



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

24 April 2019

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH on Wednesday, 01 May 2019 at 13:00.**

If you have any queries please contact Scott Hendry on (01738) 475126 or email Committee@pkc.gov.uk.

Gordon Paterson
Chief Officer/Director – Integrated Health & Social Care

Please note that the meeting will be recorded and will be publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Voting Members

Dr R Peat, Tayside NHS Board (Chair)
Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Mr B Benson, Tayside NHS Board
Ms L Birse-Stewart, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board

Non-Voting Members

Mr J Foulis, NHS Tayside
Mr G Paterson, Chief Officer, Perth and Kinross Integration Joint Board
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr D Lowden, NHS Tayside
Ms J Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board

Stakeholder Members

Ms B Campbell, Carer Public Partner
Mr A Drummond, Staff Representative, NHS Tayside
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms C Gallagher, Independent Advocacy Perth and Kinross
Ms L Lennie, Service User Public Partner

Perth and Kinross Integration Joint Board

Wednesday, 01 May 2019

AGENDA

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTES**
 - 3(i) MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 15 FEBRUARY 2019** **5 - 12**
(copy herewith)
 - 3(ii) MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 22 MARCH 2019** **13 - 16**
(copy herewith)
- 4 ACTION POINTS UPDATE** **17 - 20**
(copy herewith G/19/65)
- 5 MATTERS ARISING**
- 6 BOARD MEMBERSHIP UPDATE**
Report by Clerk to the Board (copy to follow)
- 7 FINANCE AND GOVERNANCE**
 - 7.1 2018/19 FINANCIAL POSITION** **21 - 34**
Report by Chief Financial Officer (copy herewith G/19/67)
- 8 DEVELOPING STRATEGIC OBJECTIVES**
 - 8.1 MENTAL HEALTH/LEARNING DISABILITY SERVICE REDESIGN PROGRAMME / TAYSIDE MENTAL HEALTH ALLIANCE**
Presentation by Arlene Wood, Lynn Hamilton and Keith Russell

8.2	CHIEF OFFICER STRATEGIC UPDATE Report by Chief Officer (copy herewith G/19/68)	35 - 38
8.3	PERTH AND KINROSS HEALTH & SOCIAL CARE PARTNERSHIP - WINTER PLAN Report by Head of Health / Head of Adult Care (copy herewith G/19/69)	39 - 48
9	STRATEGIC PROGRAMMES OF CARE	
9.1	TAYSIDE PRIMARY CARE IMPROVEMENT PLAN - IMPLEMENTATION UPDATE REPORT Report by Associate Medical Director (copy herewith G/19/70)	49 - 68
10	FUTURE IJB MEETING DATES 2019 Wednesday 26 June 2019 at 2.00pm Friday 27 September 2019 at 9.30am Wednesday 4 December 2019 at 2.00pm	

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Friday 15 February 2019 at 10.30am.

Present:

Voting Members

Dr R Peat, Tayside NHS Board (Chair)
Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Ms L Birse-Stewart, Tayside NHS Board

Non-Voting Members

Mr J Foulis, NHS Tayside
Mr R Packham, Chief Officer
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Chief Financial Officer

Additional Members

Dr A Noble, External Adviser to Board
Dr D Walker, NHS Tayside

Stakeholder Members

Ms B Campbell, Carer Public Partner
Ms C Gallagher, Independent Advocacy Perth and Kinross
Ms L Lennie, Service User Public Partner

In Attendance:

K Reid, Chief Executive, Perth and Kinross Council; J Valentine, Depute Chief Executive, Perth and Kinross Council; C Flynn, A Taylor and K Sharp (all Perth and Kinross Council); V Aitken, C Jolly, R Duarte, P Henderson, E Devine, H Dougall and P Jerrard (all Perth and Kinross Health and Social Care Partnership); M Summers, Carer Public Partner; A Wood and L Denvir (both NHS Tayside) and R Jamieson, PKAVS.

Apologies:

Ms G Costello, Tayside NHS Board
Professor N Beech, Tayside NHS Board
Dr D Carey, Independent Contractor

1. WELCOME AND APOLOGIES

Dr Peat 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 PREVIOUS MEETING

The minute of meeting of the Perth and Kinross Integration Joint Board of 30 November 2018 was submitted and approved as a correct record.

4. ACTION POINT UPDATE

There was submitted and noted the action point update for the Perth and Kinross Integration Joint Board as at 15 February 2019 (G/19/5).

5. MATTERS ARISING

There were no matters arising from the previous minute.

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

6. FINANCE AND GOVERNANCE

6.1 2018/19 FINANCIAL RECOVERY PLAN

There was submitted a report by the Chief Financial Officer (G/19/7) seeking the homologation of the Board to the financial recovery plan actions agreed to mitigate the forecasted overspend on Adult Social Care Services and Healthcare Services in 2018/19.

Resolved:

- (i) The 2018/19 projected outturn position for the Perth and Kinross Integration Joint Board based on expenditure to Month 8, be noted.
- (ii) The decision by the Chair and Vice-Chair, along with the Chief Executives of both Perth and Kinross Council and NHS Tayside, to approve the recovery plan as outlined in this Report G/19/7 for Perth and Kinross Council Directed Adult Social Care Services and NHS Tayside (NHST) Directed Health Services, be homologated.
- (iii) The Chief Officer and Chief Financial Officer continue to seek all possible in-year opportunities over the remaining weeks of the financial year to deliver an improved financial out-turn.
- (iv) It be noted that the details of the recovery plan have also been formally reported to Perth and Kinross Council and will be reported to NHS Tayside Board.

6.2 2018/19 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/19/6) providing an update to the Perth and Kinross Integration Joint Board (IJB) on the year-end financial forecast for 2018/19 based on the 9 months to 31 December 2018.

Resolved:

- (i) The overall projected overspend of £1.954m for Perth and Kinross IJB for 2018/19; being an improvement of £2.081m from the last report, be noted.
- (ii) The progress with 2018/19 savings delivery, as set out in Report G/19/6, be noted.
- (iii) The update regarding IJB reserves, as set out in Report G/19/6, be noted.

6.3 AUDIT AND PERFORMANCE COMMITTEE UPDATE

Verbal Update by Chair of Audit and Performance Committee

Councillor Purves, Chair of the Audit and Performance Committee, advised the Board that the next meeting of the Audit and Performance Committee was not scheduled to be held until 19 February 2019.

He advised the committee that under the new revised terms of reference for the Audit and Performance Committee any member of the IJB was now free to attend and request to participate at meetings of the Audit and Performance Committee and encouraged members to attend the next meeting. He provided the Board with an update on the various items on the agenda to be discussed at the next meeting.

The Board noted the position.

6.4 2019/20 CORE HEALTH AND SOCIAL CARE BUDGET

There was submitted a report by the Chief Financial Officer (G/19/31) seeking approval from the Integration Joint Board (IJB) to the issue of a budget requisition for 2019/20 to Perth and Kinross Council (PKC) and NHS Tayside (NHST) in respect of Core Health and Social Care Services.

Appendix 2 of Report G/19/31 was tabled at the meeting.

Resolved:

- (i) The significant cost, demand and service pressures for 2019/20 and for 2020/21 and 2021/22, be noted.
- (ii) The savings that have been identified across the 3 year period, be noted.
- (iii) The intensive scrutiny and review that has been undertaken by the IJB Budget Review Group, be noted.
- (iv) The issue of a budget requisition to PKC and NHST in respect of Core Health and Social Care Services, be approved.
- (v) The further work being undertaken to develop a 3-Year Financial Plan for GP Prescribing and Hosted Services in order that a further budget requisition be issued to NHS Tayside following the March IJB Meeting, be noted.
- (vi) It be noted that Section 9.15 of the Integration Scheme requires both parent bodies to confirm the formal Budget Requisition to the Integration Joint Board by the day after the Council Tax is legally required to be set, this being Tuesday 12 March this year.

- (vii) The officer recommendation for Perth and Kinross Council's budget offer to the IJB for the 2019/20 financial year and that the Council's final budget settlement will be determined at its budget-setting meeting on Wednesday 20 February 2019, be noted.
- (viii) It be noted that the NHS Tayside Board budget-setting meeting for the 2019/20 financial year will take place on Thursday 28 February 2019.
- (ix) NHS Tayside be requested to provide the IJB with the necessary financial information, particularly in relation to hosted services and GP prescribing, thus allowing the IJB to fulfil its responsibilities in line with section 9.15 of the Integration Scheme 'to provide direction to the Partners before the start of the Integration Joint Board's financial year regarding the functions that are being directed, how they are to be delivered and the resources to be used in delivery' by Tuesday 12 March 2019.
- (x) Perth and Kinross Council and NHS Tayside be asked to work with officers from the Perth and Kinross Health and Social Care Partnership to facilitate an even more collaborative IJB budget-setting process to set the 3-year 2020/23 budget.
- (xi) It be requested that Perth and Kinross Council and NHS Tayside look to review the risk-sharing agreement for the IJB to provide clarity to the Board about how potential IJB overspends will be dealt with in the future.

7. DEVELOPING STRATEGIC OBJECTIVES

7.1 CHIEF OFFICER STRATEGIC UPDATE

There was submitted a report by the Chief Officer (G/19/8) updating Board members on progress against tasks outlined in the rolling actions list.

Resolved:

The contents of Report G/19/8 and the following updates be noted:

- (i) Winter Planning;
- (ii) Joint inspection of Adult Services by Care Inspectorate and Health Improvement Scotland;
- (iii) The update on the Strategic Plan refresh.

7.2 AUDIT SCOTLAND REPORT - 'HEALTH AND SOCIAL CARE UPDATE ON PROGRESS'

There was submitted a report by Chief Officer (G/19/9) sharing Audit Scotland's recently published report 'Health and Social Care Integration: update on progress' with the Integration Joint Board.

Resolved:

- (i) The recommendations contained in Report G/19/9, be noted.
- (ii) It be noted that the IJB management team will review this document to form an action plan.

B CAMPBELL LEFT THE MEETING AT THIS POINT.

8. STRATEGIC PROGRAMMES OF CARE

8.1 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18

There was submitted a report by the Chief Social Work Officer (G/19/10) (1) providing the Chief Social Work Officer's overview of social work and social care in Perth and Kinross during financial year 2017/18; (2) setting out how social care and social work services are being delivered and the key challenges in planning and delivering statutory social work functions; and (3) highlighting how social care and social work services are responding to new responsibilities associated with major changes in legislation and shifts in policy direction as well as increasing demand and associated budget pressures.

J Pepper provided the Board with a slide based presentation on the Chief Social Work Officer Annual Report 2017/19.

Resolved:

- (i) It be noted that Report G/19/10 was approved by Perth and Kinross Council on 19 December 2018.
- (ii) The Chief Social Work Officer Annual Report as set out in Appendix 1 to Report G/19/10 be noted.

K REID AND J VALENTINE BOTH LEFT THE MEETING AT THIS POINT.

8.2 PERTH AND KINROSS HEALTH AND SOCIAL CARE STRATEGIC COMMISSIONING PLAN HOUSING CONTRIBUTION STATEMENT

There was submitted a report by the Head of Housing, Perth and Kinross Council (G/19/11) providing an update on the contribution housing has made to delivering the Health & Social Care priorities within the Strategic Commissioning Plan and also providing an update on the achievements delivered, the impact this has had on outcomes for people and an overview of some of the challenges and next steps.

