

Agenda Item 3

Minute

Draft

Minute of meeting of the Integration Joint Board held remotely, on Friday 4 September 2020 at 9.30 a.m.

Voting Members: Allyson Black
Fiona Collie (Chair)
Gordon Johnston
Stephen McAllister
Michelle McClung (Vice Chair)
Cecil Meiklejohn

Non –voting Members: Margo Biggs, Service User Representative
Patricia Cassidy, Chief Officer
Jen Kerr, Third Sector Interface
Sara Lacey, Chief Social Work Officer
Kenneth Lawrie, Chief Executive, Falkirk Council
Andrew Murray, Medical Director
Roger Ridley, Falkirk Council Staff Representative
Jillian Thomson, Chief Finance Officer
Angela Wallace, Nurse Director

Also Attending: Jack Frawley, Team Leader - Committee Services
Nikki Harvey, Home First Manager
Lesley Macarthur, Partnership Funding Co-ordinator
Colin Moodie, Chief Governance Officer
Margaret Petherbridge, Project Development Manager
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager (Planning & Performance)

IJB15. Order of Business

The Board agreed to vary the order of business. The following items are recorded in the order in which they were considered at the meeting.

IJB16. Apologies

Apologies were intimated on behalf of Cathie Cowan, Chief Executive NHS Forth Valley and Morven Mack, Carers Representative.

IJB17. Declarations of Interest

There were no declarations of interest.

IJB18. Clinical and Care Governance Committee Annual Assurance Statement

The Integration Joint Board considered a report by the Medical Director and Chief Social Work Officer which presented the Clinical and Care Governance Committee Annual Assurance Statement. The statement was approved by the Committee at its meeting on 26 June 2020. This was the first Annual Assurance Statement prepared by the Committee and had arisen in response to an internal audit report of the IJB's Assurance Framework – Governance Mapping.

Decision

The Integration Joint Board noted the Falkirk Clinical and Care Governance Committee Annual Assurance Statement.

IJB19. Presentation – Stronger Communities

The Integration Joint Board was provided with a presentation on Stronger Communities.

Decision

The Integration Joint Board noted the presentation on Stronger Communities.

Andrew Murray left the meeting during consideration of the previous item.

IJB20. Minute

Decision

The Integration Joint Board approved the minute of meeting held on 19 June 2020.

IJB21. Rolling Action Log

Decision

The Integration Joint Board noted the Rolling Action Log.

IJB22. Chief Officer Report

The Integration Joint Board considered a report by the Chief Officer which updated members on current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provided an update on the Covid-19 pandemic response.

Publication of the annual performance report was delayed until 30 September. This was an exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020. It was proposed that the draft report would be circulated to IJB members for comment with final agreement to publish delegated to the Chair, Vice-Chair, Chief Officer and Chief Finance Officer.

Decision

The Integration Joint Board:-

- (1) noted the content of the report and the ongoing work in response to the impact of Covid-19;**
- (2) agreed to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in November 2020;**
- (3) supported the review of in-house residential care homes to ensure they are fit to meet the needs of the residents we support and that capacity for care home places matches the demand and supports community based care, and**
- (4) delegated the Chair, Vice-chair, Chief Officer and Chief Finance Officer to approve the publication of the Annual Performance Report.**

IJB23. Redesign of Residential Care – Torwoodhall

The Integration Joint Board considered a report by the Head of Integration on the redesign of residential care – Torwoodhall.

The HSCP Strategic Plan and Delivery Plan recognised the need to review and redesign bed based care in communities, including in care homes. This would include a review of the type and number of bed based care required. Where care home beds were necessary, this would focus on improving outcomes for residents by improving the environment and subsequently improving care.

Torwoodhall was one of the oldest buildings in which residential care was provided. Due to the layout and style of the building it was more difficult to provide care that met current and future requirements for infection control. Work was ongoing to consider the bed based capacity requirements in the community hospital and care homes. This work was anticipated to conclude in September 2020 and would be reported to a future meeting. Having taken into account the immediate issues with Torwoodhall, the Board was asked to support a review of the care home that would consider the current resident's needs, and the provision of care in alternative settings.

There would be extensive engagement and consultation with all residents, their families and carers on the potential closure of Torwoodhall. The process would also be an opportunity to explore alternative care settings to meet individual needs that would improve the outcomes and provide a better environment for residents. The review would ensure that each resident was able to give fully informed views supported by independent advocacy where required. An Equality Poverty Impact Assessment would be completed as part of the review of Torwoodhall and the review of other care homes to ensure that the needs of all the current and future residents were taken into account during the development and change of the service.

Decision

The Integration Joint Board:-

- (1) supported a review of Torwoodhall that will consider the current resident's needs, and the provision of care in alternative settings;**
- (2) noted that this work will include engagement with residents and families, supported by independent advocacy where required, and staff, and**
- (3) noted that a report would be brought back to the IJB in November.**

IJB24. Finance Report

The Integration Joint Board considered a report by the Chief Finance Officer which provided a summary of the financial position for the three month period ended 30 June 2020, including consideration of the potential forecast outturn for the year.

An overspend of £0.225m was incurred during the first quarter of 2020/21, largely due to ongoing demand led pressures within primary care (relating to the cost of drugs prescribed by GPs) and social care (in terms of care at home services).

It was difficult at this stage in the financial year to provide a robust estimate of the forecast outturn. However, early indications suggested an overspend of £3.137m may be incurred by 31st March 2021 (excluding additional costs associated with Covid-19 which were monitored separately). The forecast outturn reflected current expenditure trends and incorporated an element of underachieved savings.

