

FALKIRK INTEGRATION JOINT BOARD

DRAFT Minute of Meeting of the Falkirk Integration Joint Board held in the Committee Suites, Municipal Building, Falkirk on Friday 2 February 2018 at 9.30am.

Voting Members:

Julia Swan (Chairperson)
Allyson Black (Vice Chair)
Alex Linkston
Michele McClung
Cecil Meiklejohn
Fiona Collie

Non-voting Members:

Patricia Cassidy, Chief Officer
Amanda Templeman, Chief Finance Officer
Cathie Cowan Chief Executive, NHS Forth Valley
Mary Pitcaithly, Chief Executive, Falkirk Council
Sara Lacey, Chief Social Work Officer
Matt McGregor, Council Staff Representative
Morven Mack, Carers Representative
Angela Price, Third Sector Representative
Margo Biggs, Service user Representative
Claire Bernard, Falkirk Third Sector Interface
Dr David Herron, GP representative
Angela Wallace, NHS Nurse Director (Nursing Rep)
Andrew Murray, NHS Medical Director (Medical Rep)

In Attendance:

Suzanne Thomson, Programme Manager
Joe McElholm, Head of Social Work Adult Services
Elaine Vanhegan, Head of Performance and Governance
Kathy O'Neill, General Manager
Sonia Kavanagh, Corporate Governance Manager, NHS Forth Valley (minute)

Mr Scott Mitchell, Pharmacy Director (IJB168)

IJB166. APOLOGIES

Apologies were received on behalf of Karen Herbert.

The Integration Joint Board formally welcomed Mrs Cathie Cowan who had commenced in her new role as Chief Executive of NHS Forth Valley and Dr David Herron who was attending for the first time as the new GP representative.

Mrs Swan expressed the IJB's thanks and acknowledgement for the valuable contribution made by Mr Tom Hart, who was due to retire at the end of February 2018.

IJB167. DECLARATIONS OF INTEREST

There were no declarations of interest.

IJB168. PHARMACY FIRST

The Integration Joint Board received a presentation 'Pharmacy First' provided by Mr Scott Mitchell, Pharmacy Director.

Mr Mitchell provided a brief outline of the Scottish Government funded evaluation, Pharmacy First which had been locally negotiated and introduced in March 2016, to build on the existing Community Pharmacy Minor Ailment Service.

The public were encouraged to use their local community pharmacies as their first point of contact to assist with the management of three common clinical conditions; Uncomplicated Urinary Tract Infections (UTI's), Impetigo and Exacerbation of Chronic Obstructive Pulmonary Disease (COPD).

Following the successful pilot Pharmacy First was extended to include a further four common clinical conditions in April 2017. Training was offered to all community pharmacy contractors and various communication formats were used to highlight the service to the public.

Work continued to embed the service and support community pharmacists to extend their scope to become independent prescribers and introduce common clinical condition clinics.

The Integration Joint Board thanked Mr Mitchell for the interesting presentation and the potential to extend opportunities for people to access treatment, diverting away from GP and Out of Hours services for preventative and early detection of common conditions

A copy of the presentation would be circulated to Board Members.

IJB169. MINUTE OF THE FALKIRK IJB MEETING HELD ON 1 DECEMBER 2017

With reference to IJB159, Councillor Cecil Meiklejohn highlighted that part of the decision had been noted in the narrative of the minute rather than the agreed motion. It was agreed that the minute did not need to be amended on this occasion, however all decisions were to be accurately reflected in future.

Decision

The minute of meeting of the Integration Joint Board held on 1 December 2017 was approved.

IJB170. ACTION LOG

The Integration Joint Board considered the 'Action Log' presented by the Chair and noted the updates provided.

IJB171. CHIEF OFFICER REPORT

The Integration Joint Board considered a paper 'Chief Officer Report' presented by Ms Patricia Cassidy, Chief Officer.

Ms Cassidy provided an update on developments within the Health and Social Care Partnership.

Details were provided on a range of work including the development of an Integrated Structure and the Support Services arrangements and ongoing discussions to develop the Clinical and Care Governance Group to implement the Internal Auditor's report and action plan.

