



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

22 May 2020

A Virtual Special Meeting of the **Perth and Kinross Integration Joint Board** will be held via Microsoft Teams on **Friday, 29 May 2020 at 14:00**.

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

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

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Voting Members

Councillor Eric Drysdale, Perth and Kinross Council (Chair)
Councillor John Duff, Perth and Kinross Council
Councillor Xander McDade, Perth and Kinross Council
Councillor Callum Purves, Perth and Kinross Council
Bob Benson, Tayside NHS Board (Vice-Chair)
Peter Drury, Tayside NHS Board
Ronnie Erskine, Tayside NHS Board
Pat Kilpatrick, Tayside NHS Board

Non-Voting Members

Gordon Paterson, Chief Officer, Perth and Kinross Integration Joint Board
Jacquie Pepper, Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Dr Douglas Lowden, NHS Tayside
Sarah Dickie, NHS Tayside

Stakeholder Members

Bernie Campbell, Carer Public Partner
Allan Drummond, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Sandy Watts, Third Sector Forum
Linda Lennie, Service User Public Partner
Lynn Blair, Scottish Care

Perth and Kinross Integration Joint Board

Friday, 29 May 2020

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 DEVELOPING STRATEGIC OBJECTIVES

3.1 CHIEF OFFICER'S REPORT

Verbal Report by Chief Officer/Director - Integrated Health & Social Care

3.2 HSCP COVIC-19 PANDEMIC RESPONSE

5 - 12

Report by Chief Officer/Director - Integrated Health & Social Care (copy herewith G/20/54)

3.3 MENTAL HEALTH SERVICES

Presentation by Kate Bell, Interim Director of Mental Health, NHS Tayside

4 FINANCE AND GOVERNANCE

4.1 2019/20 FINANCIAL POSITION

13 - 22

Report by Chief Financial Officer (copy herewith G/20/55)

4.2 BUDGET 2020/21 UPDATE

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Report by Chief Financial Officer (copy herewith G/20/56)

4.3 ADDITIONAL COSTS COVID-19

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Report by Chief Financial Officer (copy herewith G/20/57)

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

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- (ii) 31 March 2020 (copy to follow)
- (iii) 21 April 2020 (copy to follow)

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| 6 | ACTION POINT UPDATE
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Verbal Update by Chair and Clerk | |
| 9 | FUTURE IJB MEETING DATES | |



Perth and Kinross Integration Joint Board; 29 May 2020

HSCP COVID-19 PANDEMIC RESPONSE

Report by Chief Officer/Director- Integrated Health & Social Care (Report No. G/20/54)

PURPOSE OF REPORT

This report provides the IJB with an update on the Health and Social Care Partnership's response to Covid-19. It outlines the key actions taken and the challenges faced, concluding with information on the actions now being planned in response to the continuing impact of the pandemic.

1. RECOMMENDATION(S)

Perth and Kinross IJB Members are asked to note;

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

2. BACKGROUND

Over the last three months, Perth and Kinross HSCP Management Team have focussed on the delivery of essential health and social care services. This has involved identifying priority services, resourcing these and adapting their delivery in line with government guidance, in order to deliver an effective local response to the global pandemic.

One of our early and significant responses as a HSCP was to create a Covid-19 Command Structure. This involves Bronze Command considering operational matters, Silver Command responding to any escalated issues and determining service-wide actions and Gold Command setting the direction and taking the necessary decisions at an executive level. Each of these command groups and the officers supporting them also interfaced with similar structures in the NHS and Council, with the Chief Officer also involved in weekly calls at a national level.

The groups within our command structure have responded to emerging issues relevant to their function and have considered and implemented the range of extensive guidance that has been issued by the Scottish Government during this time.

3. KEY ACTIONS

The HSCP has taken key actions to mitigate the impact of this global pandemic's reach into our communities, homes, services and settings. This has been underpinned by the commitment from all colleagues who have willingly stepped up to work in different ways and in different roles to support our response. I would wish to commend to the IJB the commitment, flexibility, compassion and professionalism shown by staff from Perth and Kinross Council and NHS Tayside working within our HSCP.

The IJB will wish to note the following examples of the actions that we have taken locally and in partnership, in response to the pandemic. We have;

- Produced and updated a comprehensive **Mobilisation Plan**, planning the necessary actions to prepare for the impact of the pandemic, identifying new approaches to service delivery, redeploying staff and capturing additional costs.
- Achieved our best ever performance in relation to **Delayed Discharge**, by providing additional staffing and support to the Discharge Hub; introducing seven-day working; investing in interim placements; enhancing HART, Rapid Response and Care at Home; initiating daily huddles to support discharge planning; and liaising with Care Homes to secure placements.
- Developed a **Community Assessment Hub** at PRI where, following triage, people can access a local assessment of symptoms by clinical colleagues, to then receive appropriate advice and treatment. This has been greatly supported by local GPs and by staff redeployed from PRI and across primary care services.
- Supported a **new operating model for GP practices**, which has enabled them to manage non-Covid presentations at local practices, through triage, telephone consultation and appointments. Contingency arrangements have also been put in place in anticipation that GPs and practice staff might become unwell or need to self-isolate. This involves daily status reporting to the HSCP, practices buddying each other and arrangements to 'collapse down' to deliver essential services through local clusters, if any one practice could not continue to operate.
- Initiated a **Workforce Matching Unit (WMU)** within the HSCP that has involved; prioritising essential services; downscaling less-essential activities such as electives, outpatients, routine appointments, clinics; escalating staffing pressures; redeploying staff into new roles to maintain service delivery. This included the redeployment of colleagues from dentistry and podiatry, who as well as continuing to provide emergency

appointments have supported the frontline response to Covid-19 in other essential services across Tayside. The WMU also connected with similar arrangements developed by the Council and NHS to ensure a collective response and mutual support.

