

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Friday 29 May 2020 at 2.00pm.

Present:

Voting Members

Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Councillor J Duff, Perth and Kinross Council (from Item 3.1 onwards)
Mr B Benson, Tayside NHS Board (Vice-Chair)
Mr P Drury, Tayside NHS Board (up to and including Item 4.2)
Mr R Erskine, Tayside NHS Board (from Item 3.1 onwards)
Ms P Kilpatrick, Tayside NHS Board (from Item 3.1 onwards)

Non-Voting Members

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council (up to and including Item 6)
Ms J Smith, Chief Financial Officer
Ms S Dickie, NHS Tayside (up to and including Item 4.2)

Stakeholder Members

Ms M Summers, Care Public Partner (substituting for Ms B Campbell) (up to and including Item 4.2)
Mr A Drummond, Staff Representative, NHS Tayside
Mr S Hope, Staff Representative, Perth and Kinross Council (from Item 3.1 onwards)
Ms S Watts, Third Sector Representative
Ms S Auld, Service User Public Partner (substituting for Ms L Lennie)

In Attendance:

K Reid, Chief Executive, Perth and Kinross Council; L Simpson, S Hendry, A Taylor, A Brown, C Wright and S Watt (all Perth and Kinross Council); E Devine (up to and including Item 6), C Jolly, L Wilson (up to and including Item 6), D Mitchell and V Aitken (all Perth and Kinross Health and Social Care Partnership); A Radley and K Bell (for Item 3.3) (both NHS Tayside).

Apologies:

Ms B Campbell, Carer Public Partner
Dr D Loudon, NHS Tayside
Ms L Blair, Scottish Care

1. WELCOME AND APOLOGIES

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

2. DECLARATIONS OF INTEREST

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

3. DEVELOPING STRATEGIC OBJECTIVES

3.1 CHIEF OFFICER'S REPORT

G Paterson provided a verbal update as way of a prelude to Item 3.2 on the agenda. He advised of the difficulty in being able to present a report on wider strategic issues due to focus that has been given to Covid-19 for the previous three months. He further advised that as we were now moving from a period of 'response' into a period of 'recovery', it was now appropriate to look at the programme of work which had previously been committed to the IJB that would be undertaken this year and which had been put aside during the response to the pandemic. Taking account of how Covid-19 impacts on these plans, ambitions and intended actions, to assess whether they remain valid, desirable and affordable, as we move into phase two of the mobilisation plan. He advised that we need to consider what will make the most difference in supporting local people in Perth and Kinross with the challenges they were already dealing with, but now with the added pressures of living with Covid-19.

B Benson made reference to the work of staff and queried specifically what practical measures can be undertaken to help recognise the contribution of Health and Social Care Partnership staff throughout this pandemic to support their mental health and wellbeing as we move forward. In response, G Paterson confirmed that we have quickly become very aware of the challenges of working with Covid both in relation to what impact it is having on people's lives, and a recognition that out with working life people will be experiencing issues related to Covid through either themselves, their own health, family members or people they know. He further advised that they have increasingly been recognising that the new ways of working for people can take a toll, specifically around remote working, with the lack of connectedness and the fact that we are spending time with screens rather than with people. He also confirmed that support had been enlisted from colleagues in the NHS and the Council to help deliver support around health and wellbeing of staff and to recognise how we may support staff by sign posting them to available resources to provide support and advice. He further advised that they were now trying to build into ways of working a recognition that regular breaks should be taken and that we require to think differently about how we work and confirmed that work in this regard was already underway, looking across both organisations with colleagues in HR around what are the implications of this on compressed hours for flexible working for new ways of supporting people to work in a different way.

Councillor Purves made reference to the Community Mental Health Services Review, advising that whilst he fully acknowledged the implications of the Coronavirus pandemic on these services he sought some assurance that this review would be progressed as soon as possible. In response, G Paterson stated that during the current situation less concern was being placed upon the need to deliver a new Community Mental Health Strategy for Perth and Kinross and more focus on how we can deliver effective responses throughout the period that the plan is being

developed. He further advised that further investment has been made in additional resources for the Third Sector to help provide mental health support in Perth and Kinross and confirmed that the mobilisation plan has a figure of £100,000 in relation to both alcohol and drug and mental health services. He further confirmed that some aspects of the strategy have been deferred due to Covid but stressed the commitment to working with people to address the impacts of poor mental health has not diminished, new ways of engaging more virtually / remotely with people were also being investigated.

