



## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

Council Building  
2 High Street  
Perth  
PH1 5PH

20 March 2019

A special meeting of the **Perth and Kinross Integration Joint Board** will be held in **the Council Chamber, 2 High Street, Perth, PH1 5PH on Friday, 22 March 2019 at 14:00.**

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

**Robert Packham**  
**Chief Officer**

***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  
Prof N Beech, Tayside NHS Board  
Ms L Birse-Stewart, Tayside NHS Board  
Ms G Costello, Tayside NHS Board

### **Non-Voting Members**

Dr D Carey, Independent Contractor  
Mr J Foulis, NHS Tayside  
Mr R Packham, 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

### **Additional Members**

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

### **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**

**Friday, 22 March 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 UPDATE - STRATEGIC COMMISSIONING PLAN 2019-2022 - PERTH AND KINROSS IJB** **5 - 10**  
Report by Chief Officer (copy herewith G/19/53)
- 4 OLDER PEOPLE AND UNSCHEDULED CARE STRATEGIC DELIVERY PLAN** **11 - 26**  
Report by Associate Medical Director (copy herewith G/19/56)
- 5 CORE HEALTH AND SOCIAL CARE BUDGET 2019/20, 2020/21 AND 2021/22** **27 - 60**  
Report by Chief Financial Officer (copy herewith G/19/54)
- 6 BOARD MEMBERSHIP UPDATE** **61 - 62**  
Report by Clerk to the Board (copy herewith G/19/55)





## PERTH & KINROSS INTEGRATION JOINT BOARD

22 March 2019

### Update – Strategic Commissioning Plan 2019-2022 - Perth and Kinross IJB

Report by Chief Officer (Report No. G/19/53)

#### **PURPOSE OF REPORT**

To notify the IJB of a delay to completion of the 2019-22 Strategic Commissioning Plan. A number of factors have combined to delay publication by 31 March 2019. The paper seeks the authority of the IJB to continue operations in line with the 2016-19 plan until completion of the current plan for approval at the meeting of the IJB on 27 September 2019.

#### **1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- 1.1 Note there will be a delay in preparation of the 2019-2022 Strategic Commissioning Plan for Perth and Kinross IJB.
- 1.2 Approve continuation of Strategic Planning and Operational management under principles set out in the 2016-19 Strategic Commissioning Plan until the 2019-22 plan is approved.
- 1.3 Request that the Chief Officer present the refreshed Strategic Commissioning Plan for approval at the IJB meeting on 27 September 2019.

#### **2. BACKGROUND**

- 2.1 Perth and Kinross Integration Joint Board has overseen implementation of the 2016-19 Strategic Commissioning plan since the inception of the partnership in April 2016.
- 2.2 Though the majority of the strategic aims of the first plan remain relevant, a refreshed Strategic Commissioning plan is due to be published by the 31 March 2019, however development of a robust plan for 2019-22 is dependent upon a number of contributory factors that lead officers to recommend a delay in publication.
- 2.3 Perth and Kinross Health and Social Care Partnership has recently been subject to a Joint Inspection by the Care Inspectorate and Health

Improvement Scotland. The results of this inspection will inform the next iteration of the Strategic Plan. Publication of the final report is not expected until mid 2019. A Self-Evaluation process prepared in anticipation of the inspection will inform the plan.

- 2.4 NHS Tayside is finalising its strategic plan “Transforming Tayside which will be linked to the Strategic Plans of the IJBs to enable coherent pathways of care from communities through acute care.
- 2.5 Perth and Kinross Councils is currently refining “The Perth and Kinross Offer”. There is a significant degree of interdependency where Health and Social Care is interdependent with wider Council Services.
- 2.6 The Health Board, the Council and the Health and Social Care partnerships are all contributors to the Local Outcome Improvement Plan of the Community Planning Partnership.
- 2.7 Perth and Kinross Health and Social Care Partnership has appointed a new Chief Officer who comes into post on 1 April 2019.
- 2.8 The 2019-2022 Strategic Commissioning Plan is built upon the ambitions of four Care Programme Boards and Three Locality Plans.
- 2.9 Recent publications from Audit Scotland and the Ministerial Strategy Group have laid out priorities and timescales for action. These must inform the plan.
- 2.10 The intentions of the refreshed Strategic Commissioning Plan are subject to a period of public consultation, stakeholder review and partner approval.
- 2.11 The Chief Officer has taken advice on the implications of delay with the Head of Integration at the Scottish Government. Perth and Kinross will not be the only partnership in Scotland that is delaying publication of the 2019-22 Strategic Commissioning Plan.
- 2.12 The Chief Officer has discussed with both Chief Executives and the Chair of the IJB the intention to delay publication.

### 3. CONCLUSION

- 3.1 A range of factors have combined to justify a short delay before publication.
- 3.2 PKHSCP is committed to delivery of a refreshed Strategic Plan for approval by the IJB on 27 September 2019.

#### Author(s)

Name	Designation	Contact Details
Robert Packham	Chief Officer	<a href="mailto:robertpackham@nhs.net">robertpackham@nhs.net</a>

**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

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

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

A delay to implementation of the refreshed Strategic Commissioning Plan should have no long term detrimental impact. Continuing with the themes of the 2016-19 plan will retain focus on the five themes below

- 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*

Implementation of a plan that is not fully informed would require further revisions as information is made available.

### 2. Resource Implications

#### 2.1 Financial

The Chief Officer will require IJB approval of the refreshed Strategic Plan as soon as is possible to implement planned changes that impact upon achievement of organisational goals and financial balance.

## 2.2 Workforce

Delay to implementing the Strategic Plan seeks to address areas of workforce shortage and the need for changes to service configuration. The Strategic Plan will impact upon current patterns of working moving some services from institutional to community care. The refreshed Strategic plan is required to address skills shortages in some locations and specialties.

## 3. **Assessments**

### 3.1 Equality 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.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA. The revised Strategic Plan will be subject to an equalities impact assessment.

### 3.2 Risk

N/A

### 3.3 Other assessments

N/A

## 4. **Consultation – Patient/Service User first priority**

### 4.1 External

Public consultation on the Strategic Plan will be delayed.

### 4.2 Internal

Consultation with IJB members has begun but will require further input as the refreshed Strategic Plan is developed.

## 5. **Legal and Governance**

5.1 *The Head of Legal and Governance Services has been consulted on the contents of the report.*

## 6. **Communication**

6.1 Communications about the delay to the strategic plan will be arranged after IJB approval.



**7. BACKGROUND PAPERS/REFERENCES**

*N/A*

**8. APPENDICES**

*N/A*





**22 March 2019**

## **Older People & Unscheduled Care Strategic Delivery Plan**

**Report by Associate Medical Director (Report No. G/19/56)**

### **PURPOSE OF REPORT**

The purpose of this report is to provide the IJB with the first iteration of the Strategic Delivery Plan for the Older People & Unscheduled Care Board.

### **1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- Note and support the progress towards developing the Strategic Delivery Plan for Older People & Unscheduled Care;
- Request that the Strategic Delivery Plan returns completed for approval to a future meeting of the IJB.

### **2. SITUATION/BACKGROUND / MAIN ISSUES**

The Older People & Unscheduled Care Board was established in September 2018. One of the main responsibilities of the Board is to develop a Strategic Delivery Plan which provides detail on how the Board will deliver against their vision, goals and objectives. The Older People & Unscheduled Care Strategic Delivery Plan is aligned with the priorities set out in the Health & Social Care Strategic Commissioning Plan.

### **3. PROPOSALS**

After setting out the purpose, vision and strategic goals of the Older People & Unscheduled Care Board, the Strategic Plan focuses on what the Board will do to deliver on the strategy. Building on this, the final section in the plan (priorities), begins to translate the aims into practical actions.

The Delivery Plan contains information on the specific activities that are being undertaken to support the direction set out in the Strategic Plan. The activities designed to contribute to the Priorities are all expressed in terms which are specific, measurable, achievable, relevant and time-limited (SMART). This allows progress to be tracked and reports to be produced on a quarterly basis.

#### **4. CONCLUSION**

The Strategic Delivery Plan has a clear vision and an aspiration to transform services to meet future needs and challenges for Older People & Unscheduled Care. It provides an understanding of the actions being taken to achieve the aims and the key performance information to be able to track progress in a SMART approach.

This is the first iteration of the OPUSC Strategic Delivery Plan. The Plan will be completed and will be brought back to a future IJB meeting for approval.

#### **Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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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.

Appendix 1 – Older People & Unscheduled Care Strategic Delivery Plan (DRAFT)



# Strategy Delivery Plan

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## Older People & Unscheduled Care

**Perth & Kinross Health & Social Care Partnership**

**2019-2022**

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# TABLE OF CONTENTS

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SECTION 1	
Introduction	Page 2 -3
Priority 1: Thriving Resilient Communities	Page 4
Priority 2: Shifting the Balance of Care	Page 5-6
Priority 3: Improving Patient Flow and Pathways	Page 6
Finance	Page 7
SECTION 2 Strategic Delivery Plans	
Thriving Communities	Page 1
Shifting the Balance of care	Page 2 – 4
Improving Patient Flow and Pathways	Page 5

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# INTRODUCTION

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## OLDER PEOPLE & UNSCHEDULED CARE

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As part of the refresh of the Strategic Commissioning Plan, the Perth & Kinross Health & Social Care Partnership reorganised its Strategic Planning Framework into four programmes of care. Older People & Unscheduled Care is one of the four Programmes of Care created in September 2018. The Boards have been established to provide a co-ordinated approach to achieving the objectives of the Partnership's Strategic Commissioning Plan and enabling a more effective and focussed approach for the planning of service delivery.

The Programme is overseen by the Older People & Unscheduled Care Board which meets bi monthly. The membership of the Board has strong clinical support from Associate Medical Directors, a General Practitioner as well as representation from the Health & Social Care Partnership and Independent and Third Sectors. The OPUSC Board ensures that there are strong links with the wider transformation being taken forward by NHS Tayside for Older People & Unscheduled Care and Perth and Kinross Council's Housing Service. The Board reports to the Partnership's Strategic Planning and Commissioning Board.

## DELIVERY PLAN DEVELOPMENT

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The Strategic Delivery Plan was developed with the members of the Older People & Unscheduled Care Board. Three workshops were held in Autumn 2018 to agree the vision and key strategic priorities for Older People & Unscheduled Care. National and local strategic guidance and direction, feedback from public consultation, and demographic and performance information were used to inform the development of the plan.

The plan was developed in accordance with the Health & Social Care Standards, NHS Tayside's Clinical Strategy for Older People and the six themes of the Partnership's Strategic Plan:

- Early Intervention and prevention
- Personalisation and person centred care

- Working with communities
- Reducing inequalities
- Making best use of resources
- Keeping people safe

The Strategy Delivery Plan describes the delivery of an integrated care system for health and social care services for Older People & Unscheduled Care which has the intention to improve and enhance what is currently being delivered.

By taking this approach the Partnership will be able to move further towards shifting the balance of care to communities in order to proactively anticipate the need for care at an earlier stage, change the emphasis from services focused on acute conditions towards systematic and personalised support for long term conditions, and develops continuous integrated care rather than disconnected episodic care.