- Enhanced **Support to Care Homes** in their efforts to manage the effects of the pandemic. This involved Infection Prevention and Control Team input; Public Health support, advice and guidance; access to PPE; support with staffing; and testing for residents and staff.
- Designed, with others, new Covid-19 and non-Covid **Care Pathways** to ensure a clear, consistent and compassionate response to people on discharge from hospital, whether being supported to return home, to move into a care home, to an interim placement, or at end of life.
- Prioritised the continuation of **Adult Protection, Community Substance Misuse and Community Mental Health Services**, through new, effective and innovative approaches that address the challenge of social distancing, taking account of risk, enabling new referrals and supporting staff with PPE and guidance when home or clinic visits are necessary.
- Developed and commissioned a range of **mental health and wellbeing support** for colleagues in the HSCP. This links to the good work being progressed in the Council and in the NHS out of a recognition that the way we are living and working now is so different and that people's social contact, connections and networks of support are less readily available, which may combine to affect their resilience and their mental health and wellbeing.
- Encouraged and ensured **COVID-19 staff testing** for health and social care staff and members of their household. It is notable that NHS Tayside has been at the forefront of delivering testing from the outset and has been commended for supporting access by social care staff both from the local authority and the independent sector, as well as those working in the prison or in childcare hubs. In many cases, the test results have enabled colleagues to return to work sooner than they would otherwise.
- Initiated **PPE Distribution Hubs** to support independent sector care providers to access PPE locally, extending this to unpaid carer and Personal Assistant before the Scottish Government issued guidance requesting this. Monitoring and reporting on stock levels, requisitioning from NSS and being supported by the Council and NHS with supplies.

4. KEY CHALLENGES

Inpatient Services

Despite our extensive preparations, adherence to the guidance and the measures we have taken in relation to infection prevention and control, several service areas have directly experienced the impact of Covid-19. In

each of these situations we have worked closely with the Infection Prevention and Control Team, with Lead Nurses, GPs and Consultants to equip ward staff to manage the impact of Covid-19 and to enable colleagues to continue to provide high quality, compassionate care.

We need to recognise that in the course of their duties some colleagues tested positive for the virus and have experienced varying degrees of symptoms before, thankfully, all recovering. In each of these settings patients have also become Covid-positive and some have, very sadly, succumbed to the virus. We have also nursed several patients to recovery and continue to do so.

Recognising the physical and emotional strain on staff working in these situations, as well as in recovering from the virus, we have provided a range of support to look after colleagues' health and wellbeing.

- In March, Tay Ward at PRI had a small group of elderly patients and significant numbers of staff test positive for Covid-19. Staff screening and wellbeing was prioritised, and patients were transferred to the appropriate wards in Ninewells Hospital. The ward remained non-operational for 8 days, while the staff returned to work.
- In early April, two wards in Murray Royal Hospital were identified as having patients and staff who were Covid-19 positive. Caring for people with dementia while promoting social distancing and self-isolating presented challenges to the clinical team. Partnership staff, through daily huddles, shared information and worked through challenges to find resourceful workarounds, ensuring continued delivery of person-centred care while maintaining contact with relatives.
- In late April, Pitlochry Community Hospital was closed to new admissions due to several patients and staff testing positive. This required us to support the discharge of patients who tested negative, while closing the unit to new admissions. Pitlochry Community Hospital has now re opened to new admissions.
- In April and May, Prison Health Care had a small number of patients and staff testing positive. All appropriate infection control and prevention measures were in place (PPE, social distancing, shielding of those at risk, isolation areas, early testing of patients, staff and Prison staff). The healthcare team have worked in close collaboration with Scottish Prison Service and Public Health.

Care Homes

From the outset of the Covid-19 pandemic, the HSCP have been working very closely with Scottish Care and Public Health to ensure that care homes across Perth and Kinross are supported effectively. Earlier this month the Scottish Government requested that all Directors of Public Health coordinate the provision of enhanced support to care homes. Then on 17th May the

Cabinet Secretary advised that each area should convene a Clinical Oversight Group, involving the NHS Board Medical Director and Nurse Director, the Chief Social Work Officer, the HSCP Chief Officer and the Director of Public Health.