Updates were provided regarding the evaluation of tenders for the Homecare and Community Care Contract; transition planning; the ongoing work to support service users, carers and staff during changes to the model of Day Services; the continuing challenge to recruit GPs including emerging issues regarding long term sustainability and the new General Medical Services (GMS) contract.

Work continued to develop the proposed scope of the Priority Setting Framework and the Frailty at the Front Door collaborative.

The focus and support throughout the winter planning period was highlighted including the significant demand due to flu. A winter plan debrief session in April 2018 was planned to understand and provide learning for 2018/19.

Members were encouraged to complete the IJB Board Self-Evaluation as part of the Board governance and good practice.

The IJB discussed the Day Care Reviews and the need to ensure staff were supported and involved in the development of appropriate services and activities too, and highlight any potential gaps. Assurance was provided that the necessary resource to ensure the review of individuals' community care assessments and eligibility would be available during this period of change.

Additional updates were requested for the Frailty at the Front Door Collaborative to highlight the integrated approach, including metrics and an overview of the work around Transition Planning to ensure a smooth transition for young people.

The update provided regarding Clinical and Care Governance was discussed and the importance of moving this forward. Councillor Meiklejohn motioned that a Clinical and Care Governance Committee should be established with two voting members of the Board in its membership and further recommendations regarding broader membership and Terms of Reference to be provided at the next meeting. Detailed discussions took place in relation to the importance of a Clinical and Care Governance Committee to provide the necessary assurance with the need to be transparent while ensuring confidentiality. Although further work was necessary, the proposed formal committee would need to be open and accountable while allowing robust conversations to take place when required.

Councillor Meiklejohn seconded by Councillor Collie moved that the IJB agreed an addition to the recommendations as outlined in Decision 4 below. The voting members agreed to the motion.

Decision

The Integration Joint Board:-

- 1. Noted the content of the report.**
- 2. Noted that a report on the development of Integrated Structures would be brought to the next meeting of the IJB.**
- 3. Noted that an update report on Clinical Care Governance would be brought to the next meeting of the IJB.**
- 4. Agreed to establish a Clinical and Care Governance Committee with two voting members of the Board in its membership and that**

recommendations on its broader membership and its Terms of Reference are brought to the next meeting of the IJB.

IJB172. FINANCIAL REPORT

The Integration Joint Board considered a paper 'Financial Report' presented by Ms Amanda Templeman, Chief Finance Officer.

Ms Templeman provided an update on the financial position for 2017/18 and the development of a risk sharing agreement.

Details of the Partnership Base Budget were provided outlining the reasons for the various adjustments required.

The current projection for the partnership was an overspend of £2.020m, a deterioration of £0.965m on the position reported to the December IJB. This was on the NHS arm of Partnership budget. Prescribing remained the main pressure for NHS Forth Valley with ongoing and planned work in poly-pharmacy review, technical switches and waste/repeat prescription reductions. Pressures facing Adult Social Care included external home care provision. An overspend was projected for housing adaptation works on the Housing Revenue Account (HRA) but this was met from ring fenced HRA reserves.

The IJB discussed the challenges around prescribing and the work with Pharmacies and GPs to review and adjust patient medication where possible and link with appropriate national initiatives.

Although the sub group of the Leadership Team, comprising NHS Finance Managers, and Operational and General Managers had continued to meet regularly and discuss opportunities for recovery of the NHS arm of the 2017/18 budget, no further savings had been identified. The next stage would be to formally agree a cost sharing model for 2017/18.

An update on Partnership Funding was provided with a breakdown of the funding available. The investment plan including detailed costings and on-going performance review would be brought to the special meeting of the IJB in March 2018.