The vision is to:

*“Support people to remain in a homely setting for as long as possible, providing access to personalised and sustainable integrated rehabilitation and reablement models of care and in partnership with communities promote healthy ageing.”*

The Board agreed the following strategic aims:

1. Develop and promote thriving, resilient communities through volunteering, social prescribing and neighbourhood initiatives (Priority 1: Thriving Resilient Communities)
2. Shifting the balance of care from traditional bed based models to early intervention/prevention integrated community models (Priority 2: Shifting the Balance of Care)
3. Improving the admission and discharge pathways (Priority 3: Improving Patient Flow and Pathways)

## PHYSICAL DISABILITIES

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Strategic development for adults with physical disabilities is part of the responsibility of the Older People and Unscheduled Care Board. Further work is required to detail specific actions relating to people with physical disabilities under 65 years of age. This will be taken forward as a sub group of the Older People and Unscheduled Care Board.



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# PRIORITY 1: THRIVING RESILIENT COMMUNITIES

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## BACKGROUND

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The majority of older people in Perth and Kinross live healthy and active lives. The majority of older people do not receive 'formal' care as many do not need any assistance, while for others assistance is provided by family and friends, or organised and purchased privately.

We will build on this positive position by increasing the access for older people to leisure, sport and community activity. Our vision is for Perth and Kinross to be a place where older people contribute and are supported by thriving, resilient communities. Older people will be supported to be safe and healthy, independent and maximise their potential to make a positive contribution within their community.

Older people also play a critical role in supporting other older people to live independently at home. Supporting, sustaining and increasing this capacity, as well as that of family, friends and neighbours, is essential to achieve better outcomes for older people.

Our offer is to facilitate local communities to have the capacity to provide care and support with and for older people. This will reduce isolation and loneliness, enable participation, improve independence and wellbeing and delay escalation of dependency, and need for more complex care and support. The Partnership will work closely with Third Sector providers to ensure that their expertise and knowledge of communities is supported. The Partnership will review current Third provision for older people to ensure that we have equity of access of provision.

## KEY ACTIONS

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1. Paths for All - Develop dementia friendly walking initiative to embed physical activity into care homes
2. Embed community link workers and social prescribing in communities
3. In partnership with Third Sector provide an Active Communities project specifically for older people
4. Reduce social isolation by developing a neighbourhood initiatives programme to create networks of supports for older people
5. Further implement Care About Physical Activity Programme into care at home services
6. Review Third Sector provision for older people to ensure in line with Market Facilitation priorities and equity of access

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# PRIORITY 2: SHIFTING THE BALANCE OF CARE

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## BACKGROUND

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Shifting the balance of care is central to the Partnerships vision for a new model of care for older people and unscheduled care in Perth and Kinross. This is a model of care that shifts health and care support firmly into the local communities where people live. Shifting the balance of care is a strategic objective of the Scottish Government, NHS and Local Authorities. Demographic pressures (particularly the rise in older people); workforce issues; the need to improve health and social care outcomes and the increasing cost of 'formal' care means that current models of care delivery are not sustainable.

By shifting the balance of care the Partnership aims to improve the health and wellbeing of the people of Perth & Kinross by increasing our emphasis on health improvement and anticipatory care, providing more continuous care and more support closer to home. The Partnership is also committed to providing equal access to services for older people in all localities.

## KEY ACTIONS

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1. Creation of an enhanced community support approach within each integrated care team aligned to GP Clusters
2. Development of a specialist community based respiratory support team
3. Embed technology enabled care and home health monitoring
4. Develop digital health pilots to enable people to access health supporting
5. Review the use of inpatient rehabilitation beds and care home placements, including equality of access
6. In Partnership with NHS Tayside review Psychiatry of Old Age Services
7. Support the Primary Care Improvement Programme to develop the Advanced Nurse Practitioner role and Community Care & Treatment Services
8. Continue to work in collaboration with acute and partnership clinicians to move support for patients from acute hospital wards to support in the community.
9. Review care at home provision to ensure capacity to enable more older people to be supported at home for longer

10. Enable housing and accommodation solutions to support older people longer in their communities
11. Review integration of OT to ensure model fits into deliver of enhanced community support

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## **PRIORITY 3: IMPROVING PATIENT FLOW AND PATHWAYS**

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### **BACKGROUND**

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The Partnership is committed to improving the experience of patients receiving care and treatment in hospital. Key to this is the patient receiving the right treatment at the right time and by returning home as soon as they are fit to do so. In most cases, the faster patients return home, the faster they will experience rehabilitation. Improving unscheduled care across Scotland is a key ministerial priority for the Scottish Government. Through the National Unscheduled Care – 6 essential actions improvement programme, the government aim to improve the timeliness and quality of patient care from arrival to discharge from the hospital and back into the community.

The term 'patient flow' refers to the ability of the care systems to manage people effectively and with minimal delays as they move through stages of care. Discharge delays and increased demand contribute to poor flow. The Partnership is committed to building on improvements already achieved locally to deliver patient outcomes that match the best performing areas in Scotland.

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### **KEY ACTIONS**

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1. Redesign the patient's pathway for scheduled and unscheduled care across Tayside in collaboration with NHS Tayside.
2. Develop an integrated discharge service.
3. Deliver a discharge to assess service as part of an Enhanced Community Support approach
4. Develop a single approach to discharge across Tayside.
5. Explore creation of intermediate care beds.

# FINANCE

In order to deliver on the Partnerships new model of care we need to move resources to where they are required and move them away from where they are no longer required. This investment and disinvestment over the lifetime of the Strategy is set out below.

Investment and Disinvestment	2019/20	2020/21	2021/22	Total
	£000	£000	£000	£000
<b>Investment</b>				
Enhanced Community Support	441	441		882
Rehabilitation/Intermediate Care Beds	165	165		330
Respiratory Community Model	91	91		182
	697	697	0	1,394
<b>Disinvestment</b>				
Redesign of Rehabilitation Beds	487	740		1,227
Shifting the balance Acute to Community Older People			500	500
Review of POA		200		200
Review of Care Home Placements		450	450	900
	487	1,390	950	2,827
<b>Net Direct Savings</b>	210	-693	-950	-1,433
<b>Other Inter-dependant Savings - Review Care at Home</b>	222	203	213	638

# STRATEGIC DELIVERY PLAN

## THRIVING COMMUNITIES

<i>Outcomes</i>	<i>Actions</i>	<i>Lead Person</i>	<i>Key Partners Involved</i>	<i>Performance Indicator</i>	<i>Timeframe</i>	<i>Governance</i>	<i>Priority</i>
✓ <b><i>Improve the lives of older people in care homes through increased opportunities to be active everyday</i></b>	1. Develop dementia friendly walking initiative	C Wilson	<ul style="list-style-type: none"> <li>• P&amp;K HSCP</li> <li>• Care Inspectorate</li> <li>• Scottish Government</li> <li>• Independent Sector</li> <li>• Spirit of 2012</li> <li>• Sports Scotland</li> <li>• Live Active Leisure</li> </ul>	➤ CAPA performance indicators	1 April 2019 – 31 March 2021	Older People Steering Group	Medium
✓ <b><i>Improved wellbeing for those accessing social prescriber support, through access to non clinical or statutory supports, using services and activities already available within the community</i></b>	2. Embed community link workers and social prescribing in communities	K Ogilvy	<ul style="list-style-type: none"> <li>• P&amp;K HSCP</li> <li>• GP Practices</li> <li>• Third Sector</li> <li>• Communities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Social workers and others are aware of other non statutory supports</li> <li>➤ Reduced demand for statutory services</li> <li>➤ New community providers identified</li> <li>➤ Satisfaction / Experience of users</li> </ul>	Aug 2018-Aug 2020	Older People Improvement Group	Medium
✓ <b><i>Older people are supported to live</i></b>	3. Provide an active communities project	P Henderson	<ul style="list-style-type: none"> <li>• P&amp;K HSCP</li> <li>• Live Active</li> </ul>	➤ Project performance	1 April 2019-1 April 2021	Older People Improvement	High

<b>active healthy lives</b>	specifically for older people			outcomes to be agreed		Group	
<ul style="list-style-type: none"> <li><b>Older people are supported to live active healthy lives</b></li> </ul>	4. Reduce social isolation by developing a neighbourhood initiative programme	P Henderson	<ul style="list-style-type: none"> <li>Live Active</li> <li>Other third sector groups</li> </ul>	➤ Project performance outcomes to be agreed	1 April 2020	Older People Improvement Group	Medium
<ul style="list-style-type: none"> <li><b>Older people are supported to live active healthy lives</b></li> </ul>	5. Further implement CAPA into Care at Home Services	C Wilson	<ul style="list-style-type: none"> <li>P&amp;K HSCP</li> <li>Care Inspectorate</li> <li>Independent Sector</li> </ul>	➤ CAPA performance outcomes ➤	1 September 2019- 1 April 2020	Older People Improvement Group	Medium
<ul style="list-style-type: none"> <li><b>Older people are supported to live active healthy lives</b></li> </ul>	6. Support unpaid Carers to enable older people to remain at home	K Sharp	<ul style="list-style-type: none"> <li>P&amp;K HSCP</li> <li>PKAVS</li> </ul>	➤ Reduced length of stay in care home provision ➤ Carers census	1 April 2019-1 April 2022	Carers Board	Medium
<ul style="list-style-type: none"> <li><b>Older people are supported to live active healthy lives</b></li> </ul>	7. Review Third Sector provision for older people to ensure in line with Market Facilitation priorities and equity of access	E McMullan	<ul style="list-style-type: none"> <li>P&amp;K HSCP</li> </ul>	<ul style="list-style-type: none"> <li>Reduced demand for statutory services</li> </ul>	1 September 2019-1 September 2020	Older People Improvement Group	Low

## SHIFTING THE BALANCE OF CARE

<i>Outcomes</i>	<i>Actions</i>	<i>Lead Person</i>	<i>Key Partners Involved</i>	<i>Performance Indicator</i>	<i>Timeframe</i>	<i>Governance</i>	<i>Priority</i>
✓ <b><i>Prevent older people at risk of an unplanned admission being admitted</i></b> ✓ <b><i>Facilitate patient's discharge from hospital to home</i></b>	1. Further develop enhanced community support approach within Integrated Care Teams	A Taylor L Baillie C Lamont	<ul style="list-style-type: none"> <li>• P&amp;K HSCP</li> <li>• GP Clusters</li> <li>• Third Sector</li> <li>• Independent Sector</li> </ul>	➤ No of emergency admissions ➤ No of delayed discharges ➤ eFrailty tool pilot ➤ Number of Anticipatory Care Plans ➤ Experience / Satisfaction of service	1 April 2019 – 31 March 2020	Older People Steering Group	High
✓ <b><i>Improve quality of life and outcomes for people living with COPD and Asthma</i></b>	2. Develop a specialist community respiratory team	H Dougall	<ul style="list-style-type: none"> <li>• P&amp;K HSCP</li> <li>• NHS Tayside</li> </ul>	➤ To be developed	1 April 2019 – 31 March 2020	Older People Steering Group	High
✓ <b><i>Support people to stay living well and safely at home</i></b>	4. Embed technology enabled care and home health monitoring	P Henderson	<ul style="list-style-type: none"> <li>• P&amp;K HSCP</li> </ul>	➤ The numbers of older people supported at home using TEC	1 April 2020-2022	Older People Improvement Group	Medium
✓ <b><i>Provide equity of access and make best use of resources</i></b>	8. Review inpatient rehabilitation and care home beds, including equality of access	H Dougall P Henderson	9. P&K HSCP 10. NHS Tayside 11. GP Practices 12. Independent Sector	➤ Length of stay in care homes is reduced	1 April 2019 – 31 March 2022	Older People Steering Group	High
✓ <b><i>Older people are supported to live in their own homes and</i></b>	13. Review Psychiatry of Old Age Services	C Charlton	P&K HSCP NHS Tayside	➤ To be developed	To be agreed	OPUSC Steering Group	Medium