These developments have built on and consolidated the support that we have been offering to care homes providers since March, including;

- Weekly 'Zoom' calls to all care home providers, jointly with Scottish Care, with input from relevant social work, social care, health and public health colleagues. This has provided information, advice and assurance as well as clarification on the local implementation of national guidance.
- The provision of PPE to address any shortages providers have encountered, including prior to the introduction of a national model for distribution from NES centrally, to local PPE Distribution Hubs.
- Facilitating access to Covid-19 testing for staff and residents, ahead of the Scottish Government guidance. This has enabled staff to return to work and care homes to reopen to new admissions.
- Arranging visits by the Tayside Health Protection Team to care homes where there are concerns, at times jointly with the Care Inspectorate. This has ensured that care home staff are carrying out activities appropriately, following best practice and equipped with the necessary PPE, in line with the guidance. Advice has been given on managing self-isolation, receiving new admissions and caring for residents who have tested positive.
- Clinical support from medical and nursing colleagues, extending to clinical oversight and appropriate liaison with the Care Inspectorate to agree our respective responses, in the event that we identified that a home was failing to maintain acceptable standards of care.
- Arrangements to provide additional funding or staffing in response to critical situations, when Covid-19 has had a significant impact on particular care homes.
- Daily reporting on any challenges being faced in relation to PPE, staffing, testing, training. Escalation of any situations of risk to the Clinical Oversight Group to mobilise additional support or intervention.

5. CONCLUSION

Over the last three months, the focus of our activity within the HSCP has been concentrated on preparing for and responding to Covid-19 and this report summarises some of the key actions initiated to seek to limit and respond to the impact, locally, of this global pandemic.

From the outset we had anticipated that the disease would progress along a timeline that would perhaps bring us back to a 'post-Covid' normality within a

few months. We had also anticipated that service capacity would be tested to the limits at a point of 'surge' after which we would be able to move into a recovery phase, allowing us to revert to previous ways of working.

The effectiveness of the governments' lockdown measures and the social distancing it has brought has effectively "flattened the curve" of the disease's progression. This has meant that the pressure on acute hospital services has been far less than feared during this three-month period, with only a small number of delayed discharge patients, fewer presentations to the Emergency Department, occupancy sitting below 50% and available capacity in ITU and HDU to meet patient demand. Despite this, we should not be complacent about the devastating impact that Covid-19 has had and continues to have on individuals, families and communities. While acute hospital services are moving into a 're-mobilisation' phase, the resilience of community services continues to be tested, with cases of Covid-19 continuing to present in primary and community health care and in social care services in the community and, particularly, in care homes.

Within the HSCP we are committed to ensuring that these services are supported and are resourced to be resilient, sustainable and effective as the pandemic continues. The "flattening of the curve" has had the effect of increasing the pandemic's duration. So, rather than 'coming out of Covid' anytime soon, it is now clear that we will be 'living with Covid' for many months to come.

This sets the backdrop for our current work within the HSCP, where we are continuing to respond to Covid-19 and its impact but adjusting to try to reinstate services that had been stood down in March and reorganise the delivery of services in the new operating environment. This recognises the need now to review the proactive decisions we took and the effective arrangements we put in place and to recalibrate some of this to respond to a 'new normal'.

A practical example of this relates to those family members who because they were self-isolating and perhaps also concerned about carers coming into their elderly parents' home to provide social care, offered to provide that care themselves. Twelve weeks on this may be putting those arrangements under pressure and we need to think about supporting those carers and encouraging them to take up care at home support.

However, some people who had previously received this support and respite through our day care services and clearly there is a challenge about how we deliver this service, as an example, in the context of social distancing and any revised measures that the government requires us to take as we move into the 'Test, Trace, Isolate, Support' (TTIS) phase.

Management teams within the HSCP are now actively considering and planning what services we can deliver, to whom, in what ways and with what safeguards, in the context of this 'new normal'.

In addition, the HSCPs Executive Management Team recognises that this extends beyond operational service delivery and into our planning and performance activity. We will thus be reviewing the implications that this 'new normal' has for our strategic priorities, our performance targets and our high-level Commissioning, Transformation and Financial Plans.

As a HSCP prior to Covid19 we had embarked on an improvement journey. So, a key challenge for us in the coming weeks and months will be to ensure that we don't revert to those aspects of our activity that we had identified required to be improved. Despite the distress, uncertainty and loss that the pandemic, in the face of adversity we have witnessed many positives and we must build on these;

- At the worst of times we have seen the best of our staff and witnessed their adaptability, compassion, professionalism and resilience.
- We have demonstrated our ability to be responsive, to make decisions quickly, to reorganise services to continue to meet peoples' need and to work across professional and organisational boundaries effectively. We have seen the mobilisation of the public, third and private sector towards a shared purpose and a common good.
- We have benefitted greatly from local people stepping forward, from volunteering, from communities actively caring, showing kindness, compassion and resilience, using their social capital to help their fellow citizens.
- We have embraced new ways of working, with agility and using technology and applying digital solutions to traditional problems.
- We have recognised our workforce as our most valuable resource and focussed on how we can ensure that, in these new ways of living and working, colleagues' health and wellbeing is paramount.
- We have seen a growth in society's recognition of the importance and value of social care, as a critical service that supports people to live safely and independently at home, connected to their local communities. There is perhaps now a greater recognition of how social care's effectiveness benefits secondary care.

There is a clear resonance between the positives that have come out of our response to Covid-19 and our strategic priorities as a partnership;

- Prevention and early intervention
- Person-centred health and care
- Working with communities
- Reducing health inequalities and promoting healthy living
- Making the best use of available resources

Our challenge now is how we capitalise on these positives to design a 'new normal' that further delivers on our strategic priorities.

