

## **FALKIRK INTEGRATION JOINT BOARD**

**DRAFT Minute of Meeting of the Falkirk Integration Joint Board held in Rooms 1 and 2, the Learning Centre, Forth Valley Royal Hospital on Friday 4 August 2017 at 9.30am.**

**Voting Members:**

Julia Swan (Chairperson)  
Allyson Black (Vice Chair)  
Alex Linkston  
Michelle McClung  
David Alexander (substitute for Cllr Meiklejohn)  
Fiona Collie

**Non-voting Members:**

Patricia Cassidy, Chief Officer  
Amanda Templeman, Chief Finance Officer  
Fiona Ramsay, Interim CEO, NHS Forth Valley  
Mary Pitcaithly, CEO, Falkirk Council  
Sara Lacey, Chief Social Work Officer  
Tom Hart, NHS Staff Rep  
Morven Mack, Carers Rep  
Angela Price, Third Sector Rep  
Angela Wallace, NHS Nurse Director (Nursing Rep)  
Leslie Cruickshank, GP Rep  
Andrew Murray, NHS Medical Director (Medical Rep)  
Gordon Irvine, (substitute for Sandra Burt)  
Margo Biggs, (substitute for Martin Murray)

**In Attendance:**

Kathy O'Neill, General Manager (Item 10)  
Suzanne Thomson, Programme Manager (Item 9)  
Elaine Vanhegan, Head of Performance Management  
Fiona Gordon, Service Manager (Item 9)  
William McQuillan, Procurement and Commissioning Manager (Item 11)  
Dennis O'Donnell, Service Manager (Item 11)  
Lesley Middlemiss (Item 12)  
Jo McLaren, Performance Management Officer, NHS Forth Valley (minute)

### **IJB116. ACTIVITIES OF DAILY LIVING (ADL) SMARTCARE**

The Integration Joint Board received a presentation in the Lecture Theatre, on the 'Activities of Daily Living (ADL) Smartcare' provided by Professor Peter Gore.

*The remaining business of the Integration Joint Board took place afterwards.*

### **IJB117 APOLOGIES**

Apologies were received on behalf of Cecil Meiklejohn, Sandra Burt, Council Staff Rep, Martin Murray, Service User Rep, Joe McElholm, Head of Social Work, Adult Services and Karen Herbert, Falkirk Third Sector Interface

Ms Swan acknowledged that there had been a delay in the circulation of the Board papers due to a combination of both timing and staffing issues. It was noted that future meetings would not be scheduled at this time of the year. It was stressed that those involved in report production strive to meet all deadlines to ensure timely circulation.

**IJB118. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**IJB119. MINUTE OF THE FALKIRK IJB MEETING HELD ON 16 JUNE 2017**

**Decision**

**The minute of meeting of the Integration Joint Board held on 16 June 2017 was approved.**

**IJB120. ACTION LOG**

The Integration Joint Board considered the 'Action Log' presented by the Chair.

It was noted that any updates would be provided under the specific agenda items throughout the meeting.

The Integration Joint Board noted the update provided.

**IJB121. CHIEF OFFICER REPORT**

The Integration Joint Board considered a paper 'Chief Officer Report' presented by the Chief Officer.

Ms Cassidy provided an update on developments within the Health and Social Care Partnership including the required representation on the Community Planning Strategic Board, the HSCP support services arrangements/governance and delayed discharge position. Further updates were provided on the Integration Joint Board Annual Report, consultations and correspondence including an overview of the national Health and Social Care standards.

The Board discussed transfer of services in detail. Mrs Ramsay advised that the current environment was complex in relation to taking this forward, with detailed discussions ongoing, jointly, around phased transfer of services. It was acknowledged that challenges remained for NHS managers who were trying to manage area wide, across two partnerships while maintaining focus on providing services to patients. Mrs Ramsay highlighted work would be undertaken to progress this, led by Professor Wallace working with the 2 Chief Officers, 2 General Managers from NHS Forth Valley, staff side, HR and Finance. There had been discussions around the approach with the 2 Chief Officers to ensure this was moved forward in partnership.