<b>communities for longer</b>							
✓ <b>Being developed</b>	14. Develop the Advanced Nurse Practitioner role and Community Care and Treatment Services	C Jolly	P&K HSCP GP Practices NHS Tayside	➤ Being developed	1 April 2019 - 2021	Primary Care Improvement Board	High
✓ <b>Provide care closer to home by the right person, in the right place at the right time</b>	15. Collaborate with Acute and Partnership Clinicians to move support for patients from acute hospital wards to community	H Dougall E Devine	P&K HSCP NHS Tayside	➤ To be developed	To be agreed	Integrated Clinical Forum	High
✓ <b>Older people are supported to live in their own homes and communities for longer</b>	16. Review care at home provision	P Henderson	P&K HSCP Independent Sector	➤ Reduce average hours of support per person	April 2019 – 1 April 2022	OPUSC Commissioning Group	High
✓ <b>Enable housing and accommodation solutions to support older people longer in their communities</b>	17. Improve housing and accommodation options for older people	P Henderson	Perth and Kinross Council	➤ Numbers of older people in supported accommodation ➤ Length of stay in care homes	1 September 2020	Supported Living Improvement Board	Medium
✓ <b>Prevent older people at risk of an unplanned admission being</b>	18. Review integration of OT to ensure model fits into deliver of	P Henderson	P & K HSCP	➤ Integrated OT model delivered in localities	1 April 2020-2022		Medium



<b>admitted</b> ✓ <b>Facilitate patient's discharge from hospital to home</b> ✓ <b>Embed rehabilitative approach across all localities</b>	enhanced community support			➤ No of emergency admissions ➤ No of delayed discharges ➤ eFrailty tool pilot ➤ Number of Anticipatory Care Plans ➤ Experience / Satisfaction of service			
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## IMPROVING PATIENT FLOW & PATHWAYS

<i>Outcomes</i>	<i>Actions</i>	<i>Lead Person</i>	<i>Key Partners Involved</i>	<i>Performance Indicator</i>	<i>Timeframe</i>	<i>Governance</i>	<i>Priority</i>
✓ <b>Improved patient care and treatment</b>	1. Redesign the patient's pathway for scheduled & unscheduled care across Tayside	S Muir	NHS Tayside 3 x HSCP	➤ Bed days lost due to delayed discharge	1 April 2020	NHS Tayside USC Board	Medium
✓ <b>Timelier discharge from hospital</b>	2. Develop an integrated discharge service	C Caitlin P Henderson	P&K HSCP	➤ Bed days lost due to delays	1 September 2019 – Dec 2019	OPUSC Steering Group	High
✓ <b>Timelier discharge from hospital</b>	3. Deliver a discharge to assess service	C Caitlin P Henderson	P&K HSCP	➤ No of people discharged via D2A ➤ Delayed discharges ➤ Length of stay ➤ Readmissions	1 April 2020	OPUSC Steering Group	High
✓ <b>Seamless, co-ordinate discharge care and improved communication</b>	4. Develop a single approach to discharge across Tayside	C Caitlin P Henderson	P&K HSCP Angus HSCP Dundee HSCP NHS Tayside	➤ Bed days lost due to delays	1 September 2019	OPUSC Steering Group	Medium
✓ <b>Timelier discharge from hospital and improved rehabilitation of patients</b>	5. Explore creation of intermediate care beds	P Henderson	P&K HSCP Independent Sector	➤ No of people admitted to intermediate care bed ➤ Delayed Discharge ➤ Readmission ➤ Satisfaction / Experience	1 October 2019 – 31 March 2020	OPUSC Steering Group	Medium



## PERTH & KINROSS INTEGRATION JOINT BOARD

22 March 2019

### CORE HEALTH & SOCIAL CARE BUDGET 2019/20, 2020/21 & 2021/22

Report by Chief Financial Officer (Report No. G/19/54)

#### PURPOSE OF REPORT

This report recommends setting the recurring budget for Core Health & Social Care Services for 2019/20 and the provisional budgets for 2020/21 and 2021/22. The report also sets out the next steps required to ensure delivery of financial balance in 2019/20.

#### 1. RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):-

- 1.1 Note that following a formal budget offer from Perth & Kinross Council (PKC) and an indicative offer from NHS Tayside (NHST), a £2.842m gap for Core Health & Social Care Services is reported in the 2019/20 Financial Plan.
- 1.2 Request that the Chief Officer bring forward further proposals to the IJB that will support delivery of break-even in 2019/20.
- 1.3 Approve the 2019/20 Financial Plan and the associated 2019/20 Transformation and Efficiency Proposals.
- 1.4 Note the update on progress in developing the 2019/20 Financial Plans for Prescribing and Hosted Services.
- 1.5 Approve the indicative 2020/21 and 2021/22 Financial Plan and the associated Transformation and Efficiency Proposals.
- 1.6 Ask the Chief Officer to issue the necessary Directions to NHS Tayside and Perth & Kinross Council to implement the service changes contained within the 3 Year Financial Plan.

## 2. BACKGROUND

- 2.1 On 15 February 2019, the Integration Joint Board (IJB) considered the 2019/20 Budget Requisition to be made to PKC and NHST to deliver a balanced budget that supports delivery of strategic plan priorities. This is summarised at Table 1 below

**Table 1: 2019/20 Budget Requisition Core Health & Social Care Services**

	<b>Hospital &amp; Community Health</b>	<b>Adult Social Care</b>	<b>Total</b>
	£m	£m	£m
Recurring Budget 2018/19	46.706	47.087	93.793
Financial Plan			
Pressures Appendix 1	2.041	9.260	11.301
Savings Appendix 2	(0.823)	(1.807)	(2.630)
Net Gap	<b>1.218</b>	<b>7.453</b>	<b>8.671</b>
Ring fence for wider health budgets	0.457		0.457
<b>Requisition 2019/20 Core Services</b>	<b>48.381</b>	<b>54.540</b>	<b>102.921</b>

- 2.2 A summary of pressures and essential service investments was set out with further estimates for 2020/21 and 2021/22. Appendix 1 provides further detail of the pressures/investments identified.
- 2.3 The report provided an outline of transformation and efficiency savings plans identified for 2019/20, 2020/21 and 2021/22. Appendix 2 provides further detail of this programme of transformation, building on successful delivery of a very significant savings programme across core services over the last 3 years.
- 2.4 The report described the robust review and scrutiny provided by the IJB Budget Review Group (BRG), which, after a number of adjustments was able to agree that all pressures and savings set out in Appendix 1 and Appendix 2 be recommended for IJB approval.
- 2.5 The overall gap between pressures and savings of £8.671m for 2019/20 was noted as the increase in budget required from both Partner Organisations to deliver and sustain services in line with strategic objectives. On this basis, the IJB approved issue of a budget requisition for 2019/20 to Perth & Kinross Council and NHS Tayside for this sum.
- 2.6 As a distinct legal entity, the IJB has a duty to consider the resources required to deliver on its Strategic Plan. The scheme of Integration sets out a process by which the IJB makes a budget requisition to the Partner organisations for a sum it believes to be required to fulfil its strategic planning obligations. The Partner organisations will consider the requisition as part of their budget setting process and allocate a budget to the IJB that reflects the resources available to both Partners and their wider obligations.

- 2.7 This report provides an update on the budget being made available by both Partner Organisations through their respective budget setting processes and the overall implications for Perth & Kinross IJB's 2019/20 Budget, its wider 3 Year Financial Plan and the next steps required to support future financial sustainability of Perth & Kinross IJB.

### 3. 2019/20 BUDGET SETTLEMENT FROM PERTH & KINROSS COUNCIL

- 3.1 For 2019/20, Perth & Kinross Council received a 2.1% cash reduction on its core budget. In parallel, significant ear-marked funding was received for Early Learning and Childcare and for provision of Social Care.
- 3.2 Overall, the Scottish Government has provided an additional £160m of earmarked funding for Social Care in 2019/20. Funding of £40m is provided to extend Free Personal and Nursing Care to under 65's and for continued implementation of the Carers Act (2016). Cost pressures associated with both developments are included in the Core Health & Social Care Financial Plan. A further £120m is to be transferred from the Health portfolio to Local Authorities for investment in integration (including £12m for school counselling services).
- 3.3 Table 2 summarises the proposed recurring budget offer from Perth & Kinross Council for 2019/20. Overall Perth & Kinross Council's share of Scottish Government funding for Adult Social Care is £4.293m and this is being passed on in full to Perth & Kinross IJB. The £0.800m for Free Personal Care is not yet formally included in the provisional settlement to Perth & Kinross Council and is therefore not part of the formal budget offer at this stage. However separate confirmation has been received from the PKC Head of Finance that this is to be passed on in full.

**Table 2: Perth & Kinross Council Budget Offer 2019/20**

	IJB Recurring Budget Requisition from PKC	PKC Recurring Budget Offer	Difference
	£m	£m	£m
Recurring Budget 2018/19	47.087	47.087	0
SG Funding (£120m)	3.215	3.243	(0.028)
SG Funding (Carers)	0.250	0.250	0
Additional PKC Budget	3.188	0.989	2.199
<b>Sub Total</b>	<b>53.740</b>	<b>51.569</b>	<b>2.171</b>
SG FPC Under 65	0.800	0.800	0
<b>Total Budget Requisition</b>	<b>54.540</b>	<b>52.369</b>	<b>2.171</b>
Annual Capital to Revenue Transfer	0.196	0	0.196
<b>Total Budget Required</b>	<b>54.736</b>	<b>52.369</b>	<b>2.367</b>

- 3.4 In recognising the pressure on Local Authority Expenditure, Local Authorities across Scotland were expected to pass through the earmarked Scottish Government Funding for Social Care but were then permitted to reduce budget contributions to IJB's by up to 2.2% in 2019/20. Had this entitlement been applied by PKC, this would have amounted to a £1m recurring budget reduction. However over and above the £4.293m pass through of Scottish Government Funding, £0.989m of additional recurring budget is included in the Perth & Kinross Council Budget Offer

for 2019/20. Overall, taking the additional Scottish Government Funding and this additional budget from PKC, this has provided the IJB with a total increase to its recurring budget of 11%. This therefore represents a very favourable settlement.

- 3.5 The 2019/20 Budget Requisition to Perth & Kinross Council excluded £0.196m to be passed through by PKC from Capital Funding to meet specific pressures. This funding is no longer available increasing the Financial Plan gap to £2.367m.
- 3.6 PKC has earmarked £0.250m of non-recurring funding to develop robust intelligence to inform service transformation and better outcomes for our citizens. This funding is subject to receipt of matched funding from NHST.

#### 4. 2019/20 BUDGET SETTLEMENT FROM NHS TAYSIDE

- 4.1 For 2019/20, NHS Tayside received a 2.6% uplift on its base budget. In addition it received £2.2m further NHS Scotland Resource Allocation Committee (NRAC) funding as part of the Scottish Government's commitment to move all NHS Boards towards NRAC parity. An indicative offer has been received at this point with a formal offer expected by 31<sup>st</sup> March 2019. . Table 3 below summarises anticipated recurring implications for PKIJB.