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.



PERTH & KINROSS INTEGRATION JOINT BOARD

29 MAY 2020

2019/20 FINANCIAL POSITION

Report by the Chief Financial Officer (Report No. G/20/55)

PURPOSE OF REPORT

This report is to update Perth & Kinross Integration Joint Board (IJB) on the year end out-turn for the 12 months to 31st March 2020 and the level of reserves to be carried forward to 2020/21 subject to yearend audit.

1. RECOMMENDATION(S)

It is recommended that the IJB:-

- (i) Notes the 2019/20 year-end out-turn of £1.798m overspend.
- (ii) Notes that earmarked reserves of £1.159m to be carried forward to 2020/21.

2. OVERVIEW

OVERALL

- 2.1 For the 12 Months to 31st March 2020 Perth & Kinross IJB has recorded an overspend of £1.798m. A breakdown of the £1.798m year overspend compared to 2019/20 Financial Plan and 2019/20 Financial Recovery Plan is provided in Table 1 below:-

TABLE 1 YEAR END OUT-TURN

		Financial Plan 2019/20	FRP Mid Year 2019/20	2019/20 Year End Outturn	Movement from Plan
	Finance Team Plan/Forecast	Over / (under) £'000	Over / (under) £'000	Over / (under) £'000	Over / (under) £'000
Core	PKHSCP	475	246	550	75
Other Hosted	ALL HSCP	0	(97)	(364)	(364)
Prescribing	NHST	752	322	(442)	(1,194)
GMS	NHST	0	123	(20)	(20)
IPMH	PKHSCP	574	672	623	49
Health		1,801	1,266	347	(1,453)
Social Care	PKHSCP	2,367	2,053	1,451	(916)
Total		4,168	3,319	1,798	(2,370)

- 2.2 Movement from 2019/20 Financial Plan:** The £1.798m year end overspend has been achieved despite a £4.168m underlying recurring deficit in the 2019/20 Financial Plan. The biggest in year benefit has come from GP Prescribing where unanticipated levels of national rebates have driven a £1.194m improvement in the position compared to plan. Within Social Care, the impact of the financial recovery measures have contributed significantly however a further higher than unanticipated under spend of £0.566m in Care at Home has provided a significant year end benefit. Other Hosted Services has also provided a £0.364m unanticipated benefit driven significantly by Tayside Psychology Services.
- 2.3 Movement from last report:** The Finance Report to the IJB in February 2020 forecast an overspend of £3.242m. This updated position represents an improvement of £1.444m, driven largely by a £0.570m improvement in Care at Home, a £0.333m improvement in the Prescribing position and a £0.213m increase in the under spend on Other Hosted Services.
- 2.4 Financial Recovery Plan:** Agreed actions have been largely achieved with the exception of core health where some slippage has occurred in relation to Psychiatry of Old Age beds however actions continue to be taken to ensure costs are reduced to budget levels within 2020/21. A significant improvement in the year end out-turn on Prescribing, Other Hosted Services and Care at Home within Social Care has allowed the overall recovery plan target to be significantly exceeded.
- 2.5 Financial Risk Sharing Arrangements:-** based on roll forward of 2018/19 risk sharing arrangements to 2019/20, Perth & Kinross Council's share of the out-turn overspend will be £1.451m and NHS Tayside's £0.347m.

- 2.6 **Reserves:** PKIJB carried forward £2.470m of earmarked reserves from 2018/19 to meet specific spending commitments in 2019/20. For 2019/20 a significantly reduced carry forward of earmarked reserves of £1.159m is being carried forward.

3. SERVICE FINANCIAL PERFORMANCE

- 3.1 A summary out-turn variance analysis is provided for Core Health & Social care Services at Appendix 1.
- 3.2 A summary of saving delivered against plan for 2019/20 for Core Health & Social care Services is provided at Appendix 2.

4. RESERVES

- 4.1 Appendix 3 provides a breakdown of the earmarked reserves be carried forward to 2020/21 to meet specific spending commitments, largely in relation to Scottish Government funds to support specific service improvement.
- 4.2 No unearmarked general reserves are being carried forward to 2020/21.

5. SUMMARY

- 5.1 The yearend overspend of £1.798m is a significant achievement given PKIJB's underlying deficit of £4.168m. The national unpredictability of GP Prescribing expenditure has fallen in our favour in 2019/20 providing a significant £1.194m year end benefit. However financial recovery measures across Social Care have driven a £0.916m reduction in the overspend, greatly exceeding financial recovery plan expectation. The £0.364m benefit from other hosted services was not anticipated at the start of the year however further review would indicate that this will recur in 2020/21 and should now be forecast to offset the gap in the PKIJB 2020/21 Financial Recovery Plan on an in year basis.
- 5.2 The anticipated recurring implications of the prescribing rebates benefit are built into the 2020/21 Financial Plan. However further work is required to review Care at Home demand moving forward although this will need to take account of COVID 19 response and recovery.