C Mailer provided the Board with a slide based presentation on the Perth and Kinross Health and Social Care Strategic Commissioning Plan Housing Contribution Statement.

Resolved:

- (i) The contribution housing has made to the implementation of the Perth and Kinross Health and Social Care Strategic Commissioning Plan 2016-2019, be noted.
- (ii) The Chief Officer be instructed to integrate the contribution housing makes towards enabling people who are ill, vulnerable or with disabilities to live as independently as possible into the future revised Strategic Commissioning Plan.

A WOOD AND L BIRSE-STEWART BOTH LEFT THE MEETING AT THIS POINT.

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

8.3 APPLICATION TO AMEND GMS CONTRACT AND TO CLOSE THE BRANCH SURGERY PREMISES IN ST MADDOES FOR THE CARSE MEDICAL PRACTICE, ERROL

There was submitted a report by the Associate Medical Director (G/19/14) outlining the current issues relating to the general practice provision for the Carse Medical Practice, Errol and to consider the Practice's request to vary their GMS Contract, detailing their proposal to close the branch surgery in St Maddoes and to provide general medical services from the main practice centre in Errol.

J Devine, Primary Care Manager was in attendance and provided the Board with a brief summary of the report.

Resolved:

- (i) The application made by the Carse Medical Practice to close their branch surgery premises in St Maddoes in accordance with Part 8 - Variation and Termination of Contracts of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018, be noted.
- (ii) The aim of the Carse Medical Practice that all current patients have the opportunity to remain registered with the Carse Medical Practice and to continue to see their current GP team, be supported.
- (iii) The preferred option of the Carse Medical Practice to consolidate its services on one site to maintain the sustainability of the practice, subject to approval by NHS Tayside Board, be noted.
- (iv) It be agreed that further consultation with the GPs and the GP practice population be held to inform a Health Needs Assessment that will support the development of new GP practice premises in the longer term.

L BIRSE-STEWART RETURNED TO THE MEETING DURING THE ABOVE ITEM.

8.4 STRATEGIC PROGRAMME OF CARE BOARDS – TERMS OF REFERENCE

There was submitted a report by the Chief Officer (G/19/12) seeking agreement on the finalised Terms of Reference for the four Strategic Programme of Care Boards.

Resolved:

The item be withdrawn for further discussion and brought back to the next meeting of the IJB.

8.5 STRATEGIC PROGRAMME OF CARE BOARDS – PROGRESS UPDATE

There was submitted a report by the Chief Officer (G/19/13) providing an update on progress from the four Strategic Programme of Care Boards which have been recently established by the Perth and Kinross Health and Social Care Partnership.

K Sharp and R Jamieson provided the Board with a slide based presentation on the Carers Programme Board.

Resolved:

- (i) The progress on the establishment of the four Strategic Programme of Care Boards be noted.
- (ii) It be noted that the four Strategic Programme of Care Boards intend to provide an update on progress at all future IJB meetings.
- (iii) It be noted that the four Strategic Programme of Care Boards intend to provide quarterly updates on progress and performance for scrutiny to the Perth and Kinross Audit & Performance Committee by means of agreed performance frameworks.
- (iv) The proposed and planned strategic delivery actions for each Board as detailed in Section 3 of Report G/19/13, be noted.

COUNCILLOR MCDADE AND J FOULIS BOTH LEFT THE MEETING DURING THE ABOVE ITEM.

9. INFORMATION

There were submitted and noted the following reports for information:

9.1 PUBLIC BODIES CLIMATE CHANGE DUTIES – Report by Chief Officer (G/19/15)

9.2 STANDARDS COMMISSION FOR SCOTLAND – STANDARDS UPDATE ISSUED 20 DECEMBER 2018 (G/19/16)

10. FUTURE IJB MEETING DATES 2019

Friday 22 March 2019 at 2.00pm (Additional Special Meeting)

Wednesday 1 May 2019 at 2.00pm

Wednesday 26 June 2019 at 2.00pm

Friday 27 September 2019 at 9.30am

Wednesday 4 December 2019 at 2.00pm

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Special Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Friday 22 March 2019 at 2.00pm.

Present:

Voting Members

Dr R Peat, Tayside NHS Board (Chair)
 Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
 Councillor E Drysdale, Perth and Kinross Council
 Councillor C Purves, Perth and Kinross Council
 Councillor A Bailey (substituting for Councillor X McDade), Perth and Kinross Council
 P Kilpatrick (substituting for L Birse-Stewart) (Tayside NHS Board) (from Item 3 onwards)

Non-Voting Members

Mr R Packham, Chief Officer
 Ms J Smith, Chief Financial Officer

Stakeholder Members

Mr A Drummond, Staff Representative, NHS Tayside
 Mr S Hope, Staff Representative, Perth and Kinross Council
 Ms S Auld, Service User Public Partner (substituting for Ms L Lennie)
 Ms S Watts, Independent Advocacy Perth and Kinross (substituting for Ms C Gallagher)

In Attendance:

K Reid, Chief Executive, Perth and Kinross Council; J Valentine, Depute Chief Executive, Perth and Kinross Council; S Hendry, A Taylor and R Fry (all Perth and Kinross Council); V Aitken, R Duarte, P Henderson (up to and including Item 4), D Fraser, E Devine, H Dougall, M Rapley, D Mitchell, P Johnstone, A Taylor, L Baillie and A McManus (all Perth and Kinross Health and Social Care Partnership)

Apologies:

Professor N Beech, Tayside NHS Board
 Ms G Costello, Tayside NHS Board
 Ms L Birse-Stewart, Tayside NHS Board
 Mr J Foulis, NHS Tayside
 Dr A Noble, External Adviser to Board
 Ms C Gallagher, Independent Advocacy Perth and Kinross
 Ms L Lennie, Service User Public Partner
 B Campbell, Carer Public Partner

1. WELCOME AND APOLOGIES

Dr Peat 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 UPDATE - STRATEGIC COMMISSIONING PLAN 2019-2022 - PERTH AND KINROSS IJB

There was submitted a report by the Chief Officer (G/19/53) notifying the IJB of a delay to the completion of the 2019-22 Strategic Commissioning Plan and seeking authority to continue operations in line with the 2016-19 plan until completion of the current plan which will come to this Board for approval on 27 September 2019.

Resolved:

- (i) The delay in the preparation of the 2019-2022 Strategic Commissioning Plan for Perth and Kinross IJB, for the reasons set out in Report G/19/53, be noted.
- (ii) The continuation of strategic planning and operational management under principles set out in the 2016-19 Strategic Commissioning Plan until the 2019-22 plan is completed, be approved.
- (iii) A workshop for all board members be arranged to help set out the strategic direction for the Health and Social Care Partnership.
- (iv) An interim update on the progress of the 2019-22 Strategic Commissioning Plan be provided to Members at the IJB meeting on 26 June 2019.
- (v) The Chief Officer to present the refreshed Strategic Commissioning Plan for approval at the IJB meeting on 27 September 2019.

P KILPATRICK ARRIVED DURING THE ABOVE ITEM.

4 OLDER PEOPLE AND UNSCHEDULED CARE STRATEGIC DELIVERY PLAN

There was submitted a report by the Associate Medical Director (G/19/56) providing the first iteration of the Strategic Delivery Plan for the Older People and Unscheduled Care Board.

Resolved:

- (i) The progress towards developing the Strategic Delivery Plan for Older People and Unscheduled Care be noted and supported.
- (ii) The completed Strategic Delivery Plan be submitted for approval to the IJB meeting on 26 June 2019.

P HENDERSON LEFT THE MEETING AT THIS POINT.

5 CORE HEALTH AND SOCIAL CARE BUDGET 2019/20, 2020/21 AND 2021/22

There was submitted a report by the Chief Financial Officer (G/19/54) (1) recommending the setting of a recurring budget for Core Health and Social Care

Services for 2019/20 and the provisional budgets for 2020/21 and 2021/22; and (2) setting out the next steps required to ensure delivery of financial balance in 2019/20.

Resolved:

- (i) It be noted that following a formal budget offer from Perth and Kinross Council and an indicative offer from NHS Tayside, a £2.842m gap for Core Health and Social Care Services is reported in the 2019/20 Financial Plan.
- (ii) The Chief Officer to bring forward further proposals to the IJB that will support delivery of break-even in 2019/20.
- (iii) The 2019/20 Financial Plan and the associated 2019/20 Transformation and Efficiency Proposals, as outlined in Report G/19/54, be approved.
- (iv) The update on progress in developing the 2019/20 Financial Plans for Prescribing and Hosted Services be noted.
- (v) The indicative 2020/21 and 2021/22 Financial Plan and the associated Transformation and Efficiency Proposals, as outlined in Report G/19/54, be approved.
- (vi) The Chief Officer to issue the necessary Directions to NHS Tayside and Perth and Kinross Council to implement the service changes contained within the 3 Year Financial Plan.

6 BOARD MEMBERSHIP UPDATE

There was submitted a report by the Clerk to the Board (G/19/55) (1) updating the Board on the membership of both voting and non-voting members of the Board; and (2) outlining proposals made in terms of the re-appointment of an additional member of the Board and the membership of the Clinical, Care and Professional Governance Committee.

Resolved:

- (i) The updates in both voting and non-voting membership of the Board be noted.
- (ii) The proposals set out in section 2.4 of Report G/19/55 be approved.
- (iii) The appointment of Ms Clare Gallagher as a non-voting member of the Clinical, Care and Professional Governance Committee be approved.

7. VALEDICTORIES

R Peat referred to this being the last meeting of the Integration Joint Board for Dr Alastair Noble and thanked him for his contribution to the work of the Board over the years.