Following a specific question around improving the delayed discharge position, Ms Cassidy advised that there remained some volatility within the system, however

every effort was being made to sustain an improved position. It was also highlighted that there had been additional support provided by the Scottish Government, informal feedback to date had been positive in terms of the local approach, highlighting no additional measures / actions were suggested to support improvement.

Discussion took place in respect of the continued focus around reablement and closer to home. It was stressed that this option was being progressed when appropriate.

It was noted that the work ongoing in respect of staff engagement had been positive to date.

### **Decision**

#### **The Integration Joint Board:-**

- (1) Nominated Fiona Collie as the IJB representative for the Community Planning Partnership Strategic Board at section 4.6**
- (2) Agreed that the Chief Officer and Leadership team prepare a draft structure and timeline for the implementation of an integrated management and locality structure, including the required support services, for consideration at the next Board meeting in October 2017.**
- (3) Noted the communication about Joint Inspections of Integrated Health and Social Care and the proposal to complete a self evaluation.**
- (4) Approved the proposal to participate in the Priority Setting Framework as detailed in section 4.8 of this report.**
- (5) Delegated authority to the Chief Officer to approve the Advocacy Award of Contract and to report to the October IJB meeting, updating the Board on the Contract Award.**
- (6) Noted that a programme of staff engagement would be developed.**
- (7) Agreed that a tender was to be drafted and issues to continue the service model developed as part of the pilot of Discharge to Assess (D2A)**
- (8) Agreed that the CFO and Leadership team was to identify the funding required from existing resources and if required from the leadership funds remitted to the Leadership Team to:**
  - Enable the extension of the current provider until D2A tender is in place in October**
  - Fund the service from October until the end of March 2018 during the tender process for Homecare and Care at Home services.**
- (9) Noted the update on delayed discharge in section 8 of the report.**
- (10) Noted the update on the new National Health and Social Care standards in section 13.**
- (11) Noted the Chief Officer's group, joint response on behalf of IJB's to the Safe and Effective Staffing in Health and Social Care Consultation within Appendix 4.**

### **IJB122. INTEGRATION JOINT BOARD FINANCIAL REPORT**

The Integration Joint Board considered a paper 'Integration Joint Board Financial Report' presented by the Chief Finance Officer.

The report provided an update on the financial position for 2017/18. The report provided a detailed overview of the Partnership Base Budget, Leadership Funding,

Integration Funding, Partnership Funding and reserves. It was noted that the intention was to review the report going forward to provide a clearer focus around the financial position.

Detail was provided around the 2017/18 projected out turn with pressures highlighted for both adult social care and NHS, particularly around prescribing.

### **Decision**

#### **The Integration Joint Board:-**

- (1) Noted that a full risk assessed budget recovery plan would be submitted to the October IJB meeting.**
- (2) Noted the changes to the approved budget as set out in paragraphs 4.1 and 4.2**
- (3) Noted the projected overspend for the Partnership of £1.490m as set out in section 5 and the reasons for variations.**
- (4) Noted the use of Leadership Funding as set out in section 6.**
- (5) Noted the projected balance of £1.467m for Integration Funding as set out in section 7.**
- (6) Noted the available balance of £2.2m for Partnership Funding as set out in section 8.**
- (7) Noted the position on reserves as set out in section 9.**
- (8) Noted the future workstreams as set out in section 10.**

### **IJB123. IJB ANNUAL PERFORMANCE REPORT**

The Integration Joint Board considered a paper 'Falkirk Health and Social Care Partnership Annual Performance Report' presented by the Chief Officer.

The report outlined how the partnership was working towards meeting the Strategic Plan and the nine National Health and Wellbeing Outcomes.

An overview was provided around the main sections covered within the report which included: an introduction from the Chair and Chief Officer, a summary of the Integration Joint Board and governance structure, review of the strategic plan against the 5 local outcomes, ongoing work being progressed to enable change, performance against both the financial requirements and national health and wellbeing outcomes. A brief overview with regards to next steps was also provided.