Councillor McDade made reference to staff returning to their normal day jobs and queried whether any figures were available which showed the percentages of staff that were redeployed into other roles during the pandemic but were now able to return to their normal duties. In response, G Paterson confirmed that this data would be supplied to Board Members following the meeting.

S Watts made reference to a recent meeting of the Third Sector Forum where it was highlighted that all members of the various organisations involved with the Forum had responded very rapidly to the demands of the pandemic and had quickly been able to put in place alternative working arrangements so that services could continue to be delivered but stressed the disappointment from Forum members that there appeared to be a lack of recognition of the hard work carried out by third sector partners alongside the very well deserved thanks to the staff of both NHS and Perth and Kinross Council. In response, G Paterson offered sincere apologies for this perceived lack of recognition and stressed his view that the Third Sector have performed a critical role, linked more closely with the Council around shielding, volunteering, community capacity building and have excelled and stepped in and shown creativity, initiative and resilience during incredibly difficult times which has provided us with a very strong reminder of the importance of how we work together going forward. He further commented that in his view the Third Sector were going to be essential to the recovery activity going forward and stated a commitment that we continue to recognise and work with the Third Sector who have provided a huge support during these difficult times. K Reid sought to provide further assurance by stating that she had provided two video messages uploaded to the Council website thanking members of the public, community groups, third sector, all staff etc and also written two letters which have been printed in local media to that effect also and wished to express her sincere thanks on behalf of the Partnership and the Council that all help and support provided by the Third Sector, community groups, volunteers and everyone who has supported the Partnership and the Council throughout this pandemic.

3.2 HSCP COVID-19 PANDEMIC RESPONSE

There was submitted a report by the Chief Officer / Director – Integrated Health and Social Care (G/20/54); (1) providing an update on the Health and Social Care Partnership's response to Covid-19; (2) outlining the key actions taken and the challenges faced; and (3) concluding with information on the actions now being planned in response to the continuing impact of the pandemic.

B Benson made reference to adaption, planning and future affordability and queried whether the IJB would need to review any strategic priorities and risk

assessments in light of the Covid-19 experience. In response, G Paterson confirmed that a review of the strategic risk register will have to be carried out in due course, he commented that some aspects have already been updated and these will be built upon in response to Covid with the intention of bringing this back to a future meeting of the IJB. He also confirmed that in his view the strategic priorities were still relevant and remain valid, but that work would be undertaken on how we deliver on them in our new way of working.

In relation to a second question from B Benson on whether the relationship between the Health and Social Care Partnership and the acute sector has changed and whether the reduction in delayed discharges suggest ongoing investment and care at home, care in the community and care homes brings relief to over stretched acute settings. G Paterson commented that we have always enjoyed very good and effective relationships with our statutory partners. Covid-19 had given greater urgency and impetus to the need to mobilise around discharging patients from hospital to create capacity there. It is always our ambition to support people to move out of hospital when they are clinically fit to do so, due to the potential risk of people becoming demotivated or being exposed to hospital acquired infection. He further commented that it was important we learn from what has worked well, for example, in putting additional resources or professionals from different disciplines into the hospital discharge team. He also stated that whilst the impact of Covid on acute hospital care has not perhaps been as significant as had been feared, there are still pressures on community services, which need to be taken into account as acute hospital services look to remobilise. It is important that what we invest significantly in the services that prevent admission and those that reduce the length of stay and help get people home as quickly as possible.

M Summers made reference to the two wards at Murray Royal Hospital that had been identified as having patients and staff who had tested positive for Covid-19 and stated that she personally knew of two people who had unfortunately died as a result of Covid-19 whilst in Murray Royal Hospital and queried whether these deaths would have been included in the charts showing the local deaths in care homes and if not where would these be recorded. In response, G Paterson confirmed that these deaths would have been recorded under hospital deaths rather than care home deaths.

