

# **Agenda Item 3**

## **Minute**



**Draft**

**Minute of meeting of the Integration Joint Board held remotely, on Friday 19 March 2021 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  
Robert Clark, NHS Forth Valley Staff Representative  
Cathie Cowan, Chief Executive, NHS Forth Valley  
David Herron, GP Medical Representative  
Sara Lacey, Chief Social Work Officer  
Kenneth Lawrie, Chief Executive, Falkirk Council  
Morven Mack, Carers Representative  
Andrew Murray, Medical Director  
Roger Ridley, Falkirk Council Staff Representative  
Ania Sandland, Third Sector Representative  
Jillian Thomson, Chief Finance Officer  
Angela Wallace, Nurse Director

**Also Attending:** Cathie Cowan, Chief Executive, NHS Forth Valley  
Jack Frawley, Team Leader, Committee Services  
Marilyn Gardner, Locality Manager West  
Sinead Hamill, Board Secretary, NHS Forth Valley  
Sara Hampson, Scottish Government  
Elaine Lawlor, Service Manager, Forth Valley Alcohol & Drug Partnership  
Gordon Mackenzie, Locality Manager East  
Colin Moodie, Chief Governance Officer  
Lorraine Paterson, Head of Integration  
Brian Pirie, Democratic Services Manager  
Martin Thom, Head of Integration  
Lorraine Scott, Falkirk HSCP Support Officer  
Suzanne Thomson, Senior Service Manager (Planning & Performance)  
Vivien Thomson, Service Manager, Children & Families, Falkirk Council  
Rebecca Williams, ARC Scotland



**IJB50. Apologies**

There were no apologies.

**IJB51. Declarations of Interest**

There were no declarations of interest.

**IJB52. Presentation: Launch of the Enhanced Transitions Trial including the Compass App**

The Integration Joint Board received a presentation on Launch of the Enhanced Transitions Trial including the Compass App.

**Decision**

**The Integration Joint Board noted the presentation.**

**IJB53. Minute****Decision**

**The Integration Joint Board approved the minute of meeting held on 20 November 2020.**

**IJB54. Action Log****Decision**

**The Integration Joint Board noted the Rolling Action Log.**

**IJB55. Chief Officer Report**

The Integration Joint Board considered a report by the Chief Officer which provided an update on developments within Partnership. The report also provided an update on the Covid-19 pandemic response.

The Board had agreed since March 2020 to delegate authority to the Chief Officer to deal with urgent business, which would normally be determined by the Board, during the period of the Covid-19 pandemic. The Chair and Vice-chair met fortnightly with the Chief Officer and Chief Finance Officer. An update on the use of delegated authority and a summary of all decisions taken by the Chief Officer was presented in an appendix to the report.

It was anticipated that there may need to be a Special meeting of the IJB given the need to co-ordinate with the meetings of the NHS FV Board and Clackmannanshire and Stirling IJB for the necessary approvals for the transfer of operational management of IJB functions including primary care and mental health services.

The Scottish Government issued Interim Workforce Plan 2021 – 22 templates on 3 February to be completed by 30 April 2021. The timescale had been amended in recognition of the impact of the covid-19 response. All Partnerships were required to submit 3-year Workforce Plans by 31 March 2022. These would be effective from 1 April 2022. Work had commenced on the development of the interim and 3 year plans. The Board was invited to delegate authority to the Chief Officer to submit the Interim Workforce Plan in line with the timescales, with a report presented to the next meeting.

The Public Bodies (Joint Working) (Scotland) Act 2014 required Local Authorities and Health Boards to review their Integration Schemes before the expiry date, which was five years after the scheme was approved in Parliament. A short-life working group was being established to start the work to review the scheme.

The Board and its committees had met remotely during the national lockdown. It was felt to be prudent to review the Board's Standing Orders to assess whether they adequately provided for remote working. Officers would also take the opportunity to review the document more generally. Any changes would be brought to the Board in June.

The IJB submitted its initial self-evaluation response to the Ministerial Strategic Group on 15 May 2019 and its improvement plan by 23 August 2019. It was the MSG's intention to request that partners repeated the process towards the end of the 12-month period, however this timeframe coincided with the Covid-19 pandemic. Given the intent that the primary purpose of self-evaluation was to support useful discussion in the local system, leading to action for improvement and full delivery of integration, it was proposed that further self-evaluation work was completed with the Board.