It was noted that a summary document would be produced and published online along with the full report. It was agreed this would be beneficial for wider stakeholders and the general public.

Following a specific query in relation to Performance Management reporting within the final section of the report it was highlighted that the Autonomy and Decision Making factor was missing one of the self directed support options. Ms Cassidy advised she would feedback to Ms Collie on this, following the meeting.

It was noted that the report provided a helpful overview of the performance in relation to the national position.

### **Decision**

#### **The Integration Joint Board:-**

**Approved the Annual Performance Report 2016-17.**

#### **IJB124. PARTNERSHIP FUNDING**

The Integration Joint Board considered a paper 'Partnership Funding' presented by the Chief Officer.

The report provided detail in relation to Partnership Funding; Integrated Care and Delayed Discharge funds. This included, funding recommendations relating to proposals reviewed in accordance with the agreed Partnership Funding governance process, and further information regarding ALFY and the Braveheart Optimise Health Programme.

The paper highlighted that following recent communication with the Project Manager, further sources of funds in relation to Braveheart had not yet been secured and were unlikely to be in place before February 2018. It was noted that a funding request had been received that morning, however detail of this was not currently available. It was agreed that an update would be provided to the Board at the next meeting in October 2017.

Discussion took place in respect of the activity around the ALFY service. It was noted that there has been a considerable increase in phone calls during July following a specific question in relation to low activity levels for this service. It was highlighted that the performance only took into account the phonecalls received by the service and there was a significant amount of other activity which was not captured, including phonecalls from the service to follow up on patients post discharge.

Following a query in relation to Mental Health and carer services it was highlighted that there was currently a Mental Health Wellbeing group. With regards to membership it was agreed that this would be picked up outwith the meeting by Ms Cassidy where further detail and assurance could be provided around this, and agree a way forward in respect of additional Third sector feed in.

Discussion took place around Strathcarron and the positive work being taken forward in relation to palliative and end of life care.

#### **Decision**

##### **The Integration Joint Board:-**

- (1) Approved the allocations of Partnership Funding.**
- (2) Noted the additional information relating to ALFY and Braveheart Optimise Health Programme.**

#### **IJB125. NHS CASES FOR CHANGE – PROGRESS REPORT**

The Integration Joint Board considered a paper 'NHS Cases for Change: Progress Report' presented by the General Manager, Community Services Directorate.

The paper provided an overview of progress to date with the cases for change discussed and agreed at the June Integration Joint Board, and proposed some additional proposals for agreement. It was highlighted that a number of cases for change required agreement by the Clackmannanshire and Stirling Integration Joint

Board at the end of June, the opportunity to progress planning and implementation had been limited.

The paper provided an overview of the reconfiguration of Falkirk Community Hospital beds, prescribing for both primary care and mental health services, progress updates on the income generation proposal around Hope House, review of day services for older adults with mental health problems, continence services, adult and community based specialist mental health services. It was highlighted the initial reviews of the Health Improvement Fund would be completed by the end of October 2017.

Discussion took place in relation to the additional budgetary requirements and also around prescribing for both primary care and mental health.

### **Decision**

#### **The Integration Joint Board:-**

- (1) Noted the progress made in the planning and implementation of the cases for change discussed and agreed at the June IJB.**
- (2) Noted the additional budgetary contribution of £0.230 as described in the paper.**
- (3) Approved the proposal to reconfigure beds at Falkirk Community Hospital.**
- (4) Approved the additional work ongoing to increase prescribing savings**
- (5) Noted that a detailed recovery plan would be presented at the October 2017 meeting which would include the financial projections and risks associated with these cases for change**

### **IJB126. HOMECARE AND COMMUNITY CARE CONTRACT**

The Integration Joint Board considered a paper 'Homecare and Community Care Contract' presented by the Head of Procurement and Housing Property.

The report provided an update on the proposed strategy and principles to facilitate the delivery of the new Homecare and Community Services framework contract. The IJB were provided with an overview of how the current arrangements functioned at the moment and the proposal for going forward, including timelines. The intention was to move to an initial two year contract with the option for an additional two, 12 month extensions.