**Table 3: NHS Tayside Anticipated Funding Position 2019/20**

	<b>IJB Recurring Budget Requisition from NHST</b>	<b>NHST Indicative Recurring Budget Offer</b>	<b>Difference</b>
	£m	£m	£m
Recurring Budget 2018/19	46.706	46.706	0.000
Share of National Uplift	1.200	1.200	0.000
Complex Care Funding	0.475	TBC	TBC
2019/20 NRAC Funding	TBC	TBC	TBC
<b>Total Budget Requisition</b>	<b>48.381</b>	<b>TBC</b>	<b>TBC</b>

- 4.2 NHST will pass through a full share of the 2.6% NHST baseline funding uplift from the Scottish Government. This equates to £1.2m and is in line with our planning assumptions.
- 4.3 NHST are also looking to address funding pressures across the whole system through the additional 19/20 NRAC funding and confirmation is expected shortly of the agreed priorities across the Operating Division and the 3 IJB's.
- 4.4 Discussions are ongoing around £0.475m funding for complex care packages. Pressures of £0.475m are included in the Financial Plan and budget to match this pressure formed part of the budget requisition to NHST. This funding is part of a wider complex care budget review being undertaken by NHST across the 3 IJB's.

## 5. IMPLICATIONS FOR 2019/20 BUDGET

- 5.1 The 2019/20 Financial Plan for Core Health & Social Care Services has been adjusted to reflect the implications of the 2019/20 budget offer from both parent bodies and the £2.842m gap is summarised in Table 4 below.

**Table 4: Overall Gap in 2019/20 Financial Plan for Core Services**

	PKC	NHST	Total
	£m	£m	£m
Budget Required	54.736	48.381	103.117
Budget Proposed by Parent Body	52.369	47.906	100.275
Difference	2.367	0.475	2.842

- 5.2 The wider review of complex care funding being taken forward by NHST will provide a route for resolution of the £475k complex care budget issue for which funding cannot be assumed at this stage. Aside from this issue NHST are fully funding core services in 2019/20.
- 5.3 Whilst the settlement from Perth & Kinross Council was very favourable it is not sufficient to enable a balanced Financial Plan to be set at this stage. The PKC 2019/20 Budget Paper set out that 'The Chief Executive and the Executive Officer Team have undertaken to work with the incoming Health & Social Care Chief Officer in supporting the development of a range of transformational approaches to service provision aimed at building on best practice in health and social care provision'. Given that the new Chief Officer does not take up post until April 2019, it is not possible at this stage, to assure the IJB that the IJB's 2019/20 strategic objectives can be delivered within the available resources.
- 5.4 It is therefore proposed that the Chief Officer bring forward further proposals to the IJB that will support delivery of break-even in 2019/20.

## 6. PROVISIONAL BUDGETS FOR 2020/21 & 2021/22

- 6.1 The Partnership is committed to developing a medium term financial plan for all delegated services. For Core Services, this is set out in detail at Appendix 3. Similar rigour and scrutiny has been applied across the 3 year planning period and the investment/ pressures and disinvestment/savings have been robustly scrutinised through the IJB BRG process.

**Table 5: High Level Summary of the 3 Year Financial Plan.**

	2019/20	2020/21	2021/22	Total
	£m	£m	£m	£m
Pressures	11.497	5.426	4.903	21.826
Savings	2.630	2.414	2.096	7.140
Gap	8.867	3.012	2.807	14.686
Ringfence for GP Prescribing/Other	0.457	0.464	1.078	1.999
Budget Requisition	9.324	3.476	3.885	16.685
Proposed Partner Budget Increase	6.482	2.422	1.856	10.760
Recurring Shortfall	2.842	1.054	2.029	5.925

- 6.2 For PKC, the Health & Social Care budget assumed to be available for 2020/21 and 2021/22 is based on PKC's Revenue Budget 2019/20; 2021/22 & 2021/22 . PKC's revenue budget sets out an indicative £0.195m recurring budget cut in 2020/21 and a £0.792m budget cut in 2021/22. Over and above this, it is assumed that £1.873m of additional Scottish Government Income for Social Care each year is passed on in full to PKIJB. The £1.873m Scottish Government additional income assumption is based on further Social Care Allocation funding (£1.700m), further Free Personal Care Funding for over and under 65s (£0.173m).
- 6.3 For NHST, the Health & Social Care budget available for 2020/21 and 2021/22 for Health & Social Care is based on the assumption that PKIJB will continue to receive a fair share of SG national uplift. For 2020/21 this is expected to be 1.5% resulting in a £0.744m budget increase and in 2021/22 this is expected to be 1.5% resulting in a £0.766m budget increase.
- 6.4 The 3 Year Financial Plan has been prepared on the basis of information currently available in terms of budget to be made available and projections for service pressures that might realistically be expected.
- 6.5 Analysis reflects the judgement of PKHSCP Officers. It has been reviewed by the HSCP Executive Management Team and the IJB BRG. Assumptions will require to be revised in due course, as part of ongoing monitoring and as activity information becomes available.
- 6.6 Appendix 1 and Appendix 2 provide full details of the pressures/investment proposed and the savings/disinvestment plans.
- 6.7 The IJB are asked to approve the provisional budget for 2020/21 and 2021/22. Approval at this stage will facilitate implementation of complex transformation proposals can begin now to maximise savings delivery over the 3 Year planning period.

## **7. LARGE HOSPITAL SET ASIDE BUDGET**

- 7.1 The Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care Final Report ( February 2019) recommended that each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the Integration legislation. It proposed that arrangement be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. However this was very much indicative and nationally it has been recognised that the scope of opportunity will require to be determined locally.
- 7.2 Over the last 12 months the Older People and Unscheduled Care Board within Perth & Kinross HSCP has worked in partnership with the Perth Clinical Forum to take forward the development of Strategic Delivery Plan for Older People and Unscheduled Care. A fundamental aim of this collaborative is to move support from acute hospital wards to support in the community as part of a wider redesign of patient flow and pathways of care. The 3 Year Financial Plan sets out the expectation that the significant investment in Enhanced Community Support in 2019/20, will reduce admissions and length of stay, ultimately enabling a stepped disinvestment from the large hospital set aside budget in Year 3.



## **8. UPDATE ON FINANCIAL PLAN FOR OTHER HEALTH BUDGETS**

- 8.1 As part of the Financial Planning process, 3 Year Financial Plans are being developed for GP Prescribing, Inpatient Mental Health and Other Hosted Services in Perth & Kinross. Plans for these services are still at in development. The IJB Budget Review Group will meet over April and May to scrutinise pressures, transformation plans and efficiency proposals.

## **9. CONCLUSION**

- 9.1 PKHSCP is committed to medium term financial planning and as such, has prepared a Budget for 2019/20 and indicative Budgets for 2020/21 and 2021/22.
- 9.2 For 2019/20, the Financial Plan supported development of a detailed budget requisition that was issued to both Perth & Kinross Council and NHS Tayside at a level of additional funding required to deliver and sustain services in line with strategic objectives.
- 9.3 When combined, the most recent budget offers received from the Partner Organisations are insufficient to meet the gap in the financial plan. As a result, a shortfall of £2.842m is reported. Of this, £0.475m can be expected to be resolved through the formal budget offer from NHST.
- 9.4 This leaves a gap of £2.367m between projected spend and budget available in 2019/20. Whilst every effort will be made by PKHSCP to identify further efficiency savings, it is not possible to deliver proposed services within the resources being made available.
- 9.5 The Chief Officer bring forward further proposals to the IJB that will support delivery of break-even in 2019/20.
- 9.6 Consideration will require be given to the pace and scale of strategic change and therefore the timescales for delivery of strategic plan objectives.
- 9.7 The overall 2019/20 Financial Plan for PKIJB including GP Prescribing and Hosted Services will be brought forward to IJB Meeting in June 2019. It is hoped that risk sharing arrangements will have been agreed by NHST and PKC by this stage.

### **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

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	None
<b>Resource Implications</b>	
Financial	Yes
Workforce	Yes
<b>Assessments</b>	
Equality Impact Assessment	Yes
Risk	None
Other assessments (enter here from para 3.3)	None
<b>Consultation</b>	
External	None
Internal	Yes
<b>Legal &amp; Governance</b>	
Directions	Yes
<b>Communication</b>	
Communications Plan	None

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

1.1.1 The IJBs Strategic Commissioning Plan has five outcome focussed strategic objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:

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

1.1.2 This report relates to all of these objectives.

### 2. Resource Implications

#### 2.1 Financial

2.1.1 There are no direct financial implications arising from this report other than those reported within the body of the main report.

#### 2.2 Workforce

2.2.1 There are no direct workforce implications arising from this report other than those reported within the body of the main report.

### **3. Assessments**

#### **3.1 Equality Impact Assessment**

- 3.1.1 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.
- 3.1.2 The Revenue Budget Executive Summaries have been subject to an equalities assessment where appropriate.

### **4. Consultation**

#### **4.1 Internal**

- 4.1.1 The Chief Officer and Executive Management Team along with Senior Medical and Clinical Leaders have been consulted in the preparation of the Provisional Revenue Budget for 2019/20, 2020/21 and 2021/22.

### **5. Legal and Governance**

#### **5.1 Directions**

- 5.1.1 There will be a legal requirement on the IJB to issue Directions to both NHST and PKC in relation to the contents of this paper.

### **6. BACKGROUND PAPERS/REFERENCES**

- 6.1 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 the above report.

### **7. APPENDICES**

- 1. 3 Year Executive Summary: Pressures
- 2. 3 Year Executive Summary: Savings
- 3. Updated 3 Year Financial Plan



**APPENDIX 1****3 YEAR EXECUTIVE SUMMARY: PRESSURES**

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
<b>1</b>	<b>Impact of 2018/19 Recurring Budget Settlement</b>			
	For 2018/19, the recurring budget from Perth & Kinross Council to the IJB reduced from £48.9m to £47.0m, This was offset by inclusion of an equivalent non-recurring budget bringing the overall 2018/19 budget settlement to £49.2m. The net recurring impact of the 2018/19 recurring budget deduction applied by Perth & Kinross Council is a £1.5m pressure within the 2019/20 Financial Plan.	1,532 (PKC)	0	0
	In addition a recurring gap of £46k within the 2018/19 Financial Plan for Hospital and Community Services was covered by non-recurring resources and the net recurring impact of a £46k pressure within the 2019/20 Financial Plan.	46 (NHST)	0	0
<b>2</b>	<b>2018/19 Savings not achievable - PKC Corporate Procurement Savings Initiatives</b>			
	As part of the 2018/19 IJB Approved Transformation and Efficiency Plan, savings were anticipated from a number of efficiency initiatives being driven by Perth & Kinross Council across its services. Despite significant efforts a number of these will not deliver the target level of savings initially anticipated.	266	0	0
<b>3</b>	<b>2018/18 Savings not achievable - COSLA Income Threshold</b>			
	During the 2018/19 Budget Setting process and as part of ongoing discussion with PKHSCP, PKC confirmed an intention to implement revised income disregard thresholds for non-residential social care services charges as recommended by COSLA. This was anticipated to benefit the IJB which holds the income budget for these services. An increase in charging income was built into the approved IJB Financial Plan for 2018/19. During 2018/19, PKC deferred implementation of changes to charging thresholds. PKC agreed to underwrite the loss of income to the IJB in 2018/19 to offset the in-year impact. However, the full year impact will require to be managed within the 2019/20 budget setting process.	400	0	0