## **Decision**

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

- (1) agreed to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in June 2021;**
- (2) noted that a more detailed report on the intermediate care facility proposals would be brought forward to the June meeting;**

- (3) agreed to delegate authority to the Chief Officer to submit the Interim Workforce Plan in line with the timescales, with a report presented to the June meeting;**
- (4) noted that a Special meeting of the Board may be required to consider the two reports outlined in section 9.7 of the report;**
- (5) noted that a review of the Standing Orders would be reported to the June meeting, and**
- (6) agreed that further self-evaluation work was completed with the Board.**

Andrew Murray, Medical Director, left the meeting during consideration of the previous item.

#### **IJB56. Finance Report 2020-21**

The Integration Joint Board considered a report by the Chief Finance Officer which provided a summary of the financial results for the 10-month period ending 31st January, including consideration of the likely forecast outturn for the year.

An overspend of £2.192m was reported, reflecting continued demand led pressures within primary care (primarily in relation to prescribing) and social care (in terms of care at home services). A total overspend of £2.611m was currently forecast for the year, broadly in line with the projection previously reported. Risk sharing arrangements had now been formally agreed with partners in order to deliver a breakeven position by 31st March 2021. All Covid related expenditure and unachieved savings would be fully funded by the Scottish Government and therefore did not affect the forecast outturn. Reserve balances were expected to increase by £4.273m at year end due to slippage in recruitment, timing issues in relation to expenditure on certain aspects of winter planning/Covid 2nd wave contingency arrangements and receipt of a number of late funding allocations.

#### **Decision**

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

- (1) noted the year to date overspend of £2.192m reported as at 31 January 2021;**
- (2) noted the projected year end overspend of £2.611m and risk sharing agreement with partners to deliver a breakeven position by 31 March 2021;**

- (3) noted the anticipated increase in reserves as at 31 March 2021, and**
- (4) approved the allocation of partnership funding as presented in appendix 1 to the report.**

#### **IJB57. Budget Report 2021-22**

The Integration Joint Board considered a report by the Chief Finance Officer which provided an update to the 2021/22 Business Case together with indicative budgets for the forthcoming financial year.

A total funding gap of £6.091m was forecast for 2021/22, which represented a net improvement of £0.306m compared to the position reported in the business case in November 2020. The improvement compared to the business case reflected a £0.457m favourable movement within set aside due to reductions in the inflationary uplifts applied to hospital drugs and pay awards, together with national elective centre funding. This was offset by a £0.151m adverse movement within primary care due to the recurring impact of flu vaccine costs in the prescribing position. There were no material changes within the Community Healthcare or Social Care forecasts.

The total 2021/22 budget was estimated at £238.118m (comprised of £209.151m in respect of the integrated budget and £28.967m in respect of set aside). The budget was indicative pending confirmation of a number of outstanding financial planning assumptions (e.g. pay awards, Scottish Living Wage, National Care Home Contract uplifts etc). In addition, the Partners were still to formally agree their respective budgets for 2021/22. In light of this, combined with further work being required to identify additional efficiency savings in order to achieve a balanced position, it was recommended that the budget was approved on an interim basis.

#### **Decision**

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

- (1) noted the revised projection and associated risks, and**
- (2) approved, on an interim basis, the indicative budgets for 2021/22.**

#### **IJB58. Directions Policy**

The Integration Joint Board considered a report by the Chief Finance Officer which presented the draft Directions policy for approval which was set out as an appendix to the report. Directions were a key aspect of the IJB's governance framework and formed the legal basis of how all delegated services were to be delivered and funded. In order to comply with statutory

guidance, a formal Directions policy had been developed in a bid to improve transparency and accountability between the IJB and its constituent authorities.

In line with the provisions of sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions were the mechanism by which the IJB's strategic plans were enacted. Practice was that the IJB issued a single broad over-arching Direction to Partners to incorporate all relevant functions. However, statutory guidance published by the Scottish Government in January 2020, made it clear that a separate Direction should be issued for each individual delegated function. The statutory guidance also confirmed that a formal Directions policy should be in place to promote best practice and improve the manner in which Directions were issued and implemented.

### **Decision**

**The Integration Joint Board approved the Directions Policy.**

## **IJB59. IJB Strategic Risk Register**

The Integration Joint Board considered a report by the Chief Finance Officer which provided an update on the strategic risk register. There were 11 live risks recorded in the register, 8 were considered high risk and 3 medium risk. No new risks had been added to the register since last considered by the Board on 4 September 2020.