He also further referred to the upcoming retiral at the end of April of Rob Packham, who had been the Chief Officer of the Health and Social Care Partnership since its inception in 2015, and intimated that this would be Rob's last meeting of the Integration Joint Board. He thanked Rob for his extensive contribution to the work of the IJB over the last three and a half years and wished him well for a happy retirement.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

01 May 2019

(Report No. G/19/65)

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
90	26 January 2018	9.4	Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity & Healthy Weight	Future IJB development session to take place.	Rob Packham	March 2019 Oct 2019	1 March 2019 Due to strategic plan & Finance priorities this development session requires to be carried forward to Oct IJB meeting
99	22 June 2018	8	Redesign of Substance Use Services in P&K	Chair of ADP to provide a further review report in June 2019.	Clair Mailer	June 2019	
100	22 June 2018	11.2	Self Directed Support	Update to be provided in June 2019	Diane Fraser	June 2019 October 2019	Postponed due to Agenda Priorities re Strategic Commission Plan
104 b	28 Sept 2018	6.2	Perth & Kinross Joint Strategy to support Independent Living & Quality of Life for Adults with a Physical Disability and /or Sensory Impairment 2014-17	Progress report to be submitted	Claire Mailer	Dec 2019	
105	30 Nov 2019	7.1	2018/19 Financial Position	Chief Officer to submit a report on the impact of the Carers (Scotland) Act 2016 at future IJB meeting	Rob Packham	June 2019	

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

01 May 2019

(Report No. G/19/65)

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
107	30 Nov 2019	8	Programmes of Care	Update from each of the board to be provided at each of the IJB meeting	E Devine D Fraser H Dougall	Ongoing	15.02.19 – agenda item 01.05.19 – updated from Primary Care Board on agenda
108	30 Nov 2019	8	Programmes of Care	Strategic Local Delivery Plans to be submitted by March 2019 not May 2019	E Devine D Fraser H Dougall	March 2019 Sept 2019	22 March 2018 – OPUSC Draft Strategic Delivery Plan submitted. Strategic Delivery Plans be submitted from Carers, Primary Care & MHWB Boards by Sept 2019.
109	15 Feb 2019	7.1	Strategic Update	Request to be submitted to Scot Gov to request extension for final Strategic Plan. This is to allow for feedback from Inspection, new Chief Officer taking up post in April etc.	R Packham	March 2019 Sept 2019	05.03.19 - Approval received from Scottish Government. Strategic Plan to be brought back to IJB September 2019
110	15 Feb 2019	8.3	Programme of Care Boards - TOR	Terms of reference to be resubmitted once the changes requested at IJB on 15 Feb are actions. e.g. Public Partners representations to be identified for each of the Programme Boards, South Perthshire Locality to include Kinross in the title. TOR to be resubmitted by September 2019	E Devine D Fraser H Dougall	Sept 2019	01.05.19 – Update provided in Chief Officers Update report.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

01 May 2019

(Report No. G/19/65)

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	RESOLVED
93	23 March 2018	9.2	Budget	Chief Officer to develop proposal for a collaborative budget process with NHS Tayside and Perth & Kinross Council for 2019/20	Rob Packham	June 2018 March 2019	This action point was discussed at PKC EOT with a view that the CO and CFO would have further discussions with executives and finance leads within PKC & NHST. 15/11/18 Update – A number of informal discussions have taken place with NHST & PKC. A Formal meeting will now be scheduled to support the joint approach for budget setting for 2019/20. 22/01/19 Timing re SG Settlement. IJB to following the Council Provisional date for SG 20/02. Additional Budget Meeting to be arranged for March 2019
104 a	28 Sept 2018	6.2	Perth & Kinross Joint Strategy to support Independent Living & Quality of Life for Adults with a Physical Disability	Report to be submitted re Housing Contribution Policy	Claire Mailer	February 2019	15.02.19 - agenda item



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

01 May 2019

(Report No. G/19/65)

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
			and /or Sensory Impairment 2014-17				
106	30 Nov 2019	8	Programmes of Care	Terms of Reference for all the Programme of Care Boards were to be resubmitted for approval and any reference to individual post should not include staff names. .	E Devine D Fraser H Dougall	Feb 2019	15.02.19 – agenda item



PERTH & KINROSS INTEGRATION JOINT BOARD

01 May 2019

2018/19 FINANCIAL POSITION

Report by Chief Financial Officer (Report No. G/19/67)

PURPOSE OF REPORT

This report provides an update to the Perth & Kinross Integration Joint Board (IJB) on the year-end financial forecast for 2018/19 based on the 11 months to 28 February 2019.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:-

- (i) Notes the overall projected overspend of £1.559m for Perth & Kinross IJB for 2018/19; an improvement of £0.395m from the last report;
- (ii) Notes progress with 2018/19 savings delivery;
- (iii) Notes the update regarding IJB reserves;

2. FINANCIAL POSITION AND YEAR END FORECAST

The report sets out the year end forecast for Perth & Kinross IJB. The main sections of the report are structured in the following way:-

- a. NHS Tayside Directed Services (Section 3).
- b. Perth & Kinross Council Directed Services (Section 4).
- c. Summary (Section 5).

The IJB's detailed projected financial position for 2018/19 is set out in Appendix 1. This shows that the overall projected financial position for Perth & Kinross IJB for year 2018/19 is an over spend of £1.559m.

3. NHS DIRECTED SERVICES – YEAR END FORECAST POSITION

3.1 Local Hospital and Community Health Services

An underspend of £0.859m is forecast, an improvement of £0.260m from the last report. The majority of services are currently projecting underspends or

near breakeven. This reflects good progress made in delivery of savings and cost containment. The further improvement in the year-end forecast reflects additional slippage from vacancies and delays in recruitment across Older Peoples Services and Management.

3.2 Services hosted in Perth & Kinross on behalf of Tayside IJBs

Inpatient Mental Health Services are forecasting an overspend of £1.365m. This is an improvement of £0.360m from the last report. The key driver of the improvement relates to collective agreement by the 3 HSCP's in Tayside to utilise non-recurring slippage on Mental HealthInnovation Funding to cover the costs of increased demand for the Crisis Response and Home Treatment Service (CRHTT). This increase has arisen from wider service developments as part of the Mental Health Innovation programme of investment across Tayside. A pan Tayside review of CRHTT will be undertaken over 2019 -2020 as a workstream of the newly formed NHS Tayside Mental Health Alliance.

The underlying overspend in Inpatient Mental Health Services is driven by medical locum costs, supplementary nursing costs, and a historic brought forward balance of undelivered savings. Plans to remodel the service are slowly being progressed, however are yet to impact on current levels of overspending. Updates will be shared through future IJB reports and will also be shared with other Tayside IJBs.

An overspend of £0.070m is forecast for Prison Healthcare reflecting the increased prisoner population and the impact of this on staffing and medicines cost.

The combined effect of the above, despite some off-setting under spends, is one of an overspend of £0.391m for the PKIJB share of these costs.

3.3 Services hosted elsewhere on behalf of Perth & Kinross IJB

A number of devolved services are managed by other IJBs on behalf of Perth & Kinross IJB. The projected year-end position for these services is an overspend of £0.265m. The details are set out in Appendix 2.

The main contributors to this over-spending position are undelivered savings targets as well as pressures within Palliative Care, Brain Injury, Psychotherapy (overseen by Dundee IJB) and Out of Hours (overseen by Angus IJB).

The effect of the net forecast overspend on these services is one of an overspend of £0.089m for the P&K IJB share of these costs. This is an improvement of £0.062m from the last report. The P&K IJB 2018/19 Financial Plan did not predict any level of overspend on other hosted services in Tayside and further work is required to establish the implications for the 2019/20 Financial Plan.

3.4 Family Health Service (FHS) Prescribing

Considerable work continues at both Tayside and local level regarding Prescribing. An over spend of £1.235m is being projected based on actual information to December 2018. This projection is £0.799m higher than the anticipated gap of £0.438m set out in the PKIJB 2018/19 Financial Plan.

The key driver of the deterioration from plan relates to a £20 million national level increase to the community pharmacy global sum to reflect tariff reductions. As a result, SGHSCD has top-sliced £1.8 million from NHS Tayside's funding allocation, which therefore negates the benefit assumed within all 3 IJB's prescribing financial plan from tariff price reduction on specific drugs, including Pregabalin. The impact of this for P&K HSCP is deterioration against plan of £0.503m.

As noted in previous reports, this projection in particular will be subject to further review, is subject to ongoing risks regarding price and tariff changes, and is dependent on continued progress with prescribing initiatives both locally and regionally.

3.5 General Medical Services and Family Health Services

Overall these services are forecast to breakeven. However within this projection P&K HSCP has been attributed a share (£0.192m) of the budgetary pressures being incurred relating to 2C GP Practices in Dundee and Angus. This pressure is being partially offset by other underspends in the P&K HSCP GMS budget.

Budgets associated with other Family Health Services (FHS) are projected to underspend by £0.032m at the year end.

3.6 Funding of Complex Care Packages

The budget for clinically assessed health contributions required for Complex Care Packages has not yet been devolved to the 3 IJB's in Tayside. Therefore for 2018/19 invoices for these costs have been issued directly to NHS Tayside and the costs are not included in this year end forecast.

3.7 Large Hospital Services

This is a budget that is devolved to the IJB for strategic planning purposes but is operationally managed by the Acute Sector of NHS Tayside.

As at 2018/19 this budget is initially quantified at £11.793m to reflect the direct costs associated with these services. The projected year-end financial position is presented as break even in advance of further development of associated financial reporting.

The 3 Year Financial Plan has been developed in conjunction with the Acute Division to consider the large hospital budget. Therefore improved financial reporting will be required from 2019/20 onwards.

3.8 Overall Position regarding NHS Directed Resources

The overall reported projected 2018/19 position for Health Services is an over spend of £0.820m. This is a significant improvement on the £1.339m forecast last reported to the IJB. This improvement is mainly driven by increased slippage in staffing across Local Hospital and Community Services and reduced forecast overspend in Inpatient Mental Health Services.

4. PERTH & KINROSS COUNCIL DIRECTED SERVICES – YEAR END FORECAST POSITION

4.1 Adult Social Care Services

The IJB is currently projecting a £0.739m year-end overspend for Adult Social Care Services based on spend levels to 28 February 2019. The 2018/19 Financial Plan assumed a break-even position for these services.

Within Older People's and Physical Disability Services a net overspend of £0.544m is largely attributable to demographic growth issues.

Within care at home services an overspend of £0.161m is mainly due to additional demand and interim placements, off set primarily by an underspend in internal care at home teams due to delays in recruitment and slippage on the implementation of a revised Intermediate Care Service model. The previously approved financial recovery plan aimed to reduce the overall overspend within Older People Services by £0.150m through a review of care at home services. To date £0.111m of this has been achieved.

A net overspend of £0.142m on the Joint Equipment Loan Store and OT services relates principally to staff costs and the provision of Adaptations and Equipment. The overspend on Adaptations and Equipment relates to the increasing frailty and individuals' service demand needs.

Within Care Home Placements, an overspend of £0.557m is forecast this month, an improvement of £0.122m from the last report. The overspend is due to the number of people in care home placements as we strive to progress the implementation of the "Shifting the Balance of Care" project.

Within Carers services an underspend of £0.118m is being forecast, mainly attributable to part year implementation of approved spend plans.

As reported previously, there are a number of underspends (£0.198m) across other Older Peoples Services resulting from staff vacancies, uncommitted budgets and additional non-recurring income.

As noted in previous reports, Learning Disabilities and Mental Health continue to experience a sustained increase in the costs of individual care packages (both in residential settings and in the community). This is resulting in a forecast overspend against budget of £1.809m.

There remain a number of one-off under spends including recovery of prior years surpluses from providers based on occupancy levels and contract payments (£0.751m). There is also non-recurring slippage in the Invergowrie project due to delays in progressing the building works (£0.385m). The development at Invergowrie is no longer going ahead, and alternative options are being reviewed.

The previously approved financial recovery plan aimed to reduce the overall overspend within Learning Disabilities and Mental Health Services by £0.350m through demand management. To date £0.140m of this has been achieved.

A number of underspends (£0.338m) remain across Management, Commissioned Services, Learning Disabilities and Mental Health Services mainly due to uncommitted monies, staff vacancies, and additional income.

There are also a number of approved 2018/19 savings which have not yet been fully realised. These total £0.504m and progress in delivering these is set out at Appendix 3.

PKC reserves ear marked for Social Care (£0.518m) and underspend against Partnership Funds (£0.110m) were applied in December to improve the forecast year end position following agreement of the Financial Recovery Plan.