Author(s)

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FINANCIAL POSITION

PERTH & KINROSS INTEGRATION JOINT BOARD
as at March 2020 Final outturn

Appendix 1

	Social Care		NHS Directed Services		Health & Social Care Partnership	
	Annual Budget £,000	Final outturn Over / (Under) £,000	Annual Budget £,000	Final outturn Over / (Under) £,000	Annual Budget £,000	Final outturn Over / (Under) £,000
Older People & Physical Disability Services						
Medicine For Elderly	0	0	4,004	186	4,004	186
Psychiatry Of Old Age	0	0	6,224	200	6,224	200
Community Hospitals	0	0	4,809	428	4,809	428
Comm Nursing-Older People	0	0	4,240	(18)	4,240	(18)
Intermediate Care	0	0	941	(246)	941	(246)
Anticoagulation	0	0	383	(44)	383	(44)
Physiotherapy	0	0	1,937	(44)	1,937	(44)
Occupational Therapy	0	0	1,224	179	1,224	179
Joint Loan Store / Social Care Occupational Therapy / Telecare	2,500	(15)	376	(36)	2,877	(51)
Care at Home	16,101	(566)	0	0	16,101	(566)
Care Home Placements	19,482	632	0	0	19,482	632
Local Authority Care Homes	1,377	208	0	0	1,377	208
Services To Carers	829	(45)	0	0	829	(45)
Other Services Older People	875	(181)	0	0	875	(181)
Investment Monies	21	(21)	467	(407)	488	(428)
Older People & Physical Disability Services	41,186	12	24,605	199	65,791	211
Learning Disability & Mental Health Services						
Residential Placements and Community Support	22,517	(44)	425	386	22,942	342
Learning Disability	0	0	826	19	826	19
General Adult Psychiatry	0	0	2,268	(115)	2,268	(115)
Learning Disability & Mental Health Services	22,517	(44)	3,519	289	26,036	245
Substance Misuse Services	86	64	973	(12)	1,059	52
Other Community Services						
Localities and Early Intervention & Prevention	4,476	(149)	0	0	4,476	(149)
Other Community Services	4,476	(149)			4,476	(149)
OTHER						
Management / Partnership Funding	(18,004)	1,612	19,024	165	1,019	1,777
Primary Care	0	0	473	(4)	473	(4)
Pchp Admin & Clerical	0	0	415	(10)	415	(10)
Commissioned Services	2,081	(44)	0	0	2,081	(44)
Med Training-Non Psychiatry	0	0	708	(76)	708	(76)
OTHER	(15,923)	1,568	20,619	74	4,696	1,642
Hospital Community Health and Social Care	52,342	1,451	49,716	550	102,058	2,001
Services Hosted in P&K on Behalf of Tayside IJBs						
Prison Health Services	0	0	3,984	(190)	3,984	(190)
Public Dental Service	0	0	2,140	(88)	2,140	(88)
Podiatry (Tayside)	0	0	3,112	(197)	3,112	(197)
Other Hosted Services Unmet Savings / Uplift Shortfalls	0	0	0	191		
Inpatient Mental Health Services	0	0	23,633	1,861	23,633	1,861
Hosted Services Recharges to Other IJBs	0	0	(21,850)	(1,058)	(21,850)	(1,058)
Services Hosted in P&K on Behalf of Tayside IJBs			11,020	520	11,020	329
Services Hosted Elsewhere on Behalf of P&K IJB	0	0	11,308	(261)	11,308	(261)
GP Prescribing	0	0	26,586	679	26,586	679
Other Family Health Services Prescribing	0	0	865	(1,121)	865	(1,121)
General Medical Services	0	0	25,621	6	25,621	6
Family Health Services	0	0	18,479	(26)	18,479	(26)
Large Hospital Set Aside	0	0	16,280	0	16,280	0
Grand Total	52,342	1,451	159,875	347	212,217	1,798

Appendix 2

Core Health & Social Care Savings 2019/20			
	Savings Plan £000	Amount Delivered £000	Variance from Plan £000
Redesign of Rehabilitation Beds	487	487	0
Fairer/Better Futures LD/Autism	350	350	0
Intermediate Care Review	261	261	0
Review Care at Home	222	222	0
Workforce Review for Integration	216	142	74
Supported Living	208	208	0
Corporate Digital Services/Mobile Working	169	169	0
Recommissioning of Accommodation	160	160	0
General Review of Budgets	152	152	0
Single Handed Care	100	100	0
Local Authority Care Home Income	100	100	0
Management & Administration	75	75	0
Highland House	67	67	0
Commissioned Services	63	63	0
Total Core Health & Social Care	2,630	2,556	74

APPENDIX 3

IJB RESERVES

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

As at March 2019, the IJB's Annual Accounts showed that Perth & Kinross IJB had £2.470m of earmarked reserves. Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding. The table below sets out the year-end position as at 31 March 2020.