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
<b>4</b>	<b>Increase in Staff Pay Costs – Social Care</b>  Additional pay increase cost based on 3% pay increase to PKC employed staff for all three years to 2021/22, as per the PKC updated assumptions.	611	540	556
<b>5</b>	<b>Increase in Staff Pay Costs – Hospital Community Health</b>  Additional pay increase costs based on a 3% pay increase to NHS employed staff for all three years to 2021/22.	680	743	766
<b>6</b>	<b>Care Home Contract Rates</b>  The National Care Home Contract is negotiated via a tripartite arrangement between COSLA, the Scottish Government, and Care Providers and the negotiations are facilitated and led by Scotland Excel. At present there is no indication of the likely outcome of these negotiations. Last year final agreement was reached in February 2018. For 2018/19 the actual uplift was agreed at 3.39%. The estimated uplift for all three years has been assumed at 3.4% per year.	952	950	1,001
<b>7</b>	<b>Living Wage Increase</b>  The Scottish Government considers the implementation of the living wage for employees over the age of 25 to be a significant indicator of an employer's commitment to fair working practices. For 2019/20 the rate has recently been announced as £9.00 per hour payable from 1 April 2019. This represents an increase of 2.86% compared to 2018/19. As part of the national commitment to fair working practices, all contracts for direct social care services require to be uplifted each year to take account of the agreed national increase to the living wage. This includes contracts with Care at Home providers (including sleepovers) and other direct social care service providers.  During 2018/19, this was extended to include a number of specialist providers which increases the recurring expenditure pressure moving forward by £48k.  This pressure includes the increase in the living wage rate to £9.00 per hour, the increase in employers' pension costs to 3%, and all associated oncosts as per the nationally negotiated cost of care calculator methodology.	795	653	678

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
<b>8</b>	<b>Free Personal Care Over 65</b>  This is an assumed 3% inflationary increase for free personal care provided to self-funding clients in order to deliver the shared Scottish Government/COSLA commitments on free personal care. Payments are uprated annually and the 2018/19 fees are £174 for residential care, £253 for nursing care (over 65), and £79 for nursing care (under 65). This pressure has routinely been funded by specific Scottish Government funding in the annual financial settlement. Income has therefore been assumed to offset this pressure within the 3 year plan.	141	149	157
<b>9</b>	<b>Free Personal Care Under 65</b>  One of the Scottish Government's new policies to be implemented from 1 April 2019 is to provide free personal care to all people under 65 who are assessed as requiring it (this is often referred to as Frank's law). Guidance is awaited from the Scottish Government about how this new legislation will be implemented and what the cost of this new policy will be. This submission assumes that all of the associated financial pressure falling on Partnerships will be fully funded from additional, new income from the Scottish Government.	800	24	25
<b>10</b>	<b>Carers Act – Additional Responsibilities</b>  One of the Scottish Government's recent new policies was the implementation of the Carers Act. This pressure reflects the anticipated additional costs of the continued roll out of this new legislation and the next steps in its implementation. This submission assumes that all of the associated financial pressure falling on Partnerships will be fully funded from additional, new income from the Scottish Government.	250	0	0
<b>11</b>	<b>Older People Care Home Placements – Demand Pressure</b>  As part of the three-year budget setting work undertaken last year, detailed demand projections were carried out for 2019/20 and 2020/21. This forecast an increase in both years in the demand for nursing care (31 nursing placements), some of which would be offset to by a reduction in the demand for residential care (26 residential placements). This small net increase in demand and shift from residential care to nursing care will drive an increase in expenditure of £226k each year. This increase in demand for nursing home placements reflects the impact of an increasingly older and more complex population with multiple pathologies and the social, functional, cognitive, and physical features of frailty and extreme old age.	226	226	226

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
<b>12</b>	<b>Care at Home – Cost/Demand Pressure</b>  The service is experiencing considerable demands for additional care at home service packages, which has resulted in a significant forecast overspend in 2018/19. Since October 2017 the actual expenditure for care at home services has increased by 8%. The full year cost of this demand increase is £728k.  An increased pressure to 2021/22 has been calculated based on the impact of demographic shift in line with the “National Records of Scotland 2016 based principle population projections”.	728	0	0
		222	203	213
<b>13</b>	<b>OT Adaptation and Equipment – Demand Pressure</b>  The 2018/19 Year End Forecast sets an anticipated overspend on OT adaptations and equipment along with community nursing equipment. This is driven by increased uptake for adaptations within Social Care and for planned replacement of essential equipment (patient handling) with Hospital and Community Health. Whilst not predicted as part of the budget setting process for 2018/19, this increased demand is in line with our intentions to keep people at home for longer when clinically safe to do so (84% of older people in the community are sustained at home by use of aids and adaptations, hoists and pressure relieving equipment).	120 (PKC)	50 (PKC)	50 (PKC)
		87 (NHST)	40 (NHST)	40 (NHST)
<b>14</b>	<b>Care at Home Rural Rates</b>  A very rural rate was approved in 2018/19 to support a rural area with extreme recruitment issues. This pressure relates to the full year impact of that agreement. The market and workforce position will be reviewed on an ongoing basis to ensure best value.	89	0	0
<b>15</b>	<b>Community Alarm Control</b>  The telecare service in P&K including pendant alarms, smoke alarms, falls monitors, and flood detectors provides a vital lifeline for service users enabling them to live safely at home or in a homely setting, and provides reassurance and peace of mind for families and carers. This is also essential to the prevention of admission to hospital or care home environment. As at January 2018, 3,687 people in P&K were supported by the Telecare Service. Demand for services is growing as the population ages and technology advances. In 2017 there was significant effort put in by PKHSCP to increase levels of telecare awareness in the community and this, as well as an increasingly ageing local population, has contributed to this demand increase. Investment in	84	0	0



	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
	<p>the service has not kept pace with this positive growth. Work has recently been undertaken to have the service accredited by the Telecare Services Association (TSA) and this work has highlighted issues with current staffing levels within the call handling part of the service, including periods of lone working. In addition, the response times required for quality accreditation cannot currently be met. A number of out-of-hours services are due to be reviewed by PKC and the Partnership will collaborate in that process.</p> <p>In parallel, Perth &amp; Kinross Council has been selected as one of three organisations across Scotland to participate in an analogue to digital telecare pilot which came with a small amount of funding to support test of change. All telecare providers will require to transfer to digital by 2025. There are likely to be increased opportunities to call handle for other telecare service providers moving forward, however meeting TSA standards is likely to be a pre-requisite. This pressure reflects the additional staffing invested to address both lone working and response time issues and allow PKHSCP to progress the opportunity for income generation through tendering for provision of call handling services to other partnerships across Scotland.</p>			
<b>16</b>	<p><b>Learning Disabilities Transitions Clients transferring from Education &amp; Children Services</b></p> <p>Every year a predictable number of young people with a Learning Disability and/or Autism who have complex support requirements will transition from Education &amp; Children's Services to Adult Social Work and Social Care. Despite early intervention the cost of many individuals' care packages is significant when they move to adult services. Life expectancy of people with a Learning Disability and/or Autism is also increasing as we continue to shift the balance of care from institutions to community-based support.</p> <p>The pressure is based on the information collated from the Transitions Team and has been offset by an estimated reduction for placements coming to an end in the Learning Disability service of £81,000 per annum. This pressure relates to both the part, and full year, costs of care packages for clients known to be moving into adult services over the coming three years.</p>	375	401	441
<b>17</b>	<p><b>Learning Disability &amp; Mental Health - Increased Demand Social Care</b></p> <p>Over the past two years a significant, financial pressure has arisen for Learning Disability and Mental Health care packages. This has been caused by a number of factors</p> <ul style="list-style-type: none"> <li>• Increased costs of care packages for existing clients</li> <li>• New clients requiring large packages of care.</li> <li>• Previously approved recurring budget savings of £560,000</li> <li>• Reduction in funding for some care packages due to changes in the Independent Living Fund (ILF).</li> </ul>	1,679	750	750

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
	<ul style="list-style-type: none"> <li>Non-implementation of new guidance for complex care across Tayside.</li> </ul> <p>Currently there is no accurate methodology that predicts or anticipates social care needs therefore costs can unexpectedly increase significantly depending on individual clients' support requirements.</p> <p>It is difficult to determine whether the 2018/19 activity increase is an indicator of a longer term trend or a statistical anomaly. There are a number of unusual individual situations that have contributed to the 2019/20 pressure. However, it is likely the above may represent an increasing trend but possibly not as great as the 2018/19 and 2019/20 figures suggest.</p> <p>A working group has been established to develop a financially sustainable model for supporting people with complex care requirements so additional new pressures are anticipated to reduce in future years.</p>			
<b>18</b>	<b>Learning Disability &amp; Mental Health - Increased Demand NHS</b> <p>The budget for complex care packages for which there has been an assessed health need requiring an NHS contribution to care has not been devolved to Perth &amp; Kinross IJB. There are currently 11 care packages approved before 1st April 2016 for which NHS Tayside is currently meeting the invoiced monthly costs (£602k). Since 1st April 2016, a further 11 care packages have been assessed as requiring an NHS contribution at a cost of £475k.</p>	475	0	0
<b>19</b>	<b>Learning Disabilities External Social Care Day Opportunities</b> <p>In the current financial year, externally purchased day opportunity services are projected to overspend due to an increase in demand and increasing frailty of individuals accessing these services. This pressure reflects the currently projected level of overspend. The pressure equates to 10% of the budget.</p>	70	0	0
<b>20</b>	<b>Health and Safety Regulations – Community Hospital Beds</b> <p>NHS Tayside is responsible to ensure Evacuation Procedures work independently of the emergency services. Following practical walkthrough evacuation exercises and subsequent staff discussion about the numbers, vulnerabilities and associated evacuation issues for frail older people in hospital, the NHS Tayside Fire Safety Adviser and Fire Risk Assessor has made a recent recommendation to ensure that fire safety is not compromised in community hospitals by ensuring the availability of sufficient night duty staff to support safe evacuation.</p>	82	0	0

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
<b>21</b>	<b>Psychiatry of Old Age</b>  A proposal to fund an additional consultant post within POA was agreed following evidence of changing workload. This was agreed in 2017/18 as part of a review of current services to further support a move to community-based services over the next two years building on the success of previous changes in service.	40	0	0
<b>22</b>	<b>Enhanced Community Support</b>  This essential development is linked to savings proposals that will further shift the balance of care, delivering more care in the home. Investment is required to deliver responsive and sustainable community care as part of a three-year financial plan to support the strategic intentions of the Partnership. It is linked to the proposals for review of community hospitals beds and redesign of acute hospital services (Large Hospital Set Aside.) The 2018 GP General Medical Services contract places GPs as senior clinical leaders with increasing responsibility to deliver complex care and Enhanced Community Support (ECS) in the community as part of wider primary care multi-disciplinary teams.  ECS delivers two strategic aims: <ul style="list-style-type: none"> <li>Supporting people in their own homes for as long as possible, maintaining their independence and reducing avoidable admission to hospital or residential care.</li> <li>Reducing the time spent in hospital and supporting timely discharge to minimise the risks to independent living</li> </ul> ECS will: <ul style="list-style-type: none"> <li>Deliver more responsive anticipatory care</li> <li>Identify people at risk of rapid deterioration to avoid unnecessary admission to hospital or residential care.</li> <li>Co-ordinate care delivery at GP practice level across statutory, independent and Third Sector organisations</li> </ul>	91 (PKC)	91 (PKC)	0