4.2 Overall Position regarding Perth & Kinross Council Directed Resources

The overall projected 2018/19 position is an over spend of £0.739m. This will continue to be affected by risks and refinement. All actions continue to be taken to reduce the forecast overspend.

5. SUMMARY IJB POSITION

Overall an overspend of £1.559m is now forecast, reflecting the benefit of agreed recovery plan actions as well as a number of other improvements. The forecast financial position is subject to multiple risks and refinement, particularly in relation to Prescribing projections.

6. PROGRESS WITH 2018/19 SAVINGS DELIVERY

- 6.1** Delivering financial balance across Local Hospital and Community Health and Social Care Services is reliant on delivery of a very significant transformation and efficiency programme. Appendix 3 sets out the progress in delivery of approved savings in 2018/19. Good progress has been made and the forecast shortfall in delivery is fully reflected in the financial forecast set out above.

7. IJB RESERVES

7.1 An update on the IJB Reserves position is noted in Appendix 4.

8. DIRECTIONS

There are no Directions from the IJB to NHS Tayside or Perth & Kinross Council identified or required at this stage.

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APPENDICES

1. Projected Financial Position For 2018/19
2. Devolved Services
3. Approved 2018/19 Savings
4. IJB Reserves

PERTH & KINROSS INTEGRATION JOINT BOARD - FINANCIAL MONITORING REPORT 2018-19
as at February 2019 Monitoring

	Social Care		NHS Directed Services		Health & Social Care Partnership		Last Reported Month 9
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Projected Over / (Under) £,000
Older People & Physical Disability Services							
Medicine For Elderly			3,476	(3)	3,476	(3)	(17)
Psychiatry Of Old Age			5,809	(37)	5,809	(37)	29
Community Hospitals			4,769	(40)	4,769	(40)	(1)
Comm Nursing-Older People			3,634	(93)	3,634	(93)	(77)
Intermediate Care			886	(198)	886	(198)	(219)
Physiotherapy			1,829	(21)	1,829	(21)	(3)
Occupational Therapy			1,116	114	1,116	114	131
Joint Loan Store / Social Care Occupational Therapy / Telecare	1,972	142	289	20	2,262	162	205
Care at Home	14,610	161			14,610	161	122
Care Home Placements	18,273	557			18,273	557	679
Local Authority Care Homes	1,730	(17)			1,730	(17)	(41)
Services To Carers	664	(118)			664	(118)	(144)
Other Services Older People	1,993	(181)			1,993	(181)	(162)
Older People & Physical Disability Services	39,243	544	21,808	(257)	61,051	287	503
Learning Disability & Mental Health Services							
Residential Placements and Community Support	20,424	556	0	0	20,424	556	346
Learning Disability			779	33	779	33	28
Adults Mental Health And Wellbeing			52	30	52	30	30
General Adult Psychiatry			1,835	(115)	1,835	(115)	(90)
Learning Disability & Mental Health Services	20,424	556	2,666	(53)	23,090	504	313
Substance Misuse Services	84	(10)	964	(20)	1,048	(30)	19
Other Community Services							
Primary Care			434	(12)	434	(12)	0
Anticoagulation			366	(23)	366	(23)	(33)
Localities and Early Intervention & Prevention	4,720	(9)			4,720	(9)	2
Other Community Services	4,720	(9)	800	(35)	5,520	(44)	(30)
OTHER							
Management / Partnership Funding	(15,831)	(154)	23,159	(325)	7,327	(479)	(436)
Pchp Admin & Clerical			381	(5)	381	(5)	0
Commissioned Services	2,099	(188)			2,099	(188)	(188)
Med Training-Non Psychiatry			635	(165)	635	(165)	(165)
OTHER	(13,732)	(342)	24,175	(495)	10,443	(837)	(789)
Hospital Community Health and Social Care	50,740	739	50,413	(859)	101,152	(120)	16
Services Hosted in P&K on Behalf of Tayside IJBs							
Prison Health Services			3,221	70	3,221	70	99
Public Dental Service			2,004	(15)	2,004	(15)	10
Podiatry (Tayside)			2,833	(122)	2,833	(122)	(103)
Inpatient Mental Health Services			22,312	1,365	22,312	1,365	1,725
Hosted Services Recharges to Other IJBs			(20,075)	(907)	(20,075)	(907)	(1,151)
Services Hosted in P&K on Behalf of Tayside IJBs			10,296	391	10,296	391	580
Services Hosted Elsewhere on Behalf of P&K IJB			10,206	89	10,206	89	151
GP Prescribing			25,845	1,235	25,845	1,235	1,237
Other Family Health Services Prescribing			833	(10)	833	(10)	(31)
General Medical Services			24,043	6	24,043	6	33
Family Health Services			17,400	(32)	17,400	(32)	(32)
Large Hospital Set Aside			11,793	0	11,793	0	0
Grand Total	50,740	739	150,829	820	201,568	1,559	1,954

SERVICES HOSTED IN PERTH & KINROSS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS HOSTED SERVICES	30,371,000	1,298,100	
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	20,075,000	907,000	66.5%
BALANCE ATTRIBUTABLE TO PERTH & KINROSS	10,296,000	391,100	33.5%
SERVICES HOSTED IN ANGUS AND DUNDEE ON BEHALF OF PERTH & KINROSS IJB	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE			
Palliative Care	5,642,602	136,500	
Brain Injury	1,595,921	90,000	
Homeopathy	26,515	3,700	
Psychology	4,905,874	(523,000)	
Eating Disorders	0	0	
Psychotherapy (Tayside)	893,762	141,000	
Dietetics (Tayside)	3,108,894	(185,000)	
Sexual & Reproductive Health	2,069,081	(38,000)	
Medical Advisory Service	153,646	(57,500)	
Tayside Health Arts Trust	58,400	0	
Learning Disability (Tay Ahp)	769,208	(73,000)	
Balance of Savings Target	(598,516)	598,500	
Grand Total	18,625,387	93,200	
Perth & Kinross Share (33.5%)	6,240,000	31,000	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS			
Forensic Service	934,873	(102,500)	
Out of Hours	7,433,140	205,000	
Tayside Continence Service	1,408,126	(39,000)	
Pharmacy	1,200,000	0	
Speech Therapy (Tayside)	975,950	(5,100)	
Balance of Savings Target	(113,308)	113,308	
Grand Total	11,838,781	171,708	
Perth & Kinross Share (33.5%)	3,966,000	58,000	
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE	10,206,000	89,000	
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	20,502,000	480,100	

	Savings Plan	Amount Forecast	Variance from Plan
	£000	£000	£000
Social Care			
Corporate Procurement Savings	302	36	266
Corporate Digital Services/My account/Mobile Working	86	58	28
Mainstream Care at Home	345	345	-
Redesign of Care at Home -Introduce HART Service	386	386	-
Housing with Additional Support	90	90	-
Review of Day Services	463	463	-
Review of Older People Residential Care	528	318	210
Review of Care Packages for Adults	560	560	-
Implement COSLA income and disregard thresholds	400	400	-
Redesign of Drugs and Alcohol Service	50	50	-
Review of Locality Teams/Management	50	50	-
Intermediate Care Review (crisis beds)	105	105	-
Intermediate Care Review (Intermediate care team)	156	156	-
Shifting the Balance of Care (reduction of placements)	775	775	-
Communities First	200	200	-
Increase slippage target	171	171	-
CAH - Single Handed Care	50	50	-
Total Social Care	4,717	4,213	504
Hospital & Community Health			
Redesign of Tay Ward	246	246	-
OT Workforce Redesign	121	121	-
LD Pay Protection	30	30	-
GP SLA Review	35	35	-
Integrated Management Structure	25	25	-
Integrated Care Teams	117	117	-
POA GP Costs	17	-	17
Physiotherapy Workforce Redesign	17	17	-
Total Hospital & Community Health	608	591	17
Total Social Care and Hospital Community Health	5,325	4,804	521

APPENDIX 4 IJB RESERVES

In March 2017 (IJB Report G/17/51) the IJB described and agreed its 'Reserves Policy'. This set out that the IJB may hold both 'ear-marked' reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors regarding funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserves equivalent to 2% of approved budgets (c£3.8m).

As at March 2018, the IJB's Annual Accounts showed that Perth & Kinross IJB had no earmarked or general reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding. At the end of 2018/19 it is possible the IJB may have ring-fenced reserves regarding Scottish Government funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding), and Alcohol and Drug Partnership (ADP) Funding. These reserves need to be retained separately from general reserves.

The table below sets out the indicative position for the year-end based on the level of information on forecast spend regarding the IJB's reserves and also shows factors that may need to be added in during 2018/19.

Projected Movement in Reserves 2018/19	General Fund Balance (Usable Reserve)	General Fund Balance (Ear-Marked)	Total General Fund Balance (£000)
Opening Balance 31 March 2018	0	0	0
Potential Ear-marked Reserves			
Scottish Government - GMS Contract - Primary Care Improvement Fund 2018/19	0	581	581
Scottish Government - Mental Health - Action 15 Funding 2018/19	0	103	103
Scottish Government - GMS Contract - Primary Care Transformation Funding 2017/18	0	342	342
Scottish Government- ADP Funding 2018/19 and carry forward from previous years	0	556	556
Partnership Funding	0	485	485
Closing Balance at 31 March 2019	0	2,067	2,067

Note - The Out of Hours funding for Tayside is being carried forward by Angus as the Host IJB. This is being carried forward on behalf of all 3 IJBs in a ring fenced reserve.



PERTH & KINROSS INTEGRATION JOINT BOARD

1 May 2019

CHIEF OFFICER STRATEGIC UPDATE

Report by Chief Officer (Report No. G/19/68)

PURPOSE OF REPORT

The purpose of this report is to update board members on progress against tasks outlined in the rolling actions list.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board note the following strategic updates:

- Refresh of the Strategic Plan
- Joint Inspection
- Ministerial Strategic Group, Review of Progress with Integration of Health and Social Care; Self-Evaluation
- Implementation of Free Personal Care
- Updates on Programmes of Care

2. REFRESH OF STRATEGIC PLAN

On the 22 March 2018 the Integration Joint Board agreed to an extension to the timescale for completion of the 2019/20 Strategic Plan. NHS Tayside were informed of this extended timescale at their Board Meeting on 28 February 2019.

This delay has enabled the new Chief Officer to work with colleagues to plan the key stages and the engagement activity with key stakeholders that will support the development of the plan, to ensure that the final version sets the strategic direction for the next three years and supports the Health and Social Care Partnership to achieve our shared ambition of improving health and wellbeing and tackling inequality.

The delay will also enable the plan to reflect and address the findings of the joint inspection, while taking into account the recommendations of Ministerial Strategic Group's review of integration.

3. JOINT INSPECTION

On Friday 5 April 2019 Officers from the HSCP, along with the Chief Social Work Officer and the Chief Executive of Perth and Kinross Council received verbal feedback from the Inspectors from the Care Inspectorate and Healthcare Improvement Scotland.

The Joint Inspection Team are currently analysing submitted evidence and commentary with a view to presenting a draft formal report on 15 May 2019. Thereafter, we will have two weeks to correct any factual inaccuracies before receiving the final report towards the end of June 2019.