	Balance as at 31 March 2019	Transfers (In)/Out	Balance as at 31 March 2020
	£000	£000	£000
Primary Care Improvement Fund	642	(576)	66
Mental Health Action 15 Fund	171	(152)	19
Primary Care Transformation Fund	359	(4)	355
Alcohol and Drug Partnership Fund	572	(366)	206
Partnership Transformation Fund	554	(123)	431
GP Recruitment and Retention Fund	118	(118)	0
Mental Health Bundle	54	(54)	0
GP Premises Improvement Fund	0	82	82
Closing Balance at 31 March	2,470	(1,311)	1,159



PERTH & KINROSS INTEGRATION JOINT BOARD

29 MAY 2020

BUDGET 2020/21: UPDATE

Report by Chief Financial Officer (Report No. G/20/56)

PURPOSE OF REPORT

This report provides an update on the forecast position for 2020/21 following the setting of the interim budget for 2021/22.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- 1.1 Note the forecast position for 2020/21 based on further work being undertaken;
- 1.2 Note that this currently excludes significant unplanned COVID19 response and recovery expenditure which is expected to be met by the Scottish Government. Further information is contained in the separate report on COVID19.
- 1.3 Note however that a fundamental review of all financial pressures and savings within the approved 3 Year Financial Recovery Plan is now required to consider the impact of COVID19 and the future shape and scale of services that will require to be delivered by PKHSCP.

2. SITUATION/ UPDATE

- 2.1 The IJB approved an interim budget for 2020/21 at its meeting on 30th March 2020. A balanced position for Social Care is presented following the very positive 2020/21 settlement from Perth & Kinross Council. A gap of £1.8m was set out for devolved health services to be offset fully by an over-delivery of recurring savings in future years as part of the IJB's investment in 'Shifting the Balance of Care'.
- 2.2 Discussions have been ongoing with NHS Tayside around the opportunity for bridging finance to support the IJB to achieve financial balance in three-years. However, NHS Tayside have not been able to fund this arrangement.

- 2.3 In parallel PKHSCP have continued to identify all possible further opportunities to deliver financial balance including across Inpatient Mental Health Services.
- 2.4 The £1.8m gap in PKIJB's 2020/21 Budget is directly driven by a £0.6M share of the underlying deficit in Inpatient Mental Health Services. The Chief Finance Officer has initiated financial recovery plan discussions with the Inpatient Mental Health Leadership Team, the new Director of Mental Health Strategy, and the NHS Tayside Director of Finance along with Angus and Dundee HSCP's.
- 2.5 To recognise that discussions are being progressed around the distinct financial recovery process that has now been initiated, the financial position of IPMH will be reported separately moving forward. This will also support expected changes to governance arrangements, in response to Minister of Mental Health's announcement in March.
- 2.6 The 2019/20 Year End out-turn has identified an underspend for PKHSCP of £0.364m in relation to other hosted services across Tayside. This is expected to recur in 2020/21 and can therefore be considered as an in-year offset to the gap in the Financial Plan.
- 2.7 The 2020/21 Financial Plan includes demand growth across a number of areas. PKHSCP will robustly manage demand to reduce the need for the full pressures provision within the financial plan. A target of £0.3m has been set.
- 2.8 As well as the potential impact of Covid19, PKHSCP have a number of wider financial risks, particularly relating to inpatient beds. However, over and above management of any overspend arising in these key areas, PKHSCP will take every opportunity to identify non-recurring opportunities to deliver overall financial balance in 2020/21.
- 2.9 Based on the actions set out above the 2020/21 Financial Forecast is presented in Table 1 below.

TABLE 1 2020/21 YEAR END FORECAST

				Social Care £m	Core Health £m	IPMH £m
2020/21 Gross Gap				0	1.2	1.8
2020/21 FRP Recurring Gap -PKIJKB				0	1.2	0.6
Inpatient Mental Health Financial Recovery Actions						TBA
Less: Forecast underspend Tayside Other Hosted Services					-0.3	
Less: PKHSCP Demand Management Health					-0.3	
Less: other non-recurring solutions					TBA	
2020/21 Year End Forecast				0	0.6	0.6

- 2.10 The COVID19 mobilisation and recovery will undoubtedly present both continued and new cost pressures as either COVID 19 lockdown continues or services have to be reconfigured in response to further restrictions. Whilst some costs are considered 'one-off', some of the financial implications will have far-reaching and recurring consequences for HSCPs. This will require a fundamental review of the pressures and savings set out in the 3 Year Financial Recovery Plan when the ongoing shape and scale of services moving forward is understood. It must be noted therefore that the financial forecast set out is likely to be subject to significant change

3. CONCLUSION

- 3.1 PKHSCP is committed to medium term financial planning and as such has prepared a Budget for 2020/21 and indicative Budget for 2021/22 and 2022/23 in line with its 3 Year Financial Recovery Plan. These were approved by the IJB at its meeting on 30th March 2020 as interim. A £1.8m gap remained in the 2020/21 Health Plan. NHS Tayside has not been able to support the advancement of bridging finance.
- 3.2 Despite the exceptional circumstances, work has continued to identify other possible measures that can bring the 2020/21 health position to balance. Agreement has been reached that be a distinct financial recovery process will be progressed in relation to Inpatient Mental Health.
- 3.3 A number of other non-recurring opportunities have been identified that are forecast to reduce the Core Forecast to £0.6m overspent. All other non-recurring opportunities will be pursued.

- 3.4 The next period will undoubtedly present both continued and new cost pressures as either COVID 19 lockdown continues or restrictions have to be reconfigured. Whilst some costs are considered 'one-off' some of the financial implications will have far reaching and recurring consequences for HSCPs. This will require a fundamental review of the pressures and savings set out in the 3 Year Financial Recovery Plan when the ongoing shape and scale of services moving forward is understood.