Councillor Purves made reference to testing, specifically around the guidance that the Health Protection Scotland, Public Health Scotland and NHS National Services Scotland had issued which stated that where testing was not possible, i.e. where a patient did not consent to testing or where it was likely to cause distress, that people could still be discharged into a care home if they were clinically fit as long as they isolated for 14 days, and queried whether we know of any people who have fallen under this category and also whether people were still being discharged without a test following the introduction of the regular testing regime and if that has been the case whether any of these people have developed Covid symptoms during the 14 day period of isolation. In response, G Paterson reiterated his belief that colleagues in NHS Tayside had complied with the relevant guidance at the points when it had been issued and revised. Indeed NHS Tayside had introduced testing, including for social care staff, ahead of the guidance. He further confirmed that anybody who was being discharged from hospital to a care home would be required

to self-isolate for the 14-day period. If that person then became ill during that period it would be difficult to pinpoint from where the infection came. He also stated that if a person was symptomatic then they would not be deemed clinically fit for discharge so would not be discharged to a care home with symptoms.

R Erskine made reference to the adaptability of staff in relation to skills and training and sought some assurance that where staff required any new skills or training that they had been able to access this. In response, G Paterson confirmed staff had the opportunity to access training both in regard to Council staff who had been re-tasked into the HSCP and also NHS staff who were either returning or carrying out changed duties. He further commented that due to having a degree of preparedness we were able to implement some of the staff changes before the surge happened so a lot of staff were able to carry out shadow opportunities before the significant pressures arrived.

Resolved:

- (i) The actions that have been advanced by the HSCP, in partnership with key stakeholders, in response to the Covid-19 pandemic, be noted.
- (ii) The extraordinary effort, adaptability, professionalism, compassion and positivity shown by staff across the HSCP during this period, be noted.
- (iii) The planning that is now underway to reprioritise and redesign services as we adjust to a 'new normal', be noted.

FOLLOWING A SHORT ADJOURNMENT, THE COMMITTEE RECONVENED AT 3.17PM.

3.3 MENTAL HEALTH SERVICES

K Bell, Director of Mental Health and Wellbeing Programme and the Interim Director of Mental Health at NHS Tayside provided the Board with a [slide-based presentation](#) on the work undertaken with regards the Mental Health Independent Inquiry Action Plan and the Mental Health and Wellbeing Strategy.

Councillor Purves made reference to governance and expressed his disappointment that in the substantive paper circulated there was no direct mention of Perth and Kinross Integration Joint Board and only a few references of the IJB in the action plan. He further commented that notwithstanding the changes that the Minister has announced in relation to operational management, it is the case that Perth and Kinross Integration Joint Board retains strategic planning responsibilities for in-patient mental health services and that community mental health services strategic planning responsibilities continue to sit with the three IJBs across Tayside. He queried why this does not seem to have been taken into account in the working up of the action plan and queried how the Perth and Kinross IJB can fulfil its responsibilities of setting the strategic direction as part of this process. In response, K Bell confirmed that the Tayside Executive Partners have agreed what the governance arrangements will be so what is included in the document reflects agreements reached with the Partners. This recognises Perth and Kinross as being one of those partners in relation to the programme governance which was established in January 2020 with the Joint Statement of Intent.

K Reid commented that a recent meeting of the Tayside Executive Partners a discussion was held around roles and remits. She confirmed that the Tayside Executive Partners signed up to the Statement of Intent in terms of the improvements that they collectively wanted to see for mental health services across Tayside, but they were unfortunately not in a position yet to agree the governance structure as it currently stands. She also referenced Councillor Purves' point regarding the Perth and Kinross IJB retaining the strategic planning function and confirmed that following discussions with the Chief Executive of NHS Tayside this was still the intent moving forward. She also made reference to hosting arrangements currently in place and acknowledged that integration schemes require to be looked at but that hosting arrangements straddle all three IJBs. She also clarified that it would be the responsibility of NHS Tayside and all three Councils to lead the review of the integration schemes. K Reid advised that there was still work required to be done on the governance arrangements to make sure that we are fully paying heed to the ministerial announcement, while not undermining the integration schemes or the legislation. She advised that we need a successful resolution to governance issues and most importantly that we see the traction in the improvement of mental health services across Tayside.

Councillor McDade suggested that it may be helpful for an engagement session to be arranged for IJB members as one of the significant bodies involved on the strategic aspects of the Mental Health Alliance and the membership of it. He also made reference to stakeholder engagement and queried whether we were likely to see a delay in this following the Covid-19 pandemic. In response, K Bell confirmed that it was her intention to hold a session for IJB members specifically on the draft action plan in the coming months but would be happy to extend any agenda to include other issues. She also confirmed that she was hopeful that after having an online session with the Stakeholder Participation Group, which was very productive, to keep the timelines and milestones as they currently are but confirmed that the communication and engagement plan for this would be very important moving forward.