4. MINISTERIAL STRATEGIC GROUP, REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE; SELF-EVALUATION

The Integration Joint Board received a report on 5 February 2019 on the findings of a review of the progress of integration, which had been commissioned by the Ministerial Strategic Group

With partner organisations, we are currently completing a self-evaluation template for the Ministerial Strategic Group on progress locally, for submission by mid-May. This will be presented to the Audit and Performance Committee and the IJB in June 2019, for information, due to timescales for submission.

5. IMPLEMENTATION OF FREE PERSONAL CARE FOR PEOPLE UNDER 65 YEARS

To progress the implementation of 'Frank's Law' – Free Personal Care Under 65s, a short-life working group was formed comprising representatives from Adult Social Work, Legal Services, Charging and the Third Sector. Third Sector colleagues liaised with a focus group of service users to inform implementation.

The group firstly reviewed the current definitions of 'personal care' and 'non-personal care' services to ensure they are still fit for purpose with the new legislation. It was agreed at the Charging Governance Board that the Charging Policy would be updated accordingly to ensure care items for under 65s follow the same policy as older people. This meant each individual case did not need to be reviewed.

A communications plan was developed which included developing a new leaflet on Free Personal Care, crib sheets for front line workers to answer any queries from the public and updating the PKC Website.

Processes for recording personal care and non-personal care were updated. This included adding new care items, which were developed by the Contract and Commissioning Team, to AIS. This proved to be significantly more complicated than initially thought as the new care items had to be linked to hundreds of existing fields on AIS. This contributed to timescales for implementation slipping.

People affected by the new legislation were identified and lists sent to the locality Adult Care Social Work teams to update their records on AIS so everyone had their care package split into personal and non-personal care. This process was completed 12 April 2019.

The Charging Team is in the process of sending letters to everyone affected in Perth and Kinross, as instructed by the Scottish Government, informing them of the change in legislation and their personal care/non personal care split. At time of writing, the letters are on course to be delivered to everyone affected by 30 April 2019.

The actual amount the majority of people pay for their services is unlikely to be affected by this legislation due to means testing and the impact of benefit migration. The Scottish Government has allocated £800,000pa to Perth and Kinross to cover lost revenue and we are in the process of calculating whether this will adequately compensate for the lost income this major policy change brings.

6. PROGRAMMES OF CARE BOARDS

- The IJB had previously requested the revised Terms of Reference for the four Boards advancing the Programmes of Care. However, in response to the recent inspection and in the course of updating our Strategic Commissioning Plan we intend to review our approach to strategic planning and this may lead to changes in the four Programmes of Care Boards. We will report further on this as the work progresses.
- Older People and Unscheduled Care – an update on the Winter Plan is on today's agenda.
- Mental Health and Well-being – we will bring a report on the redesign of Substance Use Services and on the Alcohol and Drug Partnership to the IJB in June
- Primary Care – there is an update on the Primary Care Improvement Plan on today's agenda
- Carer Support – we will bring an update on the Carers Strategy 2019/22 to the IJB in June, as well as an update on the implementation of the Carers Scotland Act 2016

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.



PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD

01 May 2019

Perth & Kinross Health & Social Care Partnership's Winter Plan

Report by Head of Health / Head of Adult Care (Report No. G/19/69)

PURPOSE OF REPORT

The purpose of this report is to provide progress on the Unscheduled Care, Winter Planning actions put in place for Perth & Kinross for the period 1 November 2018 to 31 March 2019.

1. RECOMMENDATION(S)

The IJB is requested to:

- Note the implementation and impact of the Tayside and local winter planning actions.
- Support NHS Tayside's aim to take a year round planning approach, which will sit within a 3-year USC operational plan, to meet times of increasing demand throughout the year, and not only for winter.

2. SITUATION/BACKGROUND / MAIN ISSUES

The Scottish Government issue annual guidance to NHS Boards and Local Integrated Partnerships to support Health & Social Care services to prepare for winter. The Scottish Government request that NHS Boards work with local Health & Social Care Partnerships to develop annual winter plans. The winter period is defined as 1 November 2018 to 31 March 2019.

Winter Plans ensure that safe and effective care for people using services and effective levels of capacity and funding are in place to meet expected activity levels.

The Scottish Government provided resource to support Preparing for Winter 2018/19 to ensure that performance for emergency access, cancer, mental health, outpatient, inpatient/day case and delayed discharge is maintained. NHS Tayside's share of winter resource was £737,734. This resource was devolved to Tayside Unscheduled Care Board which has the responsibility for

developing and reviewing the collective activities within the Unscheduled Care Action Plan which is underpinned by the 6 essential actions for Unscheduled Care. This ensured that improvement actions within the winter plan were aligned with the USC plan, community resilience arrangements and public health plans to increase flu vaccine update.

The six essential actions are;

- Clinically focused management
- Capacity and Flow alignment
- Patient rather than bed management
- Medical and surgical processes are arranged for optimal care
- 7 day service
- Ensuring patients are cared for in their own home

A collaborative approach was taken by NHS Tayside, the Health & Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders.

As in previous years, the Scottish Government have asked Boards to lodge a draft of their winter review for 2018/19 to support winter planning preparations for 2019/20 early May 2019. NHS Tayside are proposing that in future years, the aim will be to move away from winter planning and that the unscheduled care plan sits within the 3 year Board Operational Plan, to meet times of increasing demand for winter and throughout the year. There is a recognition that year round work needs to be completed in relation to weekend discharging, partnership working and meeting demands at times of public holidays. It is also recognised that many illnesses have a seasonal basis and there is a need to look at innovative ways of balancing capacity and demand.

3. PROPOSALS

- 3.1 NHS Tayside's non recurring allocation for Winter Planning from the Scottish Government for Unscheduled Care for 2018/19 was £737,734. NHS Tayside USC Board allocated £113,100 to Perth & Kinross Health & Social Care Partnership. Monthly reports were provided to the USC Board on spend to date, projected spend and progress.

A draft Tayside interim evaluation of the impact of the winter plan is to be submitted to NHS Tayside Board on 30 April 2019. The interim evaluation will also provide assurance on the use of the Scottish Government's winter resource allocation.



20190405 - Winter
Plan Board Paper Dra

The Tayside Unscheduled Care Board assessed and approved bids and allocation of resources for:

- Additional funding for care at home placements across Tayside which allowed discharge of people to the care of community teams. The system was also responsive enough to reallocate slippage to additional home care packages when the system required it.
- Supported an 'Assess to Admit' model with the core principal of realistic medicine that patients wish to be cared for in their own homes.
- Redesign the inpatient bed model through additional beds and service set up to meet patient needs. One of the main sources of investment was in the Acute Medicine for the Elderly Assessment Unit in Ninewells. The AME test of change was run on a frailty model where people were assessed with the majority being able to be discharged home safely within 72 hours. The outcome of this test of change is that this model will be to develop an AME unit within PRI as well as Ninewells as a priority within the operational plan.
- Provide funding to improve service resilience for extra out of hours general practice (GP) sessions.
- Improve the prevention and management of influenza like illness through investment in near patient testing equipment for the first time. It is recognised that the rapid diagnosis of flu meant that patients were able to receive appropriate medication within 20 minutes of a swab being taken leading to many people being able to be discharged home with appropriate medication rather than hospital admission.
- A targeted campaign to significantly increase flu vaccine which resulted in an increase in the percentage of staff taking the opportunity to have the vaccine to 54% this year compared to 18% 2 years ago.
- Increased the support available from the psychiatric liaison service to increase assessment within acute admissions units.
- Increased senior clinical decision makers, including senior nurses over the public holiday period.

3.2 The interim evaluation plan also highlighted significant improvements in the number of waits for a bed, boarding in inappropriate locations, delayed discharges in PRI and the number of cancelled elective procedures due to bed capacity.

3.3 The Perth & Kinross Health & Social Care Partnership established a local shortlife working group in August 2018 to help prepare and plan for winter. This included reviewing and updating local business continuity plans, 4x4 vehicle availability and emergency contacts and escalation processes.

The following local initiatives were funded over the Winter Period.

3.4 *Extended AHP Working to ensure continued consistent assessment and discharge in hospital settings over a 7 day period (allocation £20,000).*

Additional hours were offered to current AHP (Occupational Therapy and physiotherapy) staff to cover weekend working. A weekend rota was put in place for those staff that volunteered. There was difficulty recruiting to weekend working this year to cover full 7 day working however the majority of weekends were covered either by an OT or a physio.

The evidence to support the impact upon patient experience, capacity and flow and length of stay of 7 day AHP services is significant. This includes national evidence as well as local tests of change within a variety of settings by AHPs. AHP 7 day working provides more effective and co-ordinated discharge planning; continuity of care; discharge available at weekends; improved rehabilitation delivery; reduced hospital stay and increased activity levels. Data is currently being collated by Physiotherapy and OT staff to evidence improvements. The NHS Tayside operational plan will explore 7 day working as a principle all year round.

3.5 *Increased capacity in Medicine for the Elderly Tay Ward to support any surge capacity and improve flow (allocation £55,700)*

The ward capacity was increased from 14 to 18 beds on the 14 December with a further increase in beds to 20 on 4 January 2019. This additional increase was in response to an increasing waiting list for Tay rehabilitation beds and an assessment of the whole system flow across NHS Tayside and its partners.

Additional staff resource was provided by the nurse bank utilising short term contracts and block booking of agency to provide registered nurse cover. The opening of a further 2 beds in January resulted in additional funding requirements of £31,300, bringing the total allocation to £87,000.

The ward has remained at 100% capacity throughout the winter period. The Tay ward rehab model is being reviewed as part of the Community Hospital review.

3.5 *Testing the concept of a respiratory telehealth pathway in Northwest Perthshire (allocation £8,000)*

The intention of the test of change was to identify whether telehealthcare home monitoring support with appropriate community support would support COPD patients to self manage in their own home and detect deterioration so that the appropriate interventions are put in place to avoid hospital admission.

The home monitoring equipment was ordered from Docobo and has just been delivered. A shortlife working group has been established with representation from health, social care, SAS and specialist GP. The group are currently developing the model and pathways to commence the test of change. This test of change will now align with the development of a specialist community respiratory pathway for Perth & Kinross.

3.6 *Enhancing social care support to target same day discharge from A&E and, Acute Medical Unit (allocation £14,000)*

The Partnership commissioned a pilot over the winter period with the Royal Voluntary Service, one of Britain's largest volunteering charities, to provide a Home from Hospital Service for older people returning home after illness, surgery or an accident. Volunteers provide practical and emotional support to people to help them get back on their feet, regain their independence and reduce the chance of readmission.

The pilot commenced on 3 January 2019 to 9 April 2019 commencing in PRI but then extending to community hospitals in March. Two RVS discharge co-ordinators were based in the discharge team in PRI working jointly with the discharge hub to identify patients who met RVS's criteria for support. The co-ordinators met with patients / families on admission to hospital and planned for discharge, creating a supporting your recovery plan. The co-ordinators liaised with volunteers in the community to arrange discharge support such as:

- Transport
- Medical collection in the community
- Safe home checks
- Welcome home food packs
- Cold lunches
- Prompting of medication
- Interim (short term) support in the community to allow Care at Home services to restart
- Visits to reduce isolation and loneliness
- 'Move it or Lose it' exercise class and training provided to staff and inpatients.

