to provide enhanced community support and also through the funding available through the Government's 'Choose Life' campaign where we are looking at how we can build on this to develop the Suicide Prevention Co-ordinator post. He also advised that additional funding has been made available from Scottish Government and will be forthcoming in relation to their response to drug deaths and we will be looking at how much of a share of these monies come to us and how it can be best deployed in order to fill any gaps in our service provision, develop our approach or bring in new services / models of support.

Councillor Duff made reference to Sections 9.8 and 9.14 of the report, specifically the Mental Health Link GP and the Suicide Prevention Coordinator and queried how the recruitment process for both these posts was progressing. In response, the Head of Health provided some reassurance that the Mental Health GP Link was progressing well through the system, she also advised that a lead clinician was recently appointed into secondary care for mental health services.

Councillor Purves made reference to care at home, specifically the Care Home Resilience Project which looks at more community focussed ways of delivering care at home and the possibility of further some of the cooperative models and queried whether we would be looking at setting up more cooperative models in other parts of Perth and Kinross and how this would be funded. In response, the

Chief Officer confirmed it would be his intention to bring a report to this Board providing more detailed ambitions on creating different approaches which stem from concerns experienced around our ability to attract care at home providers into some areas of Perth and Kinross due to recruitment issues and rurality. He further commented that the model that is currently being looked at is based on something called the Boleskine Model which was developed in NHS Highland and is about an approach that enables community led recruitment, deployment and oversight of staff who are either employed by the Partnership or through the cooperatives to meet the needs of local people, organised, overseen and delivered locally but funded by the Partnership which is a model that builds on the idea of social community capacity building on the idea that there are already resources, groups and services in communities that can be added to in order to enable people to stay connected.

Resolved:

- (i) The continued activities of Perth and Kinross Health and Social Care Partnership in relation to Covid-19 Response and Remobilisation, be noted.
- (ii) The potential impact on delivery of the IJB's strategic objectives, be noted.
- (iii) The 2021/22 PKHSCP Remobilisation Plan / Strategic Delivery Plan be brought to the next meeting of the IJB in April 2021.
- (iv) The publication of the Independent Review of Adult Social Care and the need for future consideration of implications for Perth and Kinross IJB and the 2019-2024 Strategic Commissioning Plan, be noted.

K OLGILVY JOINED THE MEETING DURING THE ABOVE ITEM.

B CAMPBELL AND COUNCILLOR McDADE LEFT THE MEETING AT THIS POINT.

THE COMMITTEE ADJOURNED AT THIS POINT AND RE-CONVENED AT 2.48PM

7. FINANCE AND GOVERNANCE

7.1 2020/21 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/21/10) advising of (1) the 2020/21 projected year end out-turn on the underlying operational position based on financial performance for the six months to 30 September 2020; (2) the impact of the Covid-19 Pandemic on the year-end financial forecast; and (3) the risks to delivery of the IJB's Financial Plan 2020/21.

R Erskine made reference to the link between finance and performance, specifically Item 4.2.1 in the report relating to Prison Healthcare where there is a level of underspend and sought some reassurance that this has not impacted to much on the recipients of that service. In response, the Head of Health stated this is a service that historically has a high vacancy factor due to the difficulties in recruitment. She also stated that there is a regular commitment in place with the Partnership to provide regular agency shifts into Prison Healthcare so that we have people who are key trained and know the job which we have had to up more recently during the Covid pandemic which has been funded through Covid funding as it is particularly related to staff not being available due to Covid or longer-term sickness absence

R Erskine also made reference to the last bullet point under Item 4.1.1 in the report, specifically around the overspend of £0.446m for inpatient services due to staffing establishment and asked for some reasoning behind this overspend. In response, the Head of Health confirmed that this service had been historically overspending year upon year for a significant period of time, she further stated that some spending was adjusted in relation to the fact they were one of the first services to support Covid in their wards and a bid was submitted to the mobilisation plan to enhance staffing around this area. She also further commented that although there was still a substantial overspend this number is a lot less than it would have been under normal circumstances.

Councillor Purves made reference to the new monies referenced by the Chief Financial Officer in relation to trying to tackle the drugs death crisis and queried whether these are linked to national announcements around rehabilitation beds and whether that money would fit into that, he also made reference to his desire to see more work done on prevention and recovery and queried whether there is scope within the additional funding to look at these types of activities. In response, the Chief Financial Officer confirmed that the funding comes with a set of very clear priorities that spans all of what Councillor Purves had just covered, she also confirmed that she would arrange for the Scottish Government letter to be circulated to Board Members for their information.

