





East Ayrshire Health & Social Care Partnership Integration Joint Board 01 February 2023 at 2pm MS Teams

Present: Councillor Douglas Reid, East Ayrshire Council

Mr Craig McArthur, Chief Officer

Mr Alex McPhee, Interim Chief Financial Officer Ms Sheila Cowan, NHS Non-Executive Director Councillor Maureen McKay, East Ayrshire Council

Ms Irene Clark, East Ayrshire Advocacy

Ms Marion MacAulay, Chief Social Work Officer Dr Sukhomoy Das, NHS Non-Executive Director Councillor Neill Watts, East Ayrshire Council Mr Adrian Carragher, NHS Non-Executive Director Councillor Kevin McGregor, East Ayrshire Council Ms Janet Stewart, Unison Regional Organiser

Ms Maria Paterson, Audit Scotland

Ms Dalene Steele, Associate Nurse Director Ms Isobel Paton, Carer Representative

Ms Lorna McIlreavy, Partnership Engagement Officer Councillor Elaine Cowan, East Ayrshire Council

Ms Arlene Bunton, Scottish Care

In Attendance: Ms Dale Meller, Senior Manager Public Protection & Learning

Mr Erik Sutherland, Head of Locality Health & Care

Ms Catherine Adair, Governance & Communications Manager

Ms Vicki Campbell, Head or Primary & Urgent Care

Mr Blaire Tomlinson, Graduate Intern

Mr Jim Murdoch, Senior Manager Planning, Performance & Wellbeing

Mr John Dalton, Manager Financial Inclusion Teams

Ms Karen Lauder, Dietetic Service Manager

Ms Kathleen Winter, Public Health

Ms Liz Lacy, Practice Development Manager Mr Ewan McGill, Communications Officer

Ms Marie Porter, Interim Programme Lead Primary Care Governance

& Assurance

Ms Claire McCamon, Senior Manager Primary Care

Aileen Anderson, Committee Secretary (Minutes)

Agenda	Discussion	Action

1.	WELCOME & APOLOGIES	
	Councillor Reid welcomed everyone to the meeting and noted apologies from Jennifer Wilson, Alexia Pellowe and Allina Das.	
2.	GOOD NEWS STORY - SOCIAL CARE LEARNING HUB	
	Ms Dale Meller and Liz Lacy presented a video on the Social Care Learning Hub which highlighted the skill mix and experiences of staff who work in and use the service.	
	Craig McArthur spoke to the importance of the Learning and Development Hub and welcomed the approach being taken within the service; it was also highlighted that the video could be used to support recruitment activity to East Ayrshire Health and Social Care.	
3.	DECLARATION OF INTEREST	
	There were no declarations of interest.	
4.	MINUTES OF THE PREVIOUS MEETING HELD ON 14 DECEMBER 2023	
	The minutes of the previous meeting were agreed as an accurate record of discussions.	
5.	MATTERS ARISING	
	National Care Service A report on the National Care Service will be brought to the Board in March 2023 to summarise the current parliamentary committee position.	
6.	FINANCIAL MANAGEMENT REPORT	
	Mr Alex McPhee presented the report to provide details of the projected outturn position for the Partnership for 2022/23, based on the current financial position as at 31 December 2022 and including movements on the Annual Budget 2022/23 approved by the Board on 23 March 2022. The report provided an update on the current projected outturn position in relation to the Partnership's ongoing response to the Covid-19 pandemic and includes progress against approved cash releasing efficiency savings for 2022/23, as well as confirmation of funds within the IJB Reserve balance. The report also provided a summary of the projected outturn on services managed under Lead Partnership/ Hosted Services arrangements, as well as information on Acute Services budgets in relation to the large hospitals Set Aside resource within the scope of the Strategic Plan, and highlights underlying risk factors which have the potential to impact on the projected outturn position for 2022/23 and going forward.	

The consolidated projected outturn for the Partnership on directly managed services is an underspend of £3.960m. This represents 1.26% of the £313.510m directly managed services budget for the year.

The projected outturn position makes allowance for anticipated additional payroll uplift costs in excess of the budget approved by the IJB on 24 March 2022.

It was anticipated that the outcome of public sector pay negotiations will impact on the external service providers who deliver services on behalf of the Board. This has the real potential to drive recurring cost increases for externally commissioned services in key service areas, including care at home, residential and nursing care and children's outwith authority placements.

A Budget Working Group has been established to take forward proposals to mitigate the anticipated funding gap for 2023/24, and allow a balanced budget proposal for 2023/24 to be presented to the Board on 29 March.

The projected outturn for covid-19 spend detailed within the report, is based on the quarter 3 Local Mobilisation Plan return submitted to Scottish Government at the end of January, and projects additional costs of £4.369m on IJB delegated functions.