Forty two patients were supported on discharge from hospital from January to early March 2019. There was positive feedback from PRI staff with one comment being:

"I have referred several patients to this service and found it invaluable. With one patient it definitely made the difference between him staying in hospital longer or returning home when he was ready, with the RVS providing the support he needed. He lived in a rural area and had no family nearby".

Due to the success of the project, discussions have been underway with the Chair of the Unscheduled Care Board around funding this project longer term from Summer this year from Winter Planning monies. There will also be a review of the current Service Level Agreement held with RVS to revisit service capacity.

3.7 *Additional social care interim placements (allocation £15,000).*

Thirteen patients were supported in an interim placement to support capacity and flow and reduce delayed discharges.

3.8 Additional social care funding

Due to an unexpected Winter Plan underspend across Tayside, HSCP's were asked if they could use additional monies for social care support. £10,000 was available to encourage HART staff to work additional hours. However, this was of limited success, with only £4,600 of the money being used. The main reason this was not successful is that it was of limited interest to staff. .

	Planned £	Actual £
Medicine for the Elderly Tay Ward	55,700	87,000
Extended AHP 7 Day Working	20,000	7,500
Social Care Interim Placements	15,000	13,500
Enhanced Social Support	14,400	14,400
Respiratory Health	8,000	8,000
Additional Social Care	0	4,600
Total	113,100	135,000

4. CONCLUSION

NHS Tayside in partnership with the 3 H&SC Partnership's are currently completing the full Winter 'Wash Up' review in order to report into the Scottish Government the outcome of the 2018/19 winter planning arrangements. This review will be completed by early May. Once completed the review report will provide further detail on what went well, what could have gone better, and key lessons learned to consider for future years.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	No
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	No
Risk	No
Other assessments (enter here from para 3.3)	No
Consultation	
External	No
Internal	No
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	No
Corporate Governance	No
Directions	
Communication	
Communications Plan	No

1. Strategic Implications

1.1 Strategic Commissioning Plan

Winter Planning should be taken as a 'business as usual approach' in future and not just during the winter period managed under the auspices of Unscheduled Care. Unscheduled Care across Tayside will focus on early intervention and prevention maintaining a whole system approach to planning as well as informing and responding to system pressures. This will ensure best use of facilities, people and resources.

2. Resource Implications

2.1 Financial

The Scottish Government devolve non recurring resource NHS Boards on an annual basis for winter planning. NHS Tayside USC Board in collaboration with Health & Social Care Partners and other key stakeholders allocate non recurring funding to support improvement actions to support capacity and flow across the whole system at times of increasing demand.

2.2 Workforce

Ensuring the right level and skills of staff during public holidays and peak leave periods will help increase flow and patient experience.

3. Assessments

3.1 Equality Impact Assessment

Not Applicable.

3.2 Risk

Not Applicable

Risk Description:

Current Rating of Likelihood

Current Rating of Consequences

Actual control level and main control tools

Target control level

Tolerance control level

3.3 Other assessments

As part of NHS Tayside's Unscheduled Care Board.

4. Consultation – Patient/Service User first priority

4.1 External

N/A

4.2 Internal

As part of NHS Tayside's internal engagement plan.

4.3 Impact of Recommendation

N/A

5. Legal and Governance

5.1 N/A

5.2 Governance is through the NHS Tayside's USC Board.

6. Directions

N/A

7. Communication

As part of NHS Tayside's communication plan.

8. BACKGROUND PAPERS/REFERENCES

N/A

9. APPENDICES

N/A



PERTH & KINROSS INTEGRATION JOINT BOARD

1 May 2019

TAYSIDE PRIMARY CARE IMPROVEMENT PLAN - IMPLEMENTATION UPDATE REPORT

Report by Dr Hamish Dougall, Associate Medical Director (Report No. G/19/70)

PURPOSE OF REPORT

The purpose of this report is to update the IJB on progress made in respect to the implementation of the Tayside Primary Care Improvement Plan in so far as it relates to Perth and Kinross Health and Social Care Partnership.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- 1) Notes the progress made to date
- 2) Approves plans for continued service development into year 2 of the programme 2019/20.
- 3) Seeks a further update on progress in 12 months.

2. SITUATION/BACKGROUND / MAIN ISSUES

The pan-Tayside Primary Care Improvement Plan (PCIP) seeks to develop primary care services in direct support of general practice under the terms of the 2018 General Medical Services (GMS) contract so that GPs can be more focussed on their role as expert medical generalist. The IJB approved the plan in June 2018 and it was subsequently approved by the other Tayside IJBs and the Local Medical Committee before being submitted to the Scottish Government.

Following approval of this overarching plan, a more detailed plan was produced which set out the initial allocation of funding per project and an outline of proposed models for delivery. These proposals were drafted in the early stages of engagement with stakeholders and were provided to the Scottish Government in September 2018 to set out the aspirations of the programme.

The programme is split into a number of distinct projects which cover key areas of the GMS contract as follows:

- Vaccination Transformation Programme
- Pharmacy (Pharmacotherapy)
- Community Care and Treatment Services
- Urgent Care
- Additional services:
 - o Musculoskeletal Physiotherapy
 - o Mental Health
 - o Community Link Workers

The development of these services in support of General Practice is supported by the Primary Care Improvement Fund (PCIF). This is a new budget provided directly to Integration Authorities from the Scottish Government. Table 1 sets out the budget (indicative in future years) from 2018/19 to 2020/21 and includes detail on a local adjustment which has been applied within Tayside to account for service demand from patients residing in one HSCP area but are registered and receive care in another.

Table 1				
Perth and Kinross Primary Care Improvement Fund				
Year	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s
P&K allocation from Scottish Government	1,249	1,500*	3,004*	4,232*
Local adjustment in respect to cross boarder patient care	-21	-26	-52	-72
Totals	1,228	1,476^	2,952^	4,160^

^indicative only

It can be seen in table 2 that there is slippage against the in year budget. This is largely due to the whole year effect of the budget combined with projects taking longer to progress through planning and stakeholder engagement phases.

It is anticipated that expenditure against each of the projects (new services) will increase substantially in 2019/20 and more detail on progress to date as well as the future plan is provided below in respect to each aspects of the programme.

Table 2	2018/19	
	Planned £000s	Actual £000s
PCIF Budget	1,228	1,228
Supplementary income**	178	178
Total Budget	1,406	1,406
Service		
Vaccination Transformation	88	65
Pharmacotherapy	294	186
Community Care and Treatment	180	6
Urgent Care	24	0

MSK First Contact Physiotherapy	49	21
Mental Health**	93	12
Community Link Workers	99	99
Vision Anywhere	0	0
Potential Superannuation Increase	0	0
Total Expenditure	827	389
In Year Variance	579	1017
Cumulative Variance		1017

* The Primary Care Improvement Fund is a ring fenced budget which can only be used to deliver the Primary Care Improvement Plan which encompasses the implementation of the 2018 GMS Contract. Expenditure against this resource is jointly agreed between Integration Authorities and the Local Medical Committee. Under spends carried forward and planned to be fully utilised in future years.

** includes Action 15 monies

3. PROPOSALS

The PCIP sets the scene in respect to the need for this work to be undertaken. It describes:

- The demands for services in respect to the area's demography.
- It also describes the need for sustained stakeholder engagement to ensure services meet the needs and aspirations of the contract and the wider Primary Care landscape.
- Additional information is also provided covering the opportunities and barriers which are faced in undertaking this large piece of work.

Against this backdrop the PCIP then sets out the broad aspirations for the delivery of these new services, by Health and Social Care Partnerships, in direct support of General Practice.

3.1 Vaccinations Transformation Programme (VTP)

Initial plan

The VTP seeks to shift responsibility for the delivery of routine vaccinations away from general practice. This is being taken forward in a staged process across NHS Tayside over a number of years starting in advance of the PCIP i.e. since 2016 the service has delivered school age and pre-school immunisations.

In year 1 of the PCIP (2018/19) the VTP planned to expand the delivery of vaccines by including the following:

- Children's immunisation for catch-up and, "out of sequence"
- Maternity pertussis

This period has also been utilised to undertake planning in respect to the delivery of wider vaccines which are scheduled to come onto the programme in 2019/20-2020/21.

What has been achieved

The VTP programme has been successful in undertaking all planned work within year 1 and has returned a small under spend which will be carried forward into the future years. The finance section of this report sets out planned and actual expenditure for 18/19 and planned expenditure for future years.

Future plan

The service plan for 2019/20 sees the continued delivery of all vaccines already contained within the programme and seeks to further expand the service by bringing additional vaccines onto the programme, as follows:

- Maternity Flu
- Pre-school Flu
- Conduct a test of change for Flu in over 65s and at risk groups. This may also include pneumococcal and shingles for those eligible groups

This period will also be used to future plan for rolling out the Adult Flu vaccinations as this represents the largest group and presents the largest logistical challenge. The learnings from the planned test of change which will cover a number of clusters from across Tayside will be pivotal in gaining the understanding needed to roll out the programme in its entirety.

3.2 Pharmacotherapy

Initial plan

This project seeks to create and provide a uniformity of pharmacy services to all General Practices. This will address considerable variance in the services delivered to different practices and by increasing the staffing cohort to deliver these services, the burden on GPs will be reduced.

In early 2018 a workforce planning exercise was undertaken in order to understand the current workforce delivering pharmacy services within Perth and Kinross. It became clear that there was a significant shortfall in the number of pharmacists and pharmacy technicians undertaking this work. This was largely due to a number of unfilled establishment posts as well as the establishment not being large enough to adequately address the demand.

The findings of this work led to a planned expansion of the service by increasing the establishment by 6WTE pharmacists and 3WTE technicians.

What has been achieved

Additional pharmacy resource has been secured through several rounds of recruitment, however it was recognised in the PCIP that delivering against the aspirations of expanding this workforce was going to be a challenge and this has proven to be the case. This is a national issue.

Nonetheless, there are now 12.3WTE pharmacists and 2.4WTE technicians (14.7WTE) delivering pharmacy services within Perth and Kinross. This compares to 8.5WTE pharmacists and 0.8 WTE technicians in the middle part of 2018. Although this is a significant expansion there are still a number of unfilled positions and this has led to significant slippage against the planned expenditure.

In terms of service delivery the pharmacy team undertook an extensive test of change which sought to establish what could be achieved against the contract's aspirations for pharmacotherapy services. These are separated out into different levels (3 in total with a range of services contained within each).

The test of change was a success and practices which were in receipt of the "new" pharmacotherapy service reported favourably their experience. The challenge however is to expand that level of service to all practices in a sustainable way.

The first step in doing so started in February 2019 with a staged approach to implementing the initial elements of Level one services to all practices. The roll out is progressing well however it is recognised that without continuing to expand the pharmacy team considerably it will be difficult to meet the contract's aspirations.

Future plan

The future plan for this service is to continue to recruit to the posts needed to expand the new pharmacotherapy service i.e. the range of services set out in the contract, to all practices in a sustained way. Each round of recruitment to date has yielded some success and there is reason to expect that this should continue albeit at a rate slower than would be desired.