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
	<ul style="list-style-type: none"> <li>Improve outcomes and experience of care for people through better team working</li> <li>Further shift the balance of care from hospital to community delivering care in the right place at the right time</li> </ul> <p>ECS is aligned to clusters of General Practices and delivered by Integrated Care Teams. Teams include Social Workers, Reviewing Officers, District Nurses, Mental Health Teams, Allied Health Professions, GPs, Rehabilitation and Reablement workers and Social Prescribers. ECS will target Potentially Preventable Admissions (PPA) from each GP practice. (993 PPAs in 2017/18 for people over 65) It will also prevent avoidable admissions and support earlier discharge by linking with the hospital admission and discharge teams. Currently, 2% of the P&amp;K population account for 50% of health and care expenditure. Locality based integrated care teams will work closely with this population to reduce their risk of recurrent admission and through designing more effective and efficient methods of delivering care.</p> <p>Enhanced workforce required:  Social Work: 5 x social work assistants TAS 6  Health: 6 x Health care assistants Band 3, 7 x Rehab assistants Band 4, 4 x Physio Band 5, 4 x OT Band 5, 2 x RGN Band 5.</p>	350 (NHST)	350 (NHST)	0
<b>23</b>	<b>Rehabilitation/Intermediate Care Beds</b> Investment in Rehabilitation/Intermediate Care beds will deliver the following strategic aim <ul style="list-style-type: none"> <li>Timely Discharge from hospital</li> </ul> <p>The proposal is part of a strategic review of Community Hospital and Rehabilitation beds across P&amp;K.</p> <p>P&amp;K Older People and Unscheduled Care (OPUSC) Board initiated a mapping and benchmarking review of the number and location of rehabilitation beds in P&amp;K. This review is to ensure equitable access to the right care at the right time in the right place dependant on the needs of the individual. The review clearly shows a geographical imbalance across the localities in relation to bed availability per 1,000 65+ age group population. The Health and Social Care Partnership will explore a range of options to provide additional capacity. Traditional models of care are increasingly difficult to sustain. However the options being explored will include an increase in rehabilitation beds and/or, intermediate care beds/services.</p>	165	165	0

	<b><u>Expenditure Pressure &amp; Impact Analysis</u></b>	<b>Expenditure Pressures</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
<b>24</b>	<b>Respiratory Community Model</b>  Respiratory infection and exacerbations of chronic obstructive pulmonary disease (COPD) are the most common reasons for admission to Perth Royal Infirmary (PRI). Respiratory disease attracts high costs through avoidable hospital admissions. Supporting people in the home environment is evidenced as safe and effective and should be used as an effective alternative to hospital admission.  Investment in community respiratory teams will allow people with respiratory conditions to be better supported at home with improved quality of life. Community-based respiratory teams have demonstrated evidence of greater efficiency in prescribing with reduced spend on medicines, fewer hospital admissions and crisis-led attendance at A&E.	91	91	0
<b>25</b>	<b>Digital Health and Technology Enabled Care Investment (TEC)</b>  There is a significant potential for investment in Digital Health and Technology Enabled Care (TEC) across Perth and Kinross. TEC will maintain people's independence for longer and reduce attendance at clinics. It will increase patient safety and improve quality of life for people and their carers. Digital Health and TEC can provide early indication of changes in health. It can improve efficiency and access to services, particularly in more remote areas of P&K. The P&K Community Alarm server was recently upgraded to a state of the art digital server, enabling the latest telecare devices to be made available to people in Perth and Kinross. There is potential to host similar services for other H&SC partnerships which brings the opportunity for income generation through call handling. Though there has been good progress in implementing TEC, there is considerable future potential for home health monitoring, teleconferencing and modernisation of complex care delivery. This potential is such that it requires specific focus to embed TEC across the major care pathways.  This proposal will fund a Development Officer to realise the full potential of TEC. The post will provide expert leadership to maximise opportunities to improve care quality and generate income. The post holder will work closely with clinicians, clients and carers to implement existing technology and retain focus on the potential of future technologies that will deliver real benefits throughout Perth and Kinross.	25 (PKC)	0	0
		25 (NHST)		
	<b>TOTAL PRESSURES</b>	<b>11,497</b>	<b>5,426</b>	<b>4,903</b>



**APPENDIX 2****3 YEAR EXECUTIVE SUMMARY: SAVINGS**

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
<b>1</b>	<p><b>Redesign of Rehabilitation Beds</b></p> <p>The population of Perth &amp; Kinross requires hospital and rehabilitation beds to deliver care that cannot be delivered at home. People requiring hospital care will return to the community as soon as possible, their needs being met by Integrated Care Teams until they are able to live independently or appropriate longer term care is in place.</p> <p>A review of P&amp;K performance when benchmarked against our best-performing neighbouring HSCP, demonstrates higher numbers of people experiencing delay in P&amp;K. This review demonstrated that P&amp;K have a similar number of beds but with changes in population need, not all the beds are in the right place to meet the needs of the current and projected population of frail older people. This proposal aims to redistribute beds. A modelling process will be completed to consider options of redistribution with service users, carers and staff. (Link to <b>Pressure 23</b> which explores the provision of rehabilitation and / or intermediate care beds / services.</p> <p>This savings proposal is linked to the essential service developments included at <b>Pressure No. 22</b> and <b>24</b>, which seek to invest significant additional capacity into community-based, integrated teams (ECS) which will shift the balance of care from hospital to the community.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio Economic:</b> P&amp;K faces rising demand for services from an aging population with increasingly complex needs at a time of fiscal constraint across public services. The Partnership must optimise the number of Community Hospital beds and align them with population need.</p> <p><b>Workforce:</b> There are national shortages of some specialist staff and local shortages of support staff because of strong competition for workforce across different sectors of the economy. Difficulties in recruiting to health and care vacancies in rural communities mirrors the experience of other sectors of the economy. Redesign will support recruitment and retention challenges,. Any change in location of services will have an impact on demand for community based services that will be offset by investment in enhanced community support. Changes in service will be planned in partnership with staff and staff organisations</p> <p><b>Customer:</b> Extensive engagement and consultation has demonstrated the public prefer care and support to be provided at home or as close to home as possible. The need for hospital care depends upon the complexity of need. Very acute services are likely to become increasingly specialised and people may need to travel. Community hospitals will provide care where care in the home is not possible. As described above, rehabilitation and intermediate care beds should be available as close to home as possible to retain connection with local community services. The Partnership has a duty to follow national standards for public consultation and engagement in any proposal for change. (CEL4).</p>	487	740	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<p><b>Equalities/Diversity:</b> of the partnership will adhere to appropriate policies and procedures to ensure consideration of all matters of human rights when undertaking organisational change.</p> <p><b>Outcome &amp; Performance:</b></p> <ul style="list-style-type: none"> <li>• More people will be cared for closer to home.</li> <li>• People are supported to return home from hospital as soon as their acute care is concluded. (Reduced delayed discharges. Reduction in occupied bed days.)</li> <li>• The experience of care will improve for service users and carers.</li> <li>• A greater proportion of the population will experience improved end of life care at home.</li> </ul>			
2	<p><b>Shifting the Balance Acute to Community OPUSC (Large Hospital Set Aside)</b></p> <p>The “Large Hospital set-aside” describes the budget for services delegated to the IJB that are provided in large hospitals and managed by the acute service for the population served by P&amp;K IJB. The purpose of the set aside budget is to provide the Health Board with a mechanism by which acute hospital services will be planned, redesigned and commissioned by the IJB to shift the balance of care from hospital-based care to community based care. (The large hospital set aside budget covers services such as unscheduled Medical, Respiratory and Emergency Departments). The opportunity created by the Large Hospital Set Aside budget links the P&amp;K Strategic commissioning plan to NHS Tayside’s Clinical Strategy “Transforming Tayside”. The timing of the savings in the three year budget cycle reflects the partnership’s ability to commission robust community alternatives to hospital care and the time required to effect the cultural change required to deliver sustainable safe and effective care. The challenge is common to all Health and Social Care Partnerships in Scotland. The following evidence based proposals for investment (Nuffield Trust 2017) are included in the emerging 2019-20122 Strategic Commissioning Plan.</p> <ul style="list-style-type: none"> <li>• Investment in community respiratory teams</li> <li>• Enhancement of community response (ECS)</li> <li>• Community Advanced Nurse Practitioners working across P&amp;K Care Homes (ECS)</li> <li>• Remote monitoring of people with certain long-term conditions (TEC)</li> </ul> <p>Further development and consolidation of the Home Assessment and Recovery Team (HART) once fully deployed, will reduce delays in hospital discharge for those that are medically fit for discharge.</p> <p>Combined, these initiatives are projected to reduce the demand for acute services, which would mean that fewer acute medical beds will be required in PRI by 2021/22. This change will move £500k from acute to community through the large hospital set aside budget. There is a strong possibility that the scale of change could be more ambitious. Changed patterns of working for professional staff and new models of care could allow further investment in community services that reduce the demand for hospital based care even further.</p>	0	0	500



	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<p>This saving is fundamentally linked to the essential service developments included at <b>Pressure Nos. 22</b> and <b>24</b> which seek to invest significant additional capacity into community based teams which are fundamental in shifting the balance of care.</p> <p><u>Impact Analysis and Risk Assessment</u>  <b>Socio Economic:</b> N/A  <b>Workforce:</b> Managed through redesign and organisational change processes.  <b>Service user/ patient:</b> N/A  <b>Equalities/Diversity:</b> N/A  <b>Outcome and Performance:</b> The safe and effective reduction in bed numbers in 2021/22 requires evidence of effective system change over the next 2 years. Success will be measured through reduction in unplanned admissions, reduction in length of stay and a sustained and significant reduction in delays to discharge from hospital.</p>			
3	<p><b>Review of Psychiatry of Old Age</b></p> <p>Review the Psychiatry of Old Age Service to further shift the balance of care into the most appropriate setting for long term care of older people with complex needs. Explore commissioning services with the independent / 3<sup>rd</sup> sector to provide appropriate support in a more homely environment. Commissioning would be facilitated through a more focused approach to community services. This proposal is linked to essential service developments described at <b>Pressure nos. 22</b> and <b>24</b> which seeks to invest significant additional capacity into community based teams which are fundamental in shifting the balance of care.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio-economic:</b> P&amp;K are anticipating an increase in numbers and complexity of the over 65 population. Data demonstrates an increased older person's population prevalence of dementia.  Over the last 5 years, a stepped decrease in dementia assessment beds has been achieved through significant investment in community services. The complexity of people presenting with dementia is increasing as more people are successfully managed in their own homes. It will be important to ensure the optimal balance between community based support, long term residential care and hospital assessment capacity..  <b>Workforce:</b> Impact on current staffing establishment is not yet known. Further workforce planning will be completed.  <b>Customer:</b> With safe and effective community care in place, patients will be discharged to a homely setting. Carers will receive support to care for their relatives with potential complex needs. Where community care is insufficient to meet the needs of individuals and their carers, appropriate residential/nursing care will be commissioned  <b>Equalities/Diversity:</b> People with dementia and frailty are offered equal opportunity to return to a homely setting wherever possible.</p>	0	200	0