B Benson made reference to the nature of the pandemic and how our attention has had to be focussed so much around that area, he queried how much of the underspend is reflected by other IJBs who must be in very similar positions to us as sought some clarity on whether this was the case. In response, the Chief Finance Officer stated that across Scotland everybody's response to the pandemic has been different, she confirmed that the decisions that have been made around incurring additional spend has been different, as an example performance against delayed discharge has been different with strategic performance here in Perth and Kinross been very good which means we have moved people through the hospital thus allowing us to create and keep the capacity and be able to reduce a number of areas where we may have seen costs.

Resolved:

- (i) The £2.508m projected year-end underspend in relation to core services, be noted.
- (ii) The projected year-end surplus in relation to Covid-19, after taking account of confirmed additional Scottish Government funding, to be carried forward in an ear-marked Covid-19 reserve, be noted.
- (iii) The update regarding the IJB reserves position, be noted.

D MITCHELL JOINED THE MEETING DURING THE ABOVE ITEM.

7.2 2021/22 BUDGET

The Chief Financial Officer provided a verbal update on the current position with the 2021/22 Budget. She advised that at the December 2020 meeting the IJB agreed to the development of a one-year 2021-22 budget which would recognise the extraordinary circumstances around the ongoing Covid response and the levels of uncertainty. She further advised that the refresh on pressure savings and income including key assumptions around the outcome of the Scottish Government Budget

Settlement were shared with members. She advised that the settlement was announced on the 28 January 2021 with significant implications for Health and Social Care Partnerships across Scotland, most notably the uplift to health budgets which was assumed to be 3% in line with this year was confirmed at 1.5%, notwithstanding further funding that is to come out in specific regard to agenda for change pay negotiations. She further stated that this lower than anticipated uplift would have very significant implications for the Health and Social Care Partnership and lead directly to £1.2m less funding than we were anticipating. She further advised that the £72.6m funding announced for social care is not only significantly less than we have received for this current financial year but also includes significant ring-fenced funding for additional Scottish government commitments not included in our provisional budget including a 7.5% increase to free personal care allowance and a further extension to living wage uplift beyond that which was expected which has created an overall additional pressure of £1m in the social care budget.

She further advised that the overall settlement as it currently stands notwithstanding the parliamentary process that will take place in March which may change the outcome will have a significant impact on our ability to deliver recurring financial balance in 2021-22 and beyond. She provided re-assurance to the Board that all possible actions were being taken to bring forward a balanced budget but that it is going to be extremely difficult despite the significant Covid carry forward previously outlined in the Financial Statement presented to the Board.

Councillor Purves made reference to the additional money that has been ringfenced for Covid 19 in the reserves as a result of the understand and queried whether if we require any additional money would we receive that from the Scottish Government and whether if this was in excess of what we required would we be able to retain any of this to spend on other priorities. In response, the Chief Financial Officer confirmed that this very discussion had taken place at the various Chief Financial Officer network meetings across Scotland but unfortunately, we currently do not have a definite answer to this at this stage. She further stated that over and above any level of carry forward there is some significant provision in the Scottish Government's budget for additional Covid expenditure next year and confirmed that the budget proposals brought to the IJB would include what the likely costs of Covid are and what is brought forward in March will be a very broad estimate.

The Board noted the position.

R ERSKINE LEFT THE MEETING AT THIS POINT.

7.3 AUDIT AND PERFORMANCE COMMITTEE UPDATE

Verbal Update by Chair of Audit and Performance Committee

Councillor Purves, Chair of the Audit and Performance Committee, provided the board with an update from the recent meeting of the Audit and Performance Committee that had taken place on 15 February 2021.

[Audit and Performance Committee of the Perth and Kinross Integration Joint Board – 15 February 2021](#)

The Board noted the position.

7.4 REPORTING FORWARD PLANNER 2021-22

There was submitted a report (G/21/11) which highlighted the Perth and Kinross Integration Joint Board Work Plan 2021-22.

Resolved:

The contents of Report G/21/11 be noted.

9. FOR INFORMATION

There were submitted and noted the following reports for information:

9.1 STRATEGIC RISK MANAGEMENT UPDATE – Report by Chief Officer (G/21/2)

9.2 KEY STRATEGIC PERFORMANCE INDICATOR REPORT FOR THE PERIOD TO SEPTEMBER 2020: QUARTER 2 – Report by Chief Officer (G/21/5)

10. FUTURE IJB MEETING DATES 2021/22

31 March 2021 (Finance) 2.00pm
23 April 2021
30 June 2021
29 September 2021
1 December 2021
23 February 2022

FUTURE IJB DEVELOPMENT SESSIONS 2021/22

9 March 2021 (2.00pm start)
26 May 2021
25 August 2021
27 October 2021
23 January 2022

Resolved:

The above meeting dates be approved.