Recognising these issues and the need to deliver on the service set out in the contract, there are also a range of additional measures being taken for example:

- Alternative, more proactive, methods of recruitment are being explored.
- Alternative workforce composition is being explored to establish what could be achieved by for example up-skilling existing staff to undertake tasks. This would then necessitate recruitment into vacated lower grade positions which are generally more favourable in the recruitment market.

3.3 Community Care and Treatment

Initial plan

The new GMS contract places new responsibility on Integration Authorities for the delivery of a wide range of services which have routinely been provided in General Practice e.g. phlebotomy, wound care, blood pressure monitoring, suture removal, electrocardiograms (this is not an exhaustive list). This project

remodels the delivery of these services so that they remain close to patients but are delivered by the Health and Social Care partnership.

The aspirations of the contract are that this is done in a holistic manner so that services are designed, set-up and delivered sustainably. This is a complex undertaking and a planned level of engagement has been undertaken with individual GPs, with Clusters, the Local Medical Committee and with wider Primary and Secondary Care healthcare providers.

Additionally an audit of general practice nursing was undertaken and this provided valuable data which has allowed for services to be designed robustly with a reasonable level of accuracy in terms of:

- demand per practice/cluster/locality,
- the duration of appointment types
- The variations in the types of appointments across the HSCP area.

In the early stages of planning, the following services were identified as priorities for delivery by the HSCP:

- 1) Phlebotomy
- 2) Wound Dressing
- 3) Electrocardiograms

What has been achieved

Having conducted a significant level of engagement, where a large variety of views were expressed, it became clear that a whole-system model for delivery was necessary. This type of approach to service planning is recognised by the national oversight group as more favourable than seeking to implement smaller scale incremental changes.

It was clear that such a model would need to cater for all care and treatment services and that modelling services based on demand using the audit(s) undertaken would allow the HSCP to set up sustainable services. The service modelling approach employed has now been recognised by Health Improvement Scotland as an exemplar. It is nonetheless accepted that progress to the delivery of services has been slower as a consequence of the extension to the planning phase.

The model for delivery is based on a “hub and spoke” approach with services based within, Perth City (location(s) to be finalised), our Community Hospitals and individual GP practices.

Perth and Kinross, has a diversity of physical resources with some GP practices sited very close to Community Hospitals and some which are more remote with infrequent transport links. This diversity is being catered for within the care and treatment model being developed so that patients are able to see the right healthcare provider in a location which is close to their GP practice or is of their choosing i.e. patients may work some distance from their home, the GP practice or their local care and treatment hub. These patients should be

able to access services from any of the hub locations, improving significantly patient access to services. Conversely this will reduce the demand for these same services to be delivered within practice settings.

This approach ensures that patients have much greater access to the right healthcare provider in a setting which is convenient for them. In many instances this will be at or near to their GP practice as is required by the contract and Memorandum of Understanding which underpins its implementation.

The model does not however suit all types of services. For example where patients need regular appointments for leg ulcer care or phlebotomy. These types of services, which require regular and frequent treatments, additional outreach to practices from locality hub facilities may be necessary.

This will see staff outreaching to those GP practices which are some distance from locality hubs in order to cater for such service demand. Consultation and engagement with practices is ongoing to identify which services practices feel are caught in this bracket. This is necessary to ensure that the demand for those services can be understood and appropriate staffing models developed.

It is also recognised that this model means that patients may have to travel to locations other than their GP practice for some services. In many instances, this will be appropriate in terms of efficiency of service, clinical expertise and greater access for patients in terms of appointment availability.

In terms of service delivery, CCATS services have been split in terms of those to be delivered directly by NHSTayside/HSCP employed staff and those to be delivered by commissioned services i.e. existing secondary care services being expanded to outreach into communities to deliver services.

Diagnostic services are currently provided for secondary care in Perth and Kinross by the Medical Diagnostics service based in PRI. This service is being commissioned to expand their workforce to undertake the following services on an outreach to Community Hubs:

- Electrocardiograms
- Spirometry
- Blood pressure monitoring

Planning for the delivery of these services in this manner is at an advanced stage and it is anticipated that the service will start seeing patients in early to mid 2019/20.

A number of General Practices in Perth and Kinross have indicated that they are no longer able to provide some services for their patient populations, for example leg ulcer and wound care.

Plans are now being developed and implemented which will see such dermatology (and aural care) related CCATS services being delivered by NHS Tayside/HSCP employed community nursing staff in early 2019/20.

There is an acute need to cater for this within Perth City initially, however plans are also being developed and implemented in North and South Perthshire and Kinross. These plans are not interdependent and will be taken forward on a locality basis.

Future plan

As set out above, 2018/19 has seen significant engagement, service modelling, and planning activity for CCATS. The plan for 2019/20 will see these services start to become operational.

It is recognised however that not all services will be started at the same time for all practices/patients. There are a broad range of services caught under CCATS and these need to be delivered across a diverse geography in differing settings. This will take time and will be built-up throughout this period.

The long term plan for CCATS for Perth City is for a single hub facility to be developed and work to progress towards this is being taken forward with NHS Tayside. Alongside this work, interim local arrangements will be put in place which may see a range of facilities being used across Perth City.

3.4 Urgent Care

Initial plan

In order to allow GPs to focus on more complex patient needs, a range of other roles will be necessary to support the patient population. Advanced Nurse Practitioners (ANPs) and Specialist Paramedics may both have a future role as a core element of the wider multi-disciplinary teams aligned to practices.

It was initially anticipated that ANPs would be brought into posts within 2018/19 to support GPs. This has not been possible within the timescales originally planned as it has taken longer to gain a consensus of support for envisaged models.

What has been achieved

Through extensive engagement with GPs and wider primary care healthcare professionals, a model which would see Advanced Nurse Practitioners undertaking work, seeing patients predominately in care homes, supporting general practice has been developed iteratively.

Although progress on this has been slower than planned three ANP roles have been advertised and are recruited to. It is now anticipated that the successful appointments will be in place by July 2019.

This will see these ANPs work closely with practices across their localities to assist with urgent and unscheduled patient care, particularly in respect to domiciliary visits. This model aligns well with HSCP plans for Enhanced Community Support, anticipatory care planning, and alignment with Medicine for the Elderly clinicians.

Little progress towards Specialist Paramedic support to general practices has been made. Nonetheless, more recent engagement with Scottish Ambulance Service has taken place and early plans are being discussed to test the use of Specialist paramedics within one cluster in Perth and Kinross. It is not however anticipated at this time that this will be funded from the PCIF and so does not feature in the future financial modelling at this stage.

Future plan

With the successful recruitment of ANPs into post, this new service will be evaluated throughout 2019/20 to ensure it is delivering against the aspirations of the contract and is in keeping with expectations of GPs and patients alike. This will be critical to the potential further future expansion of this service which could see the number of ANPs rise significantly. This is of course dependant on the available workforce and the other demands on the PCIF.

3.5 Musculoskeletal (MSK) first contact service

Initial plan

This project alters the patient pathway for MSK presentations so that patients initially see an MSK physiotherapist rather than a GP in appropriate circumstances.

The plan for 2019/20 in terms of the introduction of this new services was to ensure that the service is delivered in one cluster within Perth and Kinross and that this would then roll out to other clusters over the course of the programme implementation.

What has been achieved

This new service started in early January 2018 with 1.5 WTE staff delivering 13 clinical session covering;

- 4 of the practices in the Perth City cluster, and
- 2 of the practices in the South Perthshire and Kinross-shire cluster.

Additional clinical sessions across Perth and Kinross are planned to commence from April 2019 dependant on the available workforce to deliver the increase in sessions.

This project has required less resource initially due to delays in project/service start-up. This is largely related to recruitment and the suitability of IT resources. Although this has resulted in accumulation of slippage, lessons have been learned in these early stages and will assist in the future roll out of

the service. In particular, this project now forms part of a wider eHealth IT systems Test of Change which will see the “Vision Anywhere” system being used to streamline access to services for patients and appropriate access to records for healthcare providers.

Future plan

Additional budget resource from April 2019 is available for this project to accelerate services to patients from other clusters. This will see an additional 2.5WTE posts (3.5WTE in total) delivering these services across Perth and Kinross. This escalation in service delivery will nonetheless be done in a controlled and sustainable manner throughout 2019/20.

3.6 Mental Health

Initial plan

PCIF funding and funding received under the Scottish Governments Mental Health Strategy, known as “Action 15” has been combined in order to appoint six Primary Care Mental Health Nurses. The aim is to improve access to mental health professionals and increase the capacity of GPs. Two nurses will be allocated to each locality in Perth and Kinross and will be aligned to GP clusters.

What has been achieved

After advertising the six posts and conducting interviews, four appointments have been made with two nurses taking up roles in the North Locality and the other two in Perth City. There have been initial discussions with a number of GP Practices and a draft pathway developed to ensure the seamless introduction of this new service to GP practices. This work complements the work being undertaken in respect to Social Prescribers (Community Link Workers).

Future plan

The remaining posts have been re-advertised in the hope that all positions can be filled. If it is still not possible to recruit, alternative models of support will be investigated which may be more attractive to those seeking to work in more rural settings.

3.7 Social Prescribers (Community Link Workers)

Initial plan

Consultation with relevant stakeholders including Community Learning and Development, Community Capacity Team and Healthy Communities found that there are numerous community based support group throughout Perth and Kinross. It was however identified that there can be issues for people in accessing the support available.

To address this, three full time Social Prescribers have been employed using fixed term funding from Perth and Kinross Council. In addition, three workers from the Healthy Communities Team have a Social Prescribing role.

Similar to the model for Mental Health Nurses two Social prescribers have been located in each locality and aligned to individual GP practices. Their role is to link people to appropriate community based support to help address factors which contribute to health issues. The aim of these roles is to improve health and wellbeing by providing a response to the increasing demands on health and social care services that does not involve prescribing medication or referring to statutory services.

What has been achieved

As stated above the Social Prescribers are aligned to individual GP practices. They have been in place since late 2018 and have built relationships with fellow professionals and expanded their knowledge base in respect to the availability of community based support within their locality.

There is an ongoing promotional campaign to increase awareness of the work being undertaken. This includes leaflets which are being distributed to all GP practices in Perth and Kinross.

This service is still at an early stage of establishment but it can be seen from activity data that since July 2018 the average number of cases initiated per month is 27. In respect to 2019 only, the average number of cases has increased to 35 per month.

Future plan

It is anticipated that once the Primary Care Mental Health Nurses (referred to above) become established in post, the demand for this service will continue to increase, as will its value to service users. The promotion of the service will also continue through the ongoing promotional campaign and networking with fellow professionals.

It is recognised that the funding for this service is currently provided by Perth and Kinross Council on a fixed term bases. Anticipating the value that this service provides, sufficient funding has been set aside within the PCIF to sustain this service in the longer term.

4. FINANCE

The Primary Care Improvement Fund is provided directly to Integration Authorities. Its purpose is to fund the implementation of our Primary Care Improvement Plan, encompasses the creation and delivery of services in direct support of General Practice under the terms of the 2018 General Medical Service Contract. This fund cannot be used for any other purpose than this.