	<b><u>Saving / Impact Analysis</u></b>	<b>Net Saving</b>		
		<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>
	<b>Outcome and Performance:</b> Assurance of prompt access to care at home and care home placements that meet the needs of people with advanced disease and/or high levels of challenging behaviour is a prerequisite to ensure the optimal balance of care..			
<b>4</b>	<b>Workforce Review for Integration</b>  The Partnership will implement a Safe Affordable Workforce review across health & social care teams. This will focus on: <ul style="list-style-type: none"> <li>• Moving the balance of unscheduled care from Acute to Community</li> <li>• Further integration of Locality Teams</li> </ul> The Partnership has continued to invest to support improvement in the Unscheduled Care Pathway. These include introduction of the Discharge Hub, Front Door Assessment at PRI, the Social Work Hospital Discharge team and HART.  As the Partnership moves to full implementation of “Discharge to Assess”, “Enhanced Community Support” and fully integrated Health & Social Care Teams, there will be the opportunity to review current investment in Unscheduled Care across Health & Social Care. Further review will compensate for short supply in some professional staff groups, enabling the Partnership in line with national and local strategic priorities, to further shift the balance of care from statutory services to social enterprise and third sector commissioning.  <u>Impact Analysis and Risk Assessment</u> <b>Socio Economic:</b> Opportunity to design new roles for working with younger adults. The integrated care team creates focus on community resilience to ensure people retain greater capacity to live independently with quality of life and engagement in activities. <b>Workforce:</b> Redesign will release 8 WTE posts and will include development of new roles and support worker opportunities <b>Service users/ patients:</b> No impact expected <b>Equalities/Diversity:</b> None <b>Outcome and Performance:</b> Registered professional workforce operating to the top of their licence. Increased commissioning for social prescribing. Improved mental and health wellbeing. Increased use of social enterprise models.	216	98	118
<b>5</b>	<b>Commissioned Services Non-Statutory Grants</b>  A review of Service Level Agreements (SLAs) that fund local third sector organisations was undertaken to establish how well they were meeting the objectives of the Health & Social Care Partnership and the Council. Funding for third sector services is predominantly spent on early intervention & prevention. Strategic Planning and Scottish Government priorities focus on early intervention and prevention particularly where a relatively small investment can have significant impact on individuals and	63	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<p>communities, however through a review of effectiveness there is an opportunity to reconsider some elements of current investment</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio-economic:</b> SLA funding is being reviewed strategically in partnership with other Councils to optimise the impact of spend and to reduce overhead costs while minimising risk.</p> <p><b>Workforce:</b> No impact on PKC staff. Potential implications for providers from changes in SLA.</p> <p><b>Service user/ patients:</b> The potential impact on service users due to any change in funding will be considered. The [potential impact will be mitigated through seeking to find efficiency in overhead costs by collaboration across Tayside.</p> <p><b>Equalities/Diversity:</b> SLAs fund services to some of the most vulnerable people in the community. Risk assessment will seek to minimise the impact on vulnerable people is minimised and that services to the most deprived communities are maintained.</p> <p><b>Outcome and Performance:</b> Service changes create a risk that demands on statutory services may increase.</p>			
6	<p><b>Review of Care Home Placements</b></p> <p>Investment in Enhanced Community Support, rehabilitation, recovery and self-help will maintain people in their own homes for longer and delay the point at which people are admitted to care homes. This will reduce the average length of stay and the overall requirement for care home placements. Based on evidence from the Angus Care Model this is projected to reduce demand by 25 placements by April 2020 and a further 25 by April 2021. (918 care placements are currently commissioned from the placements budget). Phasing of saving reflects the requirement to ensure all elements of the Reshaping Older Peoples Programme are implemented. This saving is linked to the essential service developments included at <b>Pressure Nos. 22 and 24</b> that to invest significant additional capacity into community based teams to shift the balance of care.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio Economic:</b> Care homes in rural localities carry more vacancies than those in Perth City, where there is more competition for places. Any reduction in care home places may impact on the viability of care homes in the rural areas. Care homes across Perth and Kinross run with approximately 35-40 bed vacancies across residential and nursing homes.</p> <p><b>Workforce:</b> No impact on PKC staff. Potential impact on the independent sector. A reduction of 50 beds could have an impact upon market stability.</p> <p><b>Service users/ patients:</b> People may experience a restriction in choice of care home however vacancies will continue to be monitored closely.</p> <p><b>Equalities/Diversity:</b> Potential impact on unpaid carers. Adult Carers Support Plans would compensate for reduced access to respite.</p> <p><b>Outcome and Performance:</b> Supporting people at home for longer and reducing dependency on residential care is in line with our strategic priorities for older people. A reduction in dependency on residential care will improve outcomes and organisational performance.</p>	0	450	450

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
7	<p><b>Review of Care at Home</b></p> <p>Investment in rehabilitation and reablement through enhanced community support will moderate the rising demand for care at home. A review of care at home will be completed and additional scrutiny introduced to ensure a range of efficiency measures result in better management of resources. This saving is linked to the essential service developments included at <b>Pressure nos. 22</b> and <b>24</b> that seeks to invest additional capacity into community-based teams to shift the balance of care.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio Economic:</b> It is possible that some care providers may not accept the additional scrutiny and withdraw from Perth and Kinross. This may cause some market instability impacting local employment opportunities in the care sector.</p> <p><b>Workforce:</b> This will potentially cause some temporary additional workload and disruption from changes to organisations and structure.</p> <p><b>Service users/ patients:</b> There may potentially be a temporary impact on clients as they adjust to new levels of care to meet their -assessed needs. The contracts and commissioning team will work with care at home providers to monitor the supply of care at home to mitigate disruption to clients. After assessment, clients with low to moderate needs may no longer receive Care at Home but will be signposted to community support.</p> <p><b>Equalities/Diversity:</b> The impact on older, vulnerable adults and on unpaid carers will assessed carefully. Adult Carers Support Plans will support the Partnership to design options for respite, taking service users and carers needs into account.</p> <p><b>Outcome and Performance:</b> Changes in Care at Home funding may influence capacity to support more people at home for longer.</p>	222	203	213
8	<p><b>Single Handed Care</b></p> <p>In Perth and Kinross approximately 100 people receive visits from two carers to assist with hoisting and transfers. There is a steady increase in the number of people requiring this level of support over time with increased frailty being maintained at home. This project will review and reduce demand for two carers through active rehabilitation and self management; an approach used successfully in other parts of the UK.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio Economic:</b> Will increase Care at Home (CAH) capacity within existing resources by reducing the number of double up care packages. Current OT capacity and existing work may delay implementation.</p> <p><b>Workforce:</b> To meet the objectives of the strategic plan we will need to create capacity within the existing workforce and more integrated working with Home Assessment Recovery Team.</p> <p><b>Service user/ patient:</b> Improved experience for patients receiving support from one person rather than two. Reduced waiting</p>	100	100	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	times. Some potential impact on capacity for preventative work while staff capacity is being built. <b>Outcome and Performance:</b> More people will be supported to remain at home with existing CAH resource.			
9	<b>Redesign of Supported Living</b>  Over the course of several years, demand has declined for shared accommodation for people with mental ill health. The current model is no longer fit for purpose resulting in a proposal to decommission the service. Low demand and high levels of vacancy combined with the need to staff the service 24/7 no longer demonstrate value for money. We will explore the option of increasing support elsewhere to accommodate people with higher support needs in self-contained accommodation.  <u>Impact Analysis and Risk Assessment</u> <b>Socio Economic:</b> None <b>Workforce:</b> Workforce will be redeployed <b>Service user/patient:</b> Decommissioning and redesign of alternative accommodation will improve the options for people with mental ill health. <b>Equalities/Diversity:</b> The current model does not meet the needs of the individuals. Redesign will include examination of all equalities and diversity issues for service users. <b>Outcome and Performance:</b> Investment in alternative community care support arrangements required to meet new and emerging demand.	208	0	0
10	<b>Relocation from Highland House</b>  PKC Drug and Alcohol Team and NHST Substance Misuse Services and Mental Health Officers have been co-located within Highland House, Perth for the past few years. The lease agreement comes to an end in August 2019. Alternative accommodation for staff and services is identified.  <u>Impact Analysis and Risk Assessment</u> <b>Socio Economic:</b> None <b>Workforce:</b> Workers' bases will change but the impact will be minimal <b>Service user/ patient:</b> Clinics are likely to be run from Health Centre a few hundred yards away from current location. <b>Equalities/Diversity:</b> None <b>Outcome and Performance:</b> None	22 (PKC)  45 (NHST)	21 (PKC)  27 (NHST)	0
11	<b>General Budget Review</b>  Following a review of budget commitments across the service, opportunities to apply budget reductions have been			

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<p>identified. These include the reduction in supplies and services and additional savings arising from the Communities First review.</p> <p><u>Impact Analysis and Risk Assessment</u>  <b>Socio Economic:</b> None  <b>Workforce:</b> None  <b>Service user/ patient:</b> None  <b>Equalities/Diversity:</b> None  <b>Outcome and Performance:</b> None</p>	152	0	0
12	<p><b>Corporate Digital Services/Mobile Working</b></p> <p>Workforce/productivity savings generated from mobile working and service review &amp; redesign. The areas in scope will require agreement across the Partnership as well as being aligned with the PKC IT infrastructure investment roll-out.</p> <p><u>Impact Analysis and Risk Assessment</u>  <b>Socio Economic:</b> None  <b>Workforce:</b> Managed by efficient and effective workforce planning. Mobile working will generate more efficient ways of working which to contain an element of rising demand.  <b>Service user/ patient:</b> Will involve a change from conventional methods of communication that will mean that mobile staff can access relevant information on the move improving efficiency and customer experience.  <b>Equalities/Diversity:</b> None  <b>Outcome and Performance:</b> enhanced use of technology will reduce the requirement for manual intervention through standardised Corporate Digital Services, My Account and Mobile Working Reviews.</p>	169	0	0
13	<p><b>Local Authority Income Budget</b></p> <p>Over the last three years there has been a sustained level of income generated above anticipated income budget from the two Local Authority Homes. This saving adjusts the income target to reflect the anticipated recurring position and assumes income will be passed to the Partnership.</p> <p><u>Impact Analysis and Risk Assessment</u>  <b>Socio Economic:</b> None  <b>Workforce:</b> None  <b>Service user/ patient:</b> None  <b>Equalities/Diversity:</b> None</p>	100	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<b>Outcome and Performance:</b> This income is already being generated; this proposal will consolidate the income budget to reflect the actual income.			
14	<p><b>Fairer, Better Futures for People with a Learning Disability/Autism in Perth and Kinross</b></p> <p>The 2019/20 saving is a prudent estimate of anticipated full-year effect savings achieved through reduction in spend that was initiated as part of the financial recovery plan to address a projected year-end overspend across Social Care services in 2018/19 .</p> <p>Savings in future years are linked to a transformational review of current models of support for people living with Learning Disability and/or Autism. It is no longer financially sustainable to commission multiple bespoke packages of care for people who live with complex care requirements in individual tenancies. Overall demand for complex care is increasing as people live longer and as children with profound disabilities live longer. The current budget pressure of £1.7m is predicted to rise. The Partnership aims to design financially sustainable models of high quality support and care. Managing change will require a change in public expectation and in provision of housing with support. This saving links to <b>Pressures nos. 16-19</b> above.</p> <p>The following work-streams underpin the transformation proposals from the Mental Health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>• Analysis of demand data to better facilitate planning</li> <li>• Development of integrated, specialist teams to provide robust LD/Autism assessments to determine requirements</li> <li>• Increased support from Behavioural Support Team and Psychology to address and manage behavioural issues</li> <li>• Commission core and cluster housing solutions and increase use of TEC to provide high quality, best value services</li> <li>• Commission robust reviewing processes</li> <li>• Review Self Directed Support procedures to assure implementation of high-quality, best-value services</li> <li>• Review policies to support implementation of new care models, for example changes to overnight support and new models of housing with support.</li> </ul> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio Economic:</b> There will be an impact on sector, particularly third sector.</p> <p><b>Workforce:</b> Potential impact on the wider partnership workforce impacting on Commissioned Services, Third Sector providers and Personal Assistants.</p> <p><b>Service user/ patient:</b> A majority of requests seek to allow people to live in their own tenancy with a bespoke package of care requiring 1-1 support 24/7. Other options such as small group living, core and cluster, will be considered. We will review the</p>	350	500	250