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PERTH & KINROSS INTEGRATION JOINT BOARD

29 MAY 2020

ADDITIONAL COSTS COVID-19

Report by Chief Financial Officer (Report No. G/20/57)

PURPOSE OF REPORT

The purpose of this report is to set out the current estimate of the additional costs of the COVID 19 Contingency for PKHSCP, the process for engaging with the Scottish Government to secure additional funding and the status of additional funding.

1. BACKGROUND

- 1.1 From the outset of the COVID19 pandemic, HSCP's have been required to submit estimations of the anticipated additional costs of the contingency within their mobilisation plans and also within weekly financial submissions to the Scottish Government via NHS Boards.
- 1.2 At this stage many of these costs are speculative relying on a high level of estimation whilst awaiting actual costs and an increased understanding of the reshaping and rescaling of different services across Perth & Kinross.
- 1.3 Costs for Inpatient Mental Health Services are not included within the financial forecasts. This is consistent with Mobilisation Plan which does not include the actions being taken by the IPMH Service in response to COVID19 since these are being reported directly through the NHS Tayside Command Structure and not through PKHSCP.
- 1.4 At this stage a number of costs including the Primary Care Assessment Hub and additional payments to GP's are not included in each Tayside HSCP's financial forecasts but have been submitted to the Scottish Government at Tayside level. The Scottish Government have asked that such costs now be split by HSCP and the work to do this will be undertaken over May 2020.
- 1.5 Maintenance of sound financial governance and cost control is imperative. Decision making has needed to be rapid but within an effective control environment with escalation for further discussion and agreement as required. This needs to be achieved through the PKHSCP Command Structure.

2. ADDITIONAL COSTS 2019/20

- 2.1 The following table summarises the actual costs which have been incurred within the 2019/20 Financial Year and for which additional budget has been received from the Scottish Government with no impact on year-end out-turn.

Description of Spend	2019/20 Actual £'000
Additional Staff Overtime	12
Additional Care Home Beds	13
Loss of Income	48
Additional Prescribing	458
Total	531

3. ADDITIONAL COSTS 2020/21

- 3.1 The following table sets out the anticipated costs for 2020/21. This is based on a number of assumptions around capacity and staffing requirements and around the additional costs that may be incurred by 3rd Party Care Providers. Of the £7.1m additional costs currently forecast £5.6m relate to Social Care and £1.5m to Health Services

	20/21 Initial Project £m
3rd Party Care Providers Additional Costs	3.1
Slippage in savings delivery	1.3
Loss of Income	0.7
Additional staffing costs	0.9
Supporting flow- additional care home capacity	0.2
Supporting flow-additional inpatient bed capacity	0.2
3rd Party Care Providers additional living wage uplift	0.2
Increase in GP Prescribing	0.2
Mental Health & Drug & Alcohol Support	0.1
Service Management Capacity and Communications	0.1
Other equipment, IT, property and PPE	0.1
Total	7.1

- 3.2 The additional cost of External Provided Services is an estimate of the additional costs to care providers of PPE, Staff Sickness, increased recruitment costs, agency costs and any other costs directly arising from COVID19. This is a high level estimate at this worst case scenario as we have been asked to build into our plans the potential for up to 25% in additional costs nationally. The forecast is likely to be revised significantly downwards moving forward based on actual spend and further national guidance however there remains significant challenges and uncertainty about the impact of Covid-19 on Care Providers. Locally however the Supplier Framework implemented by Perth & Kinross Council provides an effective mechanism for all Care Providers to seek full and early re-imbursement for all additional costs.

- 3.3 The Scottish Living Wage Contract Uplift is the additional cost to PKHSCP of applying the full 3.3% uplift on total contract rather than pay cost only in line with Scottish Government guidance.
- 3.4 The loss of income reflects the decision by Perth & Kinross Council GOLD Command to pause charging on Non-Residential Services for 2020/21 since a number of chargeable services are currently not able to be provided. This is under ongoing review.
- 3.5 The underachievement of savings recognises that a number of major transformation plans cannot be progressed at this stage due the essential focus of service teams on the delivery of critical services during the contingency period.
- 3.6 The additional care home and inpatient bed capacity costs reflect additional capacity to support flow and reduce delayed discharge.
- 3.7 PKHSCP has taken significant steps to minimise and mitigate additional staffing costs where possible through detailed daily workforce review and the redeployment of staff to critical services. However some additional costs are currently forecast in relation to additional hours and supplementary staffing to support critical services. The additional costs of creating a workforce planning function focused daily on agile workforce management to reduce additional workforce costs has also been included. In parallel additional communications support has been essential in ensuring effective and agile communication with staff and service users and this additional cost has also been included. Support to Care Providers will also be required.
- 3.8 PKHSCP anticipate significant additional costs associated with ensuring increased mental health support across PKHSCP and to staff. This is very high level estimate at this stage and includes provision for increased drug and alcohol services.