Discussion took place around ensuring best value within this contract. It was highlighted that all care staff would be paid the living wage and there was a requirement for all those submitting tender applications to provide assurance that their staff were appropriately rewarded, recognised and trained prior to their tender application being considered. It was also noted that this would further ensure continuity of staff by providing greater opportunity for retention of staff. There would be an ability to block the contract if staffing requirements were not met which included no zero hour contracts.

Discussion also took place in relation to sustaining current service levels and it was noted that there was process in place to ensure that individual contracts could continue if the service user wished and required them to. It was agreed that this was

a positive step as these services were central to providing care and relied on by many service users in the Falkirk area. It was also stressed that work would continue throughout the contract to engage with the successful organisation to ensure that it maintained the grade 4 or above care inspectorate rating. An improvement plan would be developed if this dropped to below grade 4.

With regards to the timetable, it was agreed that this would be challenging going forward, however, there was opportunity for movement built into the timescales therefore, it was anticipated that the end date would be achieved.

It was noted that further consideration may be required around specialist care staff in terms of the living wage.

### **Decision**

#### **The Integration Joint Board:-**

- (1) Noted the contract principles.**
- (2) Noted the contract timetable and associated stakeholder consultation.**
- (3) Noted that a further report would be submitted to the IJB meeting on 6 October 2017 to approve the finalised contract strategy.**

### **IJB127. PRIMARY CARE TRANSFORMATION**

The Integration Joint Board considered a paper 'Primary Care Transformation Programme' presented by the Clinical Lead, NHS Forth Valley.

The report sought approval from the members of the Board for the proposed NHS Forth Valley wide implementation of the National Primary Care Transformation Programme, including Out of Hours (OOH) Urgent Care Transformation. An update was also provided on the Scottish Government funded Primary Care Transformation programmes and the improvement approaches proposed by Forth Valley, which were agreed by the Scottish Government in autumn 2016.

It was highlighted that there were three key strands of working being progressed;

- Mental Health
- General practice
- Out of Hours primary care

The transformation programme was informing work going forward and ensuring that this new model of care was delivered safely and robustly. The paper highlighted the various steps being taken forward around this. It was noted that a piece of work was also being progressed around workforce development.

An overview was provided in relation to the Mental Health proposal around the re-modelling of post diagnostic support for dementia and also detail around supporting people with autism spectrum disorders (ASDs). Further discussion took place in relation to user input to these processes, with particular focus on autism. It was highlighted that input from patients from all age groups was essential to the development of this, in order to build capacity for psychological therapy staff to support patients fully.



It was stressed that this was a clinically focussed initiative in the first instance, however other services were involved in other areas of the programme including NHS 24 and Scottish Ambulance Service.

With regards to dementia patients, work was ongoing to capture all available resources to develop a more robust Post Diagnostic Support model. Focus in the short term was to reduce the number of patients waiting.

### **Decision**

#### **The Integration Joint Board:-**

- (1) Approved the proposed outline of the programme.**
- (2) Noted a fully revised Out of Hours Urgent Care Model of Service and Workforce plan would be presented to both IJBs and the NHS Board within the timescales associated with the Bridging funding available.**
- (3) Agreed the proposed governance arrangements.**
- (4) Delegated authority to the Chief Officer, as a member of the Primary Care Transformation Group, to take the appropriate actions required to implement the Primary Care Transformation programme.**
- (5) Noted that regular reports would be provided to future IJB meetings.**

It was highlighted that Dr Leslie Cruickshank would be stepping down as the GP representative on the Falkirk IJB following this meeting. Ms Swan thanked Dr Cruickshank for his contribution to the Board over the last year.

### **IJB128. GP OUT OF HOURS**

The Integration Joint Board considered a paper 'NHS Forth Valley GP Out of Hours Service Interim Changes' presented by the Medical Director.

The paper provided detail of the current challenges in providing a sustainable GP Out of Hours Service over the summer months and the short and longer term actions required to deliver a sustainable service model in future.

### **Decision**

**The Integration Joint Board noted the interim arrangements for the period July – September 2017.**