Table 3 below sets out the size of the fund, the initially planned expenditure for 2018/19 against the actual in year expenditure, and provides future plans for expenditure in 2019/20. This assumes that the indicative budget provided by the Scottish Government is as was indicated in May 2018.

Expenditure against this indicative budget is dependent on the availability of the necessary skilled workforce as well as the availability of appropriate premises and infrastructure, for example IT (the interoperability of practice based software).

Table 3	2018/19		2019/20
	Planned £000s	Actual £000s	Planned £000s
PCIF Budget*	1,228	1,228	1,476^
Supplementary income**	178	178	198
Total Budget	1,406	1,406	1,674
Services			
Vaccination Transformation	88	65	200
Pharmacotherapy	294	186	294
Community Care and Treatment	180	6	372
Urgent Care	24	0	154
MSK First Contact Physiotherapy	49	21	232
Mental Health**	93	12	245
Community Link Workers	99	99	102
Recruitment and Retention	0	0	170
Vision Anywhere	0	0	15
Potential Superannuation Increase	0	0	85
Total Expenditure	827	489	1,869
In Year Variance	579	1017	(195)
Cumulative Variance		1017	821

* The Primary Care Improvement Fund is a ring fenced budget which can only be used to deliver the Primary Care Improvement Plan which encompasses the implementation of the 2018 GMS Contract. Expenditure against this resource is jointly agreed between Integration Authorities and the Local Medical Committee. Under spends are carried forward and planned to be fully utilised in future years.

** includes Action 15 monies

^ This is an indicative figure

5. Challenges

Workforce

The Primary Care Improvement plan highlighted that a lack of availability in terms of suitably skilled workforce, of the size needed to undertake the necessary work was a key risk to the full and successful implementation of the contract.

This risk remains very high and has already been experienced particularly in relation to Pharmacotherapy and Mental Health. It is however anticipated that there may be further recruitment issues in other areas of the programme, for example;

- MSK due to a shortage in qualified and experienced physiotherapist,

- Community Care and Treatment due to the number and diversity of skill set required in respect to Nursing provision.
- Vaccination Programme due to the seasonality of the service.

This challenge is being managed manifoldly, across the programme, with innovative approaches being taken to both recruitment and the modelling of the skill mix within teams seeking to deliver services.

Premises

There are a number of facets in the contract which relate to premises and the responsibility for the supply of appropriate premises to deliver the necessary services under the contract. These include the long term shifting of responsibility away from General Practitioners to own or rent the premises in which the operate, to a model where this responsibility falls to Health Boards. This is a long term strategy and at this early stage of the contract's implementation is still very much in its infancy.

There are however shorter term issues which need to be overcome in respect to the shifting of responsibility for the delivery of services (those caught under Community Care and Treatment). This requires the sourcing of premises to host the necessary services.

As set out above, the CCATS sees services being delivered using a "hub and spoke" model across Perth and Kinross utilising existing premises in the form of Community Hospital sites and GP practices.

Work on the suitability of these sites to accommodate these new services is ongoing and it is likely that a degree of capital investment will be necessary to make premises suitable. This will require to be funded separately as the PCIF cannot be used for such purposes.

In respect to Perth City, which covers approximately half of the patient population, a single site solution for the delivery of CCATS service is the preferred model for delivery. However, given the magnitude of such a service (in excess of 1600 patient appointments per week) and the lack of an immediately available physical asset, a split site solution may be necessary initially. Work on this solution is being undertaken currently, including the potential remodelling and repositioning of existing services.

Similar to above, it is anticipated that this may incur capital costs which will require to be funded separately from PCIF.

IT Infrastructure

The PCIP explains that there is a "need for systems that can allow both primary and secondary care clinicians to appoint patients where and when they need to be seen. We need IT processes that return necessary clinical information about test results and procedures to those who have requested them."

Allied to this requirement we need to consider the models for service delivery being implemented and design our processes, systems and patient pathways appropriately. These issues are being taken forward together with a “test of change” of the “Vision Anywhere” system. “Vision” is used by 22 of the practices within Perth and Kinross (two practices use EMIS as their patient records system) and the test of this advanced version of that system is to establish its capabilities in respect to the following (this is not exhaustive):

- Remote and mobile access to patient records
- Federated appointment booking, whereby practices can book appointments for patients to see healthcare providers in locations other than their own practice.

The test of change covers two clusters in the early stages and where possible will be accelerated to cover other clusters and practices.

The success of this test has a significant bearing on the future efficiencies of the services to be delivered, it does not however inhibit the development and implementation of services. This is particularly relevant for the “EMIS” practices within Perth and Kinross.

6. Stakeholder/Patient Engagement

The PCIP places responsibility on the HSCP and GP clusters to ensure the interests of patients are integrated with “the delivery and further evolution of the plan”.

There has been a high level of engagement, throughout 2018/19, between the HSCP and GPs individually, as well as within practices, within clusters and more broadly via the Perth and Kinross Primary Care Group which includes a broad range of primary care healthcare providers and managers. It is however recognised that patient groups have not been directly represented throughout this early stage of the PCIP and contract implementation.

The Perth and Kinross Primary Care Board has overseeing responsibility for the delivery of the PCIP and the contract implementation. To address the gap in direct engagement with patients, the Board is developing a stakeholder engagement and communications plan. This seeks to ensure that all stakeholders are engaged in the most appropriate way and at an appropriate time as the programme develops.

7. Evaluation

The overarching principle of the programme is to ensure the timely availability of services so that patients can be seen by the right healthcare provider in the right location at a convenient time.

The contract sets out a broad range of key deliverables and benefits and the services being implemented are designed to meet those aspirations. More broadly, services are being created which are well aligned to the HSCP’s Strategic Plan and they will be measured in terms of their effectiveness to meet these complementary requirements.

An evaluation tool has been developed which captures the key desirable benefits and records the performance of services. At this early stage of implementation it is not possible to robustly evaluate the services which are just coming into effect. However, with the expected escalation of services in the coming 6 to 12 months, broader evaluation will be possible

8. CONCLUSION

The programme of work to implement the Perth and Kinross Primary Care Improvement Plan which encompassed the implementation of the 2018 General Medical Services Contract is now well established and is making good progress.

The 7 projects which make up the programme are at varying stages of development and implementation.

It is important to note the 2018/19 budget, which has full year effect, was allocated partway through the year and that planning for services could only begin in full once the allocation was understood. This, combined with the difficulties referenced above, has led to slippage on planned budget expenditure in this first year of the programme. The expectation however is to see new services phased in over a three year period.

There are still substantial challenges to be overcome if the programme is to be wholly successful and the contract is to be fully implemented. Not least of which relate to the available workforce, but also to the capabilities of IT systems and infrastructure and the availability and suitability of premises. These issues are well understood and are being managed within the programme in a controlled manner with appropriate escalation as is necessary.

It is anticipated that year 2 of the programme 2019/20 will see an escalation of the services being delivered. This will see more practices being supported across a broader range of services. In turn this means that more patients will see a broader range of healthcare professionals all of whom form part of the multi-disciplinary team which is wrapped around their general practice.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	Yes
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
Other assessments (enter here from para 3.3)	
Consultation	
External	No
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	No
Corporate Governance	Yes
Communication	
Communications Plan	No

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report highlights the work of the Primary Care Board in support of the Health and Social Care Partnership's Strategic Commissioning Plan

- 1 prevention and early intervention,
- 2 person centred health, care and support
- 3 work together with communities
- 4 inequality, inequity and healthy living
- 5 best use of facilities, people and resources

2. Resource Implications

2.1 Financial

The Primary Care Improvement Plan is supported by the Primary Care Improvement Fund. This fund is provided by the Scottish Government directly to the Integration Authority and cannot be used for any other purpose.

The available budget for 2018/19 was £1.406m (£1.228m of which comes from PCIF). The total indicative available budget for 2019/20 is £1,674m (£1,476m being the indicative PCIF allocation). This does not including the 2018/19 carry forward.

2.2 Workforce

The PCIP will see the creation of around 60 new posts within the HSCP. The programme is managed via the Perth and Kinross Primary Care Board which is appropriately supported by HR.

Initial steps have also been taken to engage with staff side representatives and this will continue throughout the development of the programme.

3. **Assessments**

3.1 Equalities Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

The service re-design elements of the GMS implementation are required to consider equalities as a key element of any proposed development.

3.2 Risk

Each project within the programme is risk managed as an integral part of the programme approach being taken.

3.3 Other assessments

Measures for Improvement – The success of the Primary Care Improvement Plan will be measured using a broad range of evaluation metrics (including patient experience) which are currently being developed in collaboration with NHS Tayside colleagues, including Dundee, and Angus HSCPs.

Health and Safety – There are currently no major health and safety concerns when considering the work being undertaken in respect to PCIP and contract implementation.

Healthcare Associated Infection - This heading must be included with adequate detail if the report will impact on Healthcare Associated Infection in NHS Tayside.

Benefit Realisation – The evaluation measures being developed encapsulate the benefits realisation plan and will be available for future reporting.

Quality – The evaluation measures being developed are both quantitative and qualitative in nature and will be available for future reporting.

IT – The availability of appropriately enabled IT software and infrastructure is imperative to the success of this programme. An initial test of the “Vision Anywhere” product will be carried out on a relatively small scale throughout 2019/20. If this is successful, a planned accelerated roll out will be undertaken.

This is however predicated on the availability of appropriately sourced finance resource. The PCIF cannot be used to fund the procurement of such software.

An additional solution will also require development in order to cater for the needs of practices using alternative software programmes (EMIS). There are two such practices in Perth and Kinross.

4. Consultation – Patient/Service User first priority

4.1 External

N/A

4.2 Internal

The following people/roles have been consulted in the preparation of this report:

- 1) Associate Medical Director
- 2) Chief Finance Officer
- 3) Head of Health
- 4) Locality Managers
- 5) Lead Nurse
- 6) Service representatives:
 - Vaccination Services,
 - Pharmacy
 - Urgent Care
 - Mental Health
 - Physiotherapy
 - Community Link Workers

4.3 Impact of Recommendation

Approving plans to continue with the programme of work being undertaken to implement the 2018 GMS contract as part of the Primary Care Improvement Plan, will impact on patients in respect to:

- how they access services,
- where they access services, and
- which healthcare provider they will

This is however a positive development with patients having much greater access to the right healthcare provider in a setting which is convenient for them. In many instances this will be in or close to their GP practice. There will however also be additional capability and flexibility of service availability for

patients to access a broad range of services at locations which are suitable for them i.e. not necessarily within or near their GP practice. This will improve patient access particularly for patients who work remotely from their GP practice. In this scenario patients will be able to access services in a location which is more convenient.

In order to engage and communicate these changes to patients a communication and engagement plan is being developed by the Primary Care Board.

5. Legal and Governance

This is a large piece of partnership work and each element of service redesign will consider appropriate Governance arrangements.

6. Directions

This report does not require the IJB to give directions to either parent body.

7. Communication

This is a large piece of partnership work which is being taken forward in collaboration with a wide cohort of stakeholder.

8. BACKGROUND PAPERS/REFERENCES

- IJB [cover report](#) for Primary Care Improvement Plan
- [Pan-Tayside Primary Care Improvement Plan](#)

9. APPENDICES

N/A