Decision

The Integration Joint Board:-

- 1. Noted the changes to the Partnership Base Budget as set out in section 4 of the report**
- 2. Noted the financial projection for 2017/18 and the areas facing pressures as set out in section 5 of the report**
- 3. Noted the progress to date in developing the budget recovery plan and the focus on the development of a cost sharing agreement for the 2017/18 overspend.**
- 4. Noted the use of Leadership Funding as set out in section 7 of the report**
- 5. Noted the projected balance of Integration Funding as set out in section 8 of the report.**
- 6. Noted the position on reserves as set out in section 10 of the report.**

IJB173. FALKIRK INTEGRATION JOINT BOARD BUSINESS CASE 2018/19

The Integration Joint Board considered a paper 'Falkirk Integration Joint Board Business Case 2018/19' presented by Ms Amanda Templeman, Chief Finance Officer.

Ms Templeman provided an update on the development of the Business Case 2018/19, covering the Adult Social Care element of the budget only. A report including NHS Budgets would be submitted to the special meeting of the IJB in March 2018.

Although the Council had revised their figure for savings options, challenges in achieving this remained including concerns regarding the impact of individual savings on a whole system approach. Details of the savings were provided including the associated risks involving the deliverability and impact on the quality of services as well as the delivery on strategic objectives.

The Scottish Government had announced the draft budget in December 2017 and this was now subject to negotiations. The outcome from these negotiations would not be known until 21 February 2018 and there was a potential for this to impact the funding levels for the Partnership.

The IJB discussed the savings options provided including the Younger and Older Day Services which were both risk rated as red and the financial implications of sickness absence where early intervention could have a positive impact.

Concerns regarding the level of savings necessary and potential impact on services were raised. Councillor Meiklejohn agreed to discuss this with the Council and review the proposed level of savings required once the final budget was known.

Decision

The Integration Joint Board:-

- 1. Approved the draft programme of saving options set out in Appendix 1 of the Business Plan.**
- 2. Approved the update to the Business Plan for submission to Falkirk Council in February as part of their budget setting process.**
- 3. Noted that an update to the Business Plan would be prepared for the next IJB meeting to include savings options for the Partnership as a whole.**
- 4. Endorsed recommendation that the charging policy for social care be reviewed during 2018/19 with a transition to the new charges being implemented from 2019/20.**

IJB174. PERFORMANCE REPORT

The Integration Joint Board considered a paper 'Performance Report' presented by Ms Elaine Vanhegan, Head of Performance and Governance.

Ms Vanhegan highlighted that the Ministerial Strategic Group (MSG) had requested an update of local objectives and ambitions relating to the six integration indicators including proposed trajectories. Work was ongoing to agree trajectories, with the Unscheduled Care Programme Board overseeing the delivery and reporting arrangements.

A summary of key performance issues were highlighted; the ongoing challenges with Emergency Department (ED) 4 hour wait and the significant impact due to flu, Delayed Discharge including the impact of the Bield closure, and the work to reduce

the number of attendances in A&E through for example Closer to Home, where the service was starting to report an overall increase in referrals.

The Integration Joint Board discussed the need to prevent hospital admission through review of and necessary changes to patient pathways, ensuring facilities and services were able to meet the demand and requirements.

Decision

The Integration Joint Board:-

- 1. Noted the content of the performance report.**
- 2. Noted the submission to the MSG on the six integration indicators.**
- 3. Noted that appropriate management actions continued to be taken to address issues identified through the performance reports.**

IJB175. IMPLEMENTATION OF DUTY OF CANDOUR

The Integration Joint Board considered a paper 'Implementation of Duty of Candour' presented by Sara Lacey, Chief Social Work Officer.

Ms Lacey outlined the legislation and work to implement Duty of Candour provisions which would come into effect on 1 April 2018, with guidance due to be published prior to this date. The overall purpose of the new duty was to ensure that organisations were open, honest and supportive when there was an unexpected or unintended incident resulting in death or harm as defined in the Act.

Details regarding the implications of the new Duty of Candour provisions were provided. The statutory duty on organisations would assist with the establishment of a robust and consistent approach to candour across health and social care, complementing professional duties already in existence.

The IJB discussed the need for consistency including those services which were commissioned, with the duty to be incorporated into their existing processes. Relevant training and workforce tools would be provided for staff to support them and procedures updated to reflect the implementation. There would be ongoing review and monitoring to ensure systems were working effectively and appropriately.