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<p>way services are commissioned and develop new models of care and support. New services will be commissioned to assure sufficient and sustainable capacity for the needs of people in P&amp;K.</p> <p><b>Equalities/Diversity:</b> The impact of this proposal on people with a Learning Disability and/or Autism will be fully considered. An increasing number of complex packages will require consideration of the impact on older people and people living with physical disabilities.</p> <p><b>Outcome and Performance:</b> This proposal will alter the way in which some people's outcomes are achieved. The quality of services should not decline. Performance will be monitored during the period of change.</p>			
15	<p><b>Shifting the Balance Acute to Community MHWB</b></p> <p>The transformation plan for mental health and learning disability acute inpatients will modernise commissioning approaches within the IJB Partnership. A Tayside Mental Health Alliance will consider:</p> <ul style="list-style-type: none"> <li>the future requirement for inpatient services for people living with learning disabilities</li> <li>the future requirement for inpatient services for people living with substance use</li> <li>the future model for acute admission to mental health beds</li> </ul> <p>The Partnership will work collaboratively with inpatient Mental Health /Learning Disability services and PKC Housing services to develop alternatives to community living for people with learning disabilities and complex needs that embrace the principles of good environmental design. This will require collaboration with PKC Housing and Environment to plan and build alternative options.</p> <p>With the level of planning and preparation required, the Partnership is proposing a deliverable reduction in inpatient beds by 2021/22. These services must meet the requirements of people across Tayside and will be redesigned in partnership with the 3 IJB's, the three Councils, NHS regional and children's services.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio Economic:</b> Nil</p> <p><b>Workforce:</b> Managed through Organisational Change processes.</p> <p><b>Service user/ patient:</b> Maximised choice and control, prevention and early intervention with a whole life approach.</p> <p><b>Equalities/Diversity:</b> Improved access to services for those most vulnerable at the right time in the right place.</p> <p><b>Outcome and Performance:</b> Community services strengthened by improved service planning and commissioning. Better housing solutions such as core and cluster. Alternatives such as Regional collaboration for complex care</p>	0	0	500
16	<p><b>Recommissioning of Accommodation &amp; Support Services for People with Learning Disabilities, Mental Health needs and Autism</b></p>			



	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<p>Change will be achieved through redesign of externally commissioned services that provide accommodation and support for people with learning disabilities and autism.</p> <p>Six external providers deliver accommodation and support projects for people with learning disabilities and autism in Perth &amp; Kinross at a cost of £4.482m. The redesign will:</p> <ul style="list-style-type: none"> <li>• Further review overnight support to identify redesign options (e.g. sharing resources for responder services).</li> <li>• Review levels and methods of support and work with providers to develop new models of service delivery.</li> <li>• Review accommodation to ensure design promotes an optimum environment to provide effective, high quality support.</li> <li>• Develop a commissioning plan that defines the most effective approach for this market segment. (worked up alongside development of the EXCEL Supported Living Contract Framework).</li> <li>• A commissioning plan will optimise the Council's purchasing approach and best value in delivering quality services.</li> <li>• Carry out a re-procurement exercise based on the Commissioning Plan and influence of Scotland EXCEL .</li> </ul> <p><u>Impact Analysis and Risk Assessment</u></p> <p><b>Socio Economic:</b> There will be an impact on third sector organisations.</p> <p><b>Workforce:</b> Impact on paid carers within third sector. Foundation Living Wage commitments from the Scottish Government are driving increased costs across the care sector.</p> <p><b>Service users/ patient:</b> Risk assessment will determine impact on carers and service users with any change to current care packages. Partnership must support providers through any process of change that may create uncertainty in the sector that would impact on service users and families</p> <p><b>Equalities/Diversity:</b> Impact on individuals with disabilities will require Equality Impact Assessment.</p> <p><b>Outcome/Performance:</b> The review will be designed to create capacity within the care sector and alignment with the strategic commissioning plan. Improved accommodation for individuals. This redesign process will require a shift in resources and capacity. The plan is linked to the demand management of Learning Disabilities and Mental Health (<b>Saving no.14</b>) as is dependent upon the planning and commissioning team for development of the commissioning plan.</p>	160	0	65
17	<p><b>Removal of Intermediate Care Budget</b></p> <p>Intermediate Care resources, usually a rehabilitation unit, are a feature of other partnerships that have performed well in relation to delayed discharge. This saving proposal reviews a previous proposal to develop an Intermediate Care unit in light of the improved organisational performance generated by the HART team in reducing delayed discharges. This investment is no longer required and is offered up as a saving</p>	261	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	<u>Impact Analysis and Risk Assessment</u> <b>Socio Economic:</b> No impact <b>Workforce:</b> No anticipated impact <b>Service user/ patient:</b> Delays in hospital are reduced by intermediate care. Management of people from hospital to home reduces the need for Intermediate Care beds. <b>Equalities/Diversity: Reducing</b> delays to care reduce negative impacts on some frail older people. <b>Outcome and Performance:</b> Investment in Intermediate Care for Perth, Kinross and the Carse of Gowrie will moderate the impact of this proposal			
18	<b>Reduction in Management &amp; Admin through Integration</b>  Three years into the partnership, it is time to review the original leadership structure that was developed to drive the early stages of cultural change in Integration of H&SC. Further change will integrate operational leadership at locality level, distinguish operational and strategic leadership at executive level, and to build dedicated senior management support in strategic change. Final redesign will require input from the new Chief Officer.  Administrative & clerical staff employed by PKC are not devolved to the partnership. NHS admin & clerical staff are. Through creating aligning all admin & clerical staff with the Partnership, there is opportunity to undertake a review of corporate support services using a series of agreed principles to skill mix the admin & clerical team. This would require a full appraisal to quantify opportunity for savings. It will be important to consider HR and Staff Partnership view before this is quantified. At this stage the savings target is based on a 10% saving of in scope budgets and a formal review will now be undertaken to consider options.  <u>Impact Analysis and Risk Assessment</u> <b>Socio Economic:</b> None. <b>Workforce:</b> Some potential changes to roles with organisational change process. Need to ensure equity of approach across employers to avoid disadvantaging specific groups. <b>Service user/ patient:</b> Admin & Clerical Review may change the current levels of provision of Personal Assistant support to individual managers. <b>Equalities/Diversity:</b> None. <b>Outcome and Performance:</b> Clear understanding of system capacity required and clear definition of functions to be fulfilled.	0           75 (NHST)	30 (PKC)           45 (NHST)	0           0
	<b>SUB-TOTAL SAVINGS</b>	<b>2,630</b>	<b>2,414</b>	<b>2,096</b>

**APPENDIX 3****3 YEAR FINANCIAL PLAN**

<b>Requisition 2019/20</b>				<b>Year 2 Plan 2020/21</b>			<b>Year 3 Plan 2021/22</b>		
	<b>Core Health £'000</b>	<b>Social Care £'000</b>	<b>Total £'000</b>	<b>Core Health £'000</b>	<b>Social Care £'000</b>	<b>Total £'000</b>	<b>Core Health £'000</b>	<b>Social Care £'000</b>	<b>Total £'000</b>
Recurring Budget	46,706	47,087	93,793	47,906	52,369	100,275	48,650	54,047	102,697
Pressures	2,041	9,456	11,497	1,390	4,036	5,426	806	4,097	4,903
Total Expenditure	48,747	56,543	105,290	49,296	56,405	105,701	49,456	58,144	107,600
less: Savings	(823)	(1,807)	(2,630)	(1,110)	(1,304)	(2,414)	(1,118)	(978)	(2,096)
Budget Required	47,924	54,736	102,660	48,186	55,101	103,287	48,338	57,166	105,504
Ring fence for GP Prescribing/Other	457	0	457	464	0	464	1,078	0	1,078
<b>Requisition</b>	<b>48,381</b>	<b>54,736</b>	<b>103,117</b>	<b>48,650</b>	<b>55,101</b>	<b>103,751</b>	<b>49,416</b>	<b>57,166</b>	<b>106,582</b>
<b>Proposed Partner Budget</b>	47,906	52,369	100,275	48,650	52,174	100,824	49,416	53,255	102,671
<b>Further Assumed SG Income</b>	0	0	0	0	1,873	1,873	0	1,882	1,882
<b>Shortfall/(Surplus)</b>	<b>475</b>	<b>2,367</b>	<b>2,842</b>	<b>0</b>	<b>1,054</b>	<b>1,054</b>	<b>0</b>	<b>2,029</b>	<b>2,029</b>

  

<b>3 Year Total</b>		
<b>Core Health</b>	<b>Social Care</b>	<b>Total</b>
<b>475</b>	<b>5,450</b>	<b>5,925</b>





## Perth and Kinross Integration Joint Board

22 March 2019

### BOARD MEMBERSHIP UPDATE

Report by Clerk to the Board (Report No. G/19/55)

#### PURPOSE OF THE REPORT

This report updates the Board on the membership of both voting and non-voting members of the Board. Proposals are also made in terms of the reappointment of an additional member of the Board and membership of the Clinical, Care and Professional Governance Committee.

#### 1. VOTING MEMBERS

- 1.1 In terms of the [Integration Scheme](#) for the Integration Joint Board (IJB), the eight voting members of the Board are made up of four elected members from Perth and Kinross Council and four members from the NHS Tayside Board.
- 1.2 Gillian Costello, Nurse Director at NHS Tayside retires at the end of June 2019. NHS Tayside Board are currently considering the voting members of the Perth and Kinross IJB with a view to changes being in place from 1 April 2019.

#### 2 NON-VOTING MEMBERS

- 2.1 The IJB also contains a number of non-voting members as set out [The Public Bodies \(Joint Working\) \(Membership and Procedures of Integration Joint Boards\) \(Scotland\) Order 2014](#).
- 2.2 Dr Daniel Carey is the IJB's Independent Contractor and GP representative as a registered medical practitioner whose name is included in the list of primary medical service performers prepared by NHS Tayside. Dr Carey will be stepping down from his role on the IJB on 31 March 2019 and a suitable replacement will be nominated in due course.
- 2.3 Ms Fiona Fraser stepped down from her role on the IJB as the staff representative for Perth and Kinross Council and has been replaced by Mr Stuart Hope with effect from 1 March 2019.
- 2.4 Dr Drew Walker, Director of Public Health at NHS Tayside was initially appointed as an additional member of the IJB in November 2015 for 3 years,

with this subsequently extended until 31 March 2019. As the strategic priorities of the Board are currently being revised as part of the development of the updated strategic commissioning plan, it is proposed that the Board request that the Chief Executives of Perth and Kinross Council and NHS Tayside consider this further and report back with proposals on additional members of the Board.

- 2.5 In November 2018, the IJB agreed to establish a Clinical, Care and Professional Governance Committee. The constitution states that the committee shall comprise of 4 voting members and 2 non-voting members. The voting members were appointed in November 2018 and the Board is now asked to agree that Ms C Gallagher be appointed to the committee as a non-voting member with one vacancy still remaining.

### 3. RECOMMENDATIONS

- 3.1 It is recommended that the Board –

- (a) Notes the updates in both voting and non-voting membership of the Board;
- (b) Approves the proposal set out in section 2.4 of the report;
- (c) Appoints Ms C Gallagher to the Clinical, Care and Professional Governance Committee as a non-voting member.

#### Author

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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.