### **Decision**

**The Integration Joint Board noted:-**

- (1) the draft strategic risk register, and**
- (2) that the strategic risk register would be reviewed by the Senior Leadership Group and Audit Committee in March 2021.**

## **IJB60. Future Model of Care at Home Provision**

The Integration Joint Board considered a report by the Head of Integration on the future model of care at home provision. The internal Home Care service operated from 7am until 11pm and provided a mixed model in terms of packages of care to approximately 750 service users in the Falkirk area. A further 21 external providers delivered services to approximately 1097 service users.

A task and finish group considered that the inhouse Homecare service should be reshaped to focus on three specific areas of service delivery:-

Dedicated reablement teams: supporting the flow of discharge from the hospital and prevention of admissions to acute or residential care establishments. Reablement Home Care provision would work with individuals over a number of weeks to ensure they built resilience, and skills to achieve and/or maintain their maximum levels of independence. In terms of benefits for service users, reablement was a highly flexible model which could work with people on a wide range of issues aimed at reducing the need for ongoing care unless absolutely necessary. There was an opportunity to train reablement home care staff in relation to all aspects of reablement provision, ensuing appropriate qualification and on-going development.

Urgent Response provision: with the development of Home First, the need to support and maintain people within their own homes insofar as possible and the need to reduce demand on emergency residential placements and hospital admissions, there was a need to establish an urgent response care at home service to support the model. This service would be able to respond to service requests at short notice, when necessary to support hospital discharges, short term support at home at time of crisis or for those pending allocation for on-going maintenance care provision.

Maintenance Care provision: the in-house service would be required to retain an element of maintenance provision, to ensure that there remained adequate provision for those care packages that had historically proven difficult to allocate a service, either due to location , or where the partnership had struggled to provide care for some other reason. The internal service must ensure it could provide care as a provider of last resort. It was anticipated that this aspect of service would be relatively low level in terms of staff numbers.

## **Decision**

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

- (1) noted the progress made by the service over the last 3 years in terms of service development and delivery;**
- (2) agreed the model for the in-house care at home service, and**
- (3) instructed the Chief Officer to progress with implementation of the agreed model.**

## **IJB61. Proposed Model of Older People's Day Services**

The Integration Joint Board considered a report by the Head of Integration on the proposed model of older people's day services. Within the current model, the term 'day services' covered a range of services and activities, which catered for a variety of people and needs. Day services served a



number of different purposes, most of which were broadly preventive including:-

- providing social contact and stimulation; reducing isolation and loneliness
- maintaining and/or restoring independence
- providing a break for carers; offering activities which provide mental and physical stimulation; enabling care and monitoring of very frail and vulnerable older people
- offering low-level support for older people at risk
- assisting recovery and rehabilitation after an illness or accident
- providing care services such as bathing and nail-cutting
- promoting health and nutrition; providing opportunities for older people to contribute as well as receive

It was proposed to develop a mixed model for day opportunities for older people. This was underpinned within the enhanced model of care which was critical to ensuring the Partnership could deliver the Board's strategic aims and objectives. The model had three main elements: Inclusion and Independence Programme, Reablement Day Services and Maintenance Day Services.

### **Decision**

**The Integration Joint Board agreed the proposed change to the model for day services for Older People and the development of the Inclusion and Independence Programme.**

### **IJB62. Falkirk HSCP Treatment Room**

The Integration Joint Board considered a report by the Head of Integration which provided recommendations for the future delivery of treatment room services in the Central Falkirk Locality. Treatment Room provision across central Falkirk had historically been provided by Community Nurses within GP practices. This had led to 6 different Treatment Rooms being utilised across the area to provide care for patients who were not housebound.

The report set out the case to amalgamate the six Treatment Rooms into one within Camelon Health Centre. This would ensure compliance with Health and Safety standards and increase the number of available appointments to support 60 additional appointments per week. This would meet the additional demand and release more time to care for patients within their own homes whilst continuing to deliver a more person-centred service for those who were not housebound. This would also ensure people were seen in the most suitable, environment allowing the flexibility to book an appointment at a time that suited them. This environment had adequate space to ensure social distancing in waiting areas.

## **Decision**

**The Integration Joint Board approved the change of Treatment room base to Camelon Health Centre from the current GP practice model.**

The Integration Joint Board adjourned at 11.30am and reconvened at 11.45am with all members present as per the sederunt with the exception of Andrew Murray, Ania Sandland and Angela Wallace.