Decision

The Integration Joint Board:-

- (1) noted the year to date overspend of £0.225m reported as at 30 June 2020;**
- (2) noted the projected year end overspend of £3.137m and the requirement to generate additional savings order to deliver a breakeven position by 31 March 2021, and**
- (3) noted discussions on longer term risk sharing arrangements as part of the wider review of the Integration Scheme.**

IJB25. Review of Reserves

The Integration Joint Board considered a report by the Chief Finance Officer which provided an overview of the current reserves position for the 3 month period ended 30 June 2020.

As at 30 June, the total available reserve balance amounted to £5.799m, comprising of a £0.316m contingency reserve and £5.483m of earmarked reserves. The vast majority of the earmarked reserve balance of £4.036m related to partnership and leadership funds.

A wide range of strategic, operational and financial factors had been considered in order to determine the adequacy of the current contingency reserve policy. This included assessment of ongoing demand led pressures, whole systems transformation, external audit opinion, benchmarking, longer term financial risk sharing arrangements, the wider economy/future funding settlements and specific resilience/business continuity issues (including Brexit and pandemic response/recovery). As a result, it was considered prudent to update the reserves policy to increase the maximum recommended contingency reserve level from £0.440m to £1.079m. This was equivalent to 0.5% of IJB net expenditure based on the 2019/20 unaudited accounts (excluding non-discretionary Family Health Services).

In addition, it was recommended that the contingency reserve balance was built up on a recurring basis where possible to support longer term risk management arrangements. A number of recommendations were

presented in relation to specific integration fund balances held as part of earmarked reserves.

Decision

The Integration Joint Board:-

- (1) approved the proposed update to the reserves policy to increase in the maximum recommended contingency reserve balance from £0.440m to £1.079m;**
- (2) approved the recommendation to transfer £0.630m from earmarked integration funds to the contingency reserve on a non-recurring basis;**
- (3) noted the revised timescale to develop a new 3 year partnership funding programme for 2021 to 2024 and approved the recommendation to extend current partnership funded projects which were due to end on 31 March 2021 up to 31 March until 2022 (where required due to the impact of Covid-19);**
- (4) approved the recommendation to mainstream £1.000m of leadership funding as it relates to substantive posts appointed on a permanent basis, and**
- (5) approved the recommendations to fully utilise the £1.390m non-recurring leadership funds balance to support innovation and pump priming of savings schemes, together with initiatives to address inequalities and health and wellbeing at a locality level.**

IJB26. Directions

The board considered a report by the Chief Finance Officer which presented the Scottish Government's Statutory Guidance for Directions from Integration Authorities to Health Boards and Local Authorities and to present a proposed response to that guidance.

The Scottish Government published their Statutory Guidance in January 2020 in order to improve practice in issuing and implementing directions nationally. To date the IJB had used one Direction to encompass all functions. Going forward this approach would not be supported by the Statutory Guidance position.

The new Statutory Guidance required a draft policy to be produced outlining the revised approach to directions. A policy would be developed and presented to the November meeting. This approach would provide a much more formal system for recording IJB decisions and for monitoring

the improvements that the decisions are designed to make. In the meantime, a proposed directions template was presented for consideration by the IJB.

Decision

The Integration Joint Board:-

- (1) requested that a Directions Policy was brought to the November meeting, and**
- (2) agreed the template at appendix 1 to the report to accompany all future reports.**

IJB27. Strategic Risk Register

The Integration Joint Board considered a report by the Chief Finance Officer which provided an update on the IJB's strategic risk register. There were 11 live risks recorded in the register, 10 were considered as high risk and 1 as low risk. No new risks had been added to the register since the last version presented to the Board in December 2019. However, updates had been included in respect of the Covid-19 pandemic.

Decision

The Integration Joint Board:-

- (1) approved the risks included in the strategic risk register, and**
- (2) noted that the strategic risk register was scheduled for review by the Audit Committee on 25 September 2020.**

IJB28. Old Age Psychiatry (OAP) Services

The Integration Joint Board considered a report by the Chief Officer which presented for information, the Old Age Psychiatry Services report that was approved by the NHS Forth Valley Board.

The business case set out investment of an additional £400,000 per year (on a Forth Valley area wide basis) to increase the permanent establishment by 3 additional Consultant Posts in Old Age Psychiatry and to convert an Associate Specialist post to that of Consultant. This funding was in addition to that delegated to the Integration Joint Boards in their planning and commissioning roles.

Decision

The Integration Joint Board noted the content of the report and that NHS Forth Valley has approved the proposal and the associated financial risk.

IJB29. Self-Directed Support Update Report

The Integration Joint Board considered a report by the Head of Integration which provided an update on Self-Directed Support across the Falkirk area. The Self-Directed Support (SDS) team worked across Adult Services and Children's Services to support assessment and care management, finance and contracts and commissioning teams to continue implementation of Self-Directed Support. Legal services staff supported contractual, financial and General Data Protection Regulations (GDPR) compliance. The Workforce Development Manager supported all efforts through identification and delivery of training and support required to improve implementation.

Strategic objectives were aligned to national and local outcomes within the National Work Plan (2019-21), Falkirk HSCP Strategic Plan and Falkirk Children's Services Closer to Home Strategy. All actions had been mapped against these and the recommendations in the Audit Scotland progress report (2017) and the Care Inspectorate SDS Thematic Review (2019).

Decision

The Integration Joint Board noted the report.

IJB30. Minutes of Committees and Groups

The Integration Joint Board considered the minutes of the committees and groups as follows:-

Clinical and Care Governance Committee 2020	28 February 2020
Joint Staff Forum	11 March 2020
Joint Staff Forum	13 May 2020

Decision

The Integration Joint Board noted the minutes of committees and groups.