Decision

The Integration Joint Board:-

- 1. Noted the implications of Duty of Candour**
- 2. Agreed that implementation of Duty of Candour would be monitored and reviewed by the Clinical and Care Governance Group with updates coming back to the IJB in due course.**

IJB176. REALISING REALISTIC MEDICINE

The Integration Joint Board considered a paper 'Realising Realistic Medicine' presented by Mr Andrew Murray, Medical Director.

Mr Murray provided a brief outline of the key messages within the two reports, published by the Chief Medical Officer of Scotland. The first report, Realistic Medicine focused on building a personalised approach to care with shared decision-making, a reduction of unnecessary variation in practice and outcomes, while reducing harm and waste, managing risk better and becoming improvers and

innovators. The follow up report, Realising Realistic Medicine looked to broaden the messages to multidisciplinary teams.

Engagement with senior management and clinicians had begun with various workshops held. To encourage and assist patients to ask the relevant questions about their treatment, postcards had been developed and distributed 'Asking the Right Questions Matters'.

It was noted that the principles set out in the Realistic Medicine approach were consistent with current practice and social work.

The IJB discussed how this linked with the health and social care approach 'What Matters to You?' and how it would empower patients to be involved and informed, reducing any potential anxieties they may have.

Decision

The Integration Joint Board:-

- 1. Noted the opportunities that Realistic Medicine offered in terms of transforming the quality, consistency and value of healthcare services and the progress made so far.**

IJB177. PRIMARY CARE TRANSFORMATION PROGRAMME UPDATE

The Integration Joint Board considered a paper 'Primary Care Transformation Programme Update' presented by Dr David Herron, GP Clinical Lead for Falkirk HSCP.

Dr Herron outlined the work to implement the National Primary Care Transformation Programme, led by Ms Lesley Middlemiss, Programme Manager Primary Care Transformation. This would allow testing and evaluation of which primary care models worked in individual communities and then extending the most successful models of care across Scotland in line with the new GMS contract model.

There were three strands involved; Urgent Care GP Out of Hours Transformation to provide a sustainable whole system service, Primary Care Transformation to encourage GP practices to work together in clusters with a multidisciplinary approach and Mental Health in Primary Care to improve access to the most appropriate support as quickly as possible. Further details of the work and changes were provided for each strand.

Assurance was provided that although previous work had been undertaken to identify GP clusters which would support and fit with localities the Primary Care Transformation Group would continue to review to ensure they remained aligned.

Decision

The Integration Joint Board:-

- 1. Noted the progress and activities carried out since the outline programme was approved by the IJB in August 2017.**
- 2. Noted the strong alignment between the local Primary Care Transformation Programme and the direction of the proposed new GMS contract.**
- 3. Noted that the scope and scale of transformational change moving forward required to be aligned with the needs of the proposed GMS contract and support the planning and development required to develop a 'Primary Care Improvement Plan' in line with national requirements.**

IJB178. ELIGIBILITY CRITERIA – IMPLEMENTATION PLAN

The Integration Joint Board considered a paper 'Eligibility Criteria – Implementation Plan' presented by Mr Joe McElholm, Head of Social Work Adult Services.

Mr McElholm reported on the implementation of the Eligibility Criteria and the work involved in assisting people to achieve outcomes and improve their independence.

Formal review would take place to confirm the success of the roll out and identify any necessary amendments to meet the aims and objectives of the implementation.

Decision

The Integration Joint Board:-

- 1. Noted the arrangement in place to support the roll-out of the revised eligibility criteria.**

IJB179. EXCLUSION OF PUBLIC

The IJB agreed to exclude from the meeting the press and public for the following item of business on the grounds that it involved the likely disclosure of exempt information as set out in paragraph 11 'Access to Meetings' of the schedule to the Standing Orders.

IJB180. BIELD UPDATE

The IJB considered a detailed report regarding the response to Bield's decision to close, provided by Mr Joe McElholm, Head of Social Work Adult Services.

Decision

The Integration Joint Board noted all recommendations in the report.