R Erksine made reference to the draft action plan and welcomed the amount of consultation that has been carried out and noted the considerable depth of work that has gone into the plan. He also stated that there may be some work still required around the communication of the plan, specifically around simple communication as the plan has a lot of complexities to it.

Members thanked K Bell for her presentation and noted the position.

4. FINANCE AND GOVERNANCE

4.1 2019/20 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/20/55) (1) providing an update on the year-end out-turn for the twelve months to 31 March 2020 and the level of reserves to be carried forward to 2020/21 subject to year-end audit.

R Erskine made reference to GP prescribing, specifically the unanticipated levels of national rebates and queried whether or not this had happened in previous years. In response J Smith confirmed that national rebates were a feature of each financial year, but these have been difficult to predict although this has been improving. She also confirmed that in the Financial Plan for 2021-22 we have been able to build in an anticipated benefit from those rebates based on that greater confidence and longer-term planning at national level.

R Erskine also made reference to the levels of reserves, specifically the reduction of £1.3m and queried whether this had been used to reduce the level of overspend. In response J Smith confirmed that earmarked reserves have not been used in 2019-20 to support the overspend, but have been used to meet the recurring commitments in line with strategy objectives.

Councillor Duff queried whether any of £1.8m overspend to the 31 March 2020 Coronavirus related. In response J Smith confirmed that it was not, but clarified that some expenditure has been incurred in relation to Covid-19 in 2019/20 but those costs as far as we understand have been fully met by additional Scottish Government funding.

Councillor McDade made reference to the Financial Risk Sharing Agreement and sought an update on the current position. In response G Paterson confirmed that the risk sharing agreement is still the same agreement that we have had for some time where any under or overspends in relation to Council funding would be returned or the Council would bare the cost of that and similarly with the NHS. He further commented that we need to potentially consider how this can be reconciled with the arrangements elsewhere in Tayside and although the Chief Executive's have given a commitment to consider this it may well be a matter we can incorporate into the review and revision of the integration scheme.

Councillor McDade also made reference to the Joint Working Agreement and queried whether this was still being discussed as part of these arrangements. In response G Paterson confirmed the matter of the Joint Working Agreement was remitted to the three Council Chief Executive's along with the Chief Executive of NHS Tayside, he further advised that unfortunately this was something that has not been able to have been progressed due to the immediate business at hand.

K Reid further clarified that she was still waiting to receive the comments and concerns from the NHS Tayside staff side following the discussion at the last IJB meeting in February and it was her understanding that these would be forwarded onto her and fellow Chief Executive colleagues to enable them to have an informed discussion on this matter.

Resolved:

- (i) The 2019/20 year-end out-turn of £1.798m overspend as detailed in Report G/20/55, be noted.
- (ii) It be noted that earmarked reserves of £1.159m be carried forward to 2020/21.

4.2 BUDGET 2020/21 UPDATE

There was submitted a report by the Chief Financial Officer (G/20/56) providing an update on the forecast position for 2020/21 following the setting of the interim budget for 2021/22.

M Summers made reference to Action 15 funds, commenting that these funds should be ring-fenced for community mental health use and expressed her deep concern that from the available balance of £171,000, £152,000 had previously been transferred out leaving a balance of £19,000 which was also to be spent elsewhere. In response J Smith provided assurance that all Action 15 funding in Perth and Kinross has been fully ring-fenced to be invested in community mental health services, and also confirmed that the vast majority had indeed been spent on these services leaving a remaining balance of £19,000 which is fully committed.

Resolved:

- (i) The forecast position for 2020/21 based on further work being undertaken, be noted.
- (ii) It be noted that this currently excludes significant unplanned Covid-19 response and recovery expenditure which is expected to be met by the Scottish Government. Further information is contained in the separate report on Covid-19.
- (iii) It be noted that a fundamental review of all financial pressures and savings within the approved 3-Year Financial Recovery Plan will be required to consider the impact of Covid-19 and the future shape and scale of services that will require to be delivered by the Perth and Kinross Health and Social Care Partnership.

S DICKIE, P DRURY AND M SUMMERS ALL LEFT THE MEETING AT THIS POINT.

4.3 ADDITIONAL COSTS COVID-19

There was submitted a report by the Chief Financial Officer (G/20/57) setting out (1) the current estimate of the additional costs of the Covid-19 Contingency for Perth and Kinross Health and Social Care Partnership; (2) the process for engaging with the Scottish Government to secure additional funding and; (3) the status of additional funding.