### **IJB63. Falkirk Alcohol and Drug Partnership – Progress Report**

The Integration Joint Board considered a report by the Head of Integration which provided an update on progress since the transfer of Falkirk Alcohol and Drug Partnership (FADP) to the Health and Social Care Partnership from October 2019. The report provided assurance to the IJB that the transfer of FADP to the Health and Social Care Partnership was compliant with the expectations laid out within the Public Bodies (Joint Working) Scotland Act 2014. The FADP Delivery Plan was aligned to the HSCP Strategic Plan and Community Planning Partnership objectives, which would enable delivery of a range of outcomes across the strategic landscape in Falkirk.

## **Decision**

**The Integration Joint Board noted:-**

- (1) the transfer of the Falkirk Alcohol and Drug Partnership into the Health and Social Care Partnership structure was in line with Public Bodies (Joint Working) Scotland Act 2014;**
- (2) the activity and achievements within the FADP Annual Report 2019/20, and**
- (3) that an update on progress against the FADP Delivery Plan would be submitted to the Board meeting in September 2021.**

### **IJB64. Equitable Access to Funded Transport**

The Integration Joint Board considered a report by the Head of Integration which set out the policy on funded transport for service users to access social care services, associated guidance and supporting documentation. It did not relate to transport to NHS services. The policy sought to establish an equitable approach for the provision of supported transport, taking into account other funded transport options and individual circumstances.

The availability of suitable transport for individuals to attend a social work funded service was an essential component in ensuring that those individuals were able to access services which had been assessed as

meeting their needs. Where individuals were in receipt of funding to assist with transport or alternative funded transport options were available, these would be taken into account in determining whether supported transport was to be provided to individual service users.

### **Decision**

**The Integration Joint Board agreed the Policy as detailed in the report and its appendices.**

## **IJB65. Performance Monitoring Report**

The Integration Joint Board considered a report by the Senior Service Manager which presented the performance monitoring report for the period December 2019 – December 2020. The report provided a summary of key performance issues and drew on a basic balanced scorecard approach with a focus on exception reporting. The detailed performance report was provided as an appendix to the report.

### **Decision**

**The Integration Joint Board noted:-**

- (1) the Performance Monitoring Report;**
- (2) that a more detailed report on readmissions management information would be presented to a future meeting, and**
- (3) that appropriate management actions continued to be taken to address the issues identified through the Performance Monitoring Report.**

## **IJB66. Annual Report of the Chief Social Work Officer 2019-20**

The Integration Joint Board considered a report by the Chief Social Work Officer which provided an overview of how the statutory responsibilities had been fulfilled by the Chief Social Work Officer (CSWO) during 2019-20. CSWO's were required to submit an annual report in accordance with Scottish Government guidance. This year, given the workload implications caused by the COVID-19 pandemic, the Scottish Government had proposed a much-reduced template to complete to enable CSWOs to present shortened reports for local governance structures. This ensured local reporting arrangements continued whilst having due regard to current pressures being experienced across the sector.

The reduced template provided for this year's report had the following sections:-

- Governance and Accountability
- Service Quality and Performance
- Resources
- Workforce
- COVID-19

An additional section had been added to Falkirk's annual report to highlight the joint innovation across the entire social work sector.

### **Decision**

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

- (1) noted the contents of the CSWO's Annual Report, and**
- (2) acknowledged the commitment, skills and experience of social work staff in continuing to deliver high quality services to Falkirk's citizens.**

### **IJB67. Membership of the Integration Joint Board and Committees**

The Integration Joint Board considered a report by the Senior Service Manager which informed the Board of various changes to the membership of the Board and Committees as set out in section 4 and 5 of the report.

### **Decision**

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

- (1) appointments to the service user (Margo Biggs), carer (Morven Mack), staff (Robert Clark) and Third sector representative (Victoria McRae) to the Board as set out in the report;**
- (2) appointment of Councillor Collie as Chair of the Clinical and Care Governance Committee, and**
- (3) membership of the Clinical and Care Governance Committee as set out in the report which consisted of Councillor Collie and Stephen McAllister. The list of supporting officers was noted.**

### **IJB68. Minutes of Committees and Groups**

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

Clinical Care and Governance Committee	27 October 2020;
Joint Staff Forum	7 October 2020; and
Strategic Planning Group	14 February 2020
	7 August 2020
	2 October 2020
	30 October 2020

## **Decision**

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