4. SCOTTISH GOVERNMENT REVIEW AND ALLOCATION OF ADDITIONAL FUNDING

- 4.1 A significant amount of work has been done through National Finance Networks to ensure that financial submissions to the Scottish Government by HSCP's are as clear and consistent as possible to support the Scottish Governments understanding of actual and anticipated costs and ultimately to support the release of additional funding at the earliest point to HSCP's.
- 4.2 Ongoing review and joint consideration between HSCP's and the Scottish Government of the cost implications of both the emergency response period and the subsequent period of recovery to a 'new normal' will be necessary. An initial meeting with the 3 Tayside Chief Financial Officers and the Interim Director of Integration (David Williams) was held in early May to review HSCP mobilisation plans and associated financial forecasts and such meetings are now expected to take place regularly.

- 4.3 In addition the Scottish Government are establishing Peer Review Groups from each region comprising representation from NHS Boards, Integration Authorities, and Local Government. These groups are being asked to focus on ensuring robustness of costs set out in Mobilisation Plans and provide the necessary assurance for funding to be allocated. However in parallel the Scottish Government have indicated that for Social Care Provision and PPE expenditure, it will be more appropriate to take forward work at a national level and arrangements are being taken forward.
- 4.4 The Scottish Government have indicated that both earmarked and un-earmarked reserves held by IJB's may be required to be released to offset additional COVID19 costs in 2020/21. This use of earmarked reserves in this way will significantly compromise the delivery of wider transformation commitments including the implementation of the new GMS Contract and Mental Health service improvement plans. It is therefore imperative that any plans to utilise IJB reserves is not only fair and consistent with the use of reserves by other public bodies, but goes hand in hand with national agreement to suspend nationally driven modernisation programmes.
- 4.5 An initial allocation has been made by the Scottish Government on 12th May 2020 of £50m to Integration Authorities as an initial advance to meet social care costs. PKHSCP's share of this allocation is £1.4m. The Scottish Government have provided assurance that this is an initial advance only whilst further work to ensure the robustness of costs is undertaken.

5. FORWARD LOOK

- 5.1 The next period will undoubtedly present both continued and new cost pressures as either lockdown continues or restrictions have to be reconfigured. Whilst some costs are considered 'one-off', some of the financial implications will have far reaching and recurring consequences for HSCP's.
- 5.2 In particular, as the requirement to return to full service provision our ability to redeploy staff to cover staff sickness will become limited and additional staffing costs are likely to increase significantly. This has not yet been accounted for in financial estimates.
- 5.3 In addition, as non-COVID hospital admissions begin to increase to normal levels, there may be significant financial implications of being able to keep delayed discharges at the levels achieved over the initial 6 week response period. This has not yet been accounted for in financial estimates.
- 5.4 There may be reduced costs associated with the disruption to planned activity. This is very difficult to assess at this stage and will be fully reviewed once actual expenditure is available for 2020/21.

6. RECOMMENDATIONS

6.1 The Integration Joint Board are asked to:-

- Note the current estimate off the cost implications of COVID19 and the speculative nature of many of the costs at the stage.
- Note that further work is underway to consider the cost implications of Phase 2 Recovery
- Note the initial advance of £1.4m from the Scottish Government to meet Social Care Costs

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ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
29 May 2020

Report No. G/20/53

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
118	26 June 2019	9.1	P&K Alcohol & Drug Partnership	Update report to be submitted including framework and data in 6-9 months time.	C Mailer/KO	April 2020 c/f June 2020	April IJB Meeting cancelled due to Covid19
124	06 Nov 2019	4	Update on Redesign of Community Mental Health Services and Support in P&K	Chief Officer to provide the IJB with the Community Mental Health Strategy once produced.	G Paterson	June 2020	
127	06 Nov 2019	11	Carer & Young Carers Strategy 2019-22	Chief Officer to provide annual report with updates on performance and progress in delivering the Action Plan	D Fraser	Dec 2020	
129	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer instructed to provide annual report to IJB on progress in implementing the Strategic Commissioning Plan	G Paterson	Dec 2020	
130	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer to submit the Terms of Reference for Strategy Groups at future IJB Meeting.	G Paterson	June 2020	
131	17 Dec 2019	10.1	Mental Health Alliance	Chief Officer to revise TOR & MOU - sections to be included regarding the reporting structure & withdrawal options. Also Consultation with Chief Executives of Local Authorities to be arranged. Revised MOU & TOR to be distributed to IJB members for comments.	G Paterson	April 2020 c/f June 2020	April IJB Meeting cancelled due to Covid19



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

29 May 2020

Report No. G/20/53

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
135	17 Dec 2019	11	Review of Inpatient Rehabilitation Beds	Head of Health to submit a completed business case and optional appraisal for approval	E Devine	June 2020	
136	12 Feb 2020	3	Public Protection	Public Protection Presentation to be arranged for a Briefing Session later this year.	J Pepper/	August 2020	
137	12 Feb 2020	4	Primary Care	Primary Care Sustainability & Improvement Plan To include Bridge of Earn Impact Update	L Jackson-Hall/H Dougall	June 2020	
138	12 Feb 2020	7.3	Strategy for Adults with a Physical Disability	Update to submitted in 6 months	D Fraser	Sept 2020	
139	12 Feb 2020	8.2	Joint Inspection of Adult Services – Improvement Action Plan	Update to be presented	G Paterson	June 2020	