Resolved:

- (i) The current estimate of the cost implications of Covid-19 and the speculative nature of many of the costs at the stage, be noted.
- (ii) It be noted that further work is underway to consider the cost implications of Phase 2 Recovery.
- (iii) The initial advance of £1.4m from the Scottish Government to meet Social Care Costs, be noted.

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

6. ACTION POINTS UPDATE

There was submitted an action point update (G/20/53) for the Perth and Kinross IJB as at 29 May 2020.

J PEPPER, E DEVINE AND L WILSON LEFT THE MEETING AT THIS POINT.

Resolved:

The contents of Report G/20/53 be noted.

5. MINUTES OF PREVIOUS MEETINGS OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD

(i) 12 February 2020

The minute of meeting of the Perth and Kinross Integration Joint Board of 12 February 2020 was submitted and approved as a correct record, subject to amending the attendance list to show S Watts representing the Third Sector.

(ii) 31 March 2020

The minute of meeting of the Perth and Kinross Integration Joint Board of 31 March 2020 was submitted and approved as a correct record.

(iii) 21 April 2020

Councillor McDade queried the accuracy of the minute and asked if it could be amended to include details of the Chair's first motion put to the Board to cancel the meeting scheduled to be held on 29 April 2020 with remaining scheduled dates for board meetings to be reviewed over the coming weeks which was discussed by members via e-mail on 14 April 2020.

Resolved:

The minute of meeting of the Perth and Kinross Integration Joint Board of 21 April 2020 be amended to reflect Councillor McDade's comments and brought back for approval to the next meeting of the Board.

7. MATTERS ARISING

The Chair referred to the comments from both Councillors Purves and McDade in the previous minutes in relation to the governance of decisions by written submission and confirmed that he had asked the IJB's external auditors to carry out a review and provide assurance of the procedures that had been used.

There were no other matters arising from the previous minutes.

8. GOVERNANCE AND STANDING ORDERS

There was a verbal report by the Chair and Clerk to the Board updating the Board on various issues of governance, the outstanding review of the Board's standing orders and also provided an update on the membership of the Board.

The Clerk advised that as part of the Board's annual review of standing orders, a workshop was due to take place in March 2020 for all members however this was cancelled due to the pandemic outbreak.

Councillor Drysdale proposed the establishment of a short-life member/officer working group which would meet virtually to carry out a review of the standing orders and governance arrangements with a remit to return to a future meeting of the IJB with joint recommendations for full discussion with all Board Members.

Councillor Purves expressed his opinion that this initial discussion should be open to all voting members of the Board to attend if they so wish, with no obligation to do so, and also that all non-voting members and members be kept fully engaged in the process, much in a similar way that the Budget Review Group is carried out. Councillor Drysdale confirmed that was his intention, with the working group to report back to the Board for feedback.

Resolved:

- (i) It be agreed that future meetings of the Audit and Performance Committee continue to take place virtually during the current period.
- (ii) The appointment of Mr R Erksine as an additional voting member of the Audit and Performance Committee with effect from 29 May 2020, be approved.
- (iii) The appointment of Dr Lee Robertson, Associate Medical Director at NHST to replace Dr Dougie Lowdon as a non-voting member on the board, be approved.
- (iv) Councillor X McDade, R Erskine and S Auld be appointed to the Review of Governance and Standing Orders Short-Life Working Group, along with the Clerk and Legal Advisor to the Board.
- (v) The Review of Governance and Standing Orders Short-Life Working Group to hold an initial meeting as soon as possible in order to plan the best way forward with an agreed timetable and terms of reference and provide an update at the next meeting of the Board in July for further feedback.

9. FUTURE IJB MEETINGS

Councillor Drysdale advised that unfortunately the next scheduled meeting of the Board to be held on Wednesday 24 June 2020 now clashed with a meeting of Perth and Kinross Council.

Councillor McDade made reference to the fact that we seem to be constantly getting to the same situation during meetings where we are rushing through the business at the end of large agendas and suggested that it would be helpful if more frequent meetings could be scheduled across the whole year as its clear the number we are having currently is not adequate to carry out the level of the business the IJB

is required to carry out. In response, K Reid suggested that this was potentially something that could be looked at by the Short-Life Working Group.

Resolved:

The Clerk be instructed to find a suitable date for the rescheduled meeting of the Board in July.

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