Updated provider sustainability payment principles have been agreed nationally, with effect from 01 July 2022, with the Social Care Fund now continuing until 31 March 2023. While the £1.404m provider sustainability costs within the quarter 3 LMP reflect the revised payment principles, it is recognised that providers may be faced with particular difficulties with continuing risk around sustainability. Payment principles will remain under review by the Scottish Government and COSLA in response to issues raised by care home and care at home service providers. The fluid nature of sustainability of these services remains a risk, both operationally and financially.

No further covid funding is anticipated and projected costs for 2022/23 therefore require to be reduced as far as possible, with all future costs contained within available resources.

A letter received from the Scottish Government in January provided details on the arrangements which will be put in place to enable uncommitted Covid funding, for non-delegated services, to be returned. This will be actioned via a negative allocation, to the value of the agreed return, from the Scottish Government to NHS Boards. This means that the Scottish Government will reduce their direct funding to NHS Boards, with the funding gap being filled by the transfer of Covid-19 funds from the IJB to the NHS Boards.

The January letter highlights uncertainty of spending requirements to 31 March 2023, i.e. should IJB costs be different from month 8 projected spend, this will be considered via a reconciliation exercise in April. The forecast

month 8 position highlighted a negative adjustment of £7.001m against the £11.363m Covid-19 balance earmarked within the IJB reserve. The month 9 projection sees this change by £0.007m.

The Board welcomed the detailed report and noted the 2023/24 budget challenges and it was agreed that the Development Session on 01 March 2023 would allow a more detailed focus on the budget.

Councillor McKay raised concerns around the timeline of budget setting with the IJB unable to set their budget until the Council and NHS Board have agreed their budgets respectively. It was anticipated that the latest NHS and Council budget positions would be included in the forthcoming development session.

The Board noted the report and agreed the following recommendations:

- Note the projected outturn position for East Ayrshire Health and Social Care Partnership at 31 December 2022, including specific key actions on significant variances;
- ii. Note the current projected outturn position and underlying financial risk to the IJB in relation to the response to the Covid-19 pandemic;
- iii. Note the current position in respect of IJB Reserve balances, including the indicative drawdown requirement for 2022/23;
- iv. Note that a review of IJB Reserve balances will be undertaken as part of finalisation for 2023/24 Annual Budget proposals;
- v. Note progress towards achievement of cash releasing efficiency savings which have initially been approved on a non-recurring basis for 2022/23:
- vi. Note the projected outturn position in respect of services managed under Lead Partnership/ Hosted Services arrangements;
- vii. Note underlying risk factors in respect of large hospitals Set Aside budgets;
- viii. Note underlying risk factors which will potentially impact over the course of 2022/23 and going forward; and
- ix. Note the draft Scottish Budget 2023/24 funding position and the work being undertaken through the Budget Working Group to finalise a balanced budget proposal for formal approval of the IJB on 29 March.

## 7. <u>CONTINUATION OF CONTRACTUAL ARRANGEMENTS - LOCALITY</u> CARE SERVICES

Mr Erik Sutherland presented the report to seek approval to continue the Framework Contract Agreement for Care at Home/ Housing Support for Locality Health and Care Services from 1 April 2023. This is being requested in accordance with the Council's Standing Orders Relating to Contracts.

The report relates to the proposed extension of the Framework Contract Agreement for Care at Home/ Housing Support. The annual value to the Board of these contracts is £2.812m for 2022/23 and projected at £1.5m for 2023/24. The report recommended extension from 31 March 2023 and onwards progress to East Ayrshire Council cabinet in line with Standing Orders. Reviewing and revising the commissioning approach is required to maximise availability of high quality independent care providers, to stabilise the local care sector, simulate employment options, offer greater choices and control over how care and support needs are met, in line with principles of ethical collaborative commission and the Feeley Report.

With service and policy changes in recent months, there is a need to review and redevelop the commissioning approach to maximise availability of high quality independent care providers in line with principals of our Partnership Provider statement, collaborative commissioning and the findings of the Feeley Report.

The contracts recommended for continuation in this report provide valued support for individuals and their carers, maintaining independence and inclusion for older people and people with physical disabilities. The care and support included in the commissioned services that the report refers to covers care at home services.

The report fits with the Risk Appetite Statement of the Board in relation to the 'open' attitude to moving toward upstream, preventative, investment, thinking differently in taking action for sustainability and in collaborative working for higher rewards as seen in the two pan-Ayrshire contracts detailed in the report. The report also links to the low tolerance of risk in relation to the quality and safety of commissioned services.

While the Best Value Review of Care at Home recommended a full internal delivery of all SDS Option 3 care packages, the significant recruitment challenges across social care sector mean that East Ayrshire's Care at Home service does not at present have the requisite staff capacity to deliver this to meet demands. A review and redevelopment of the commissioning approach is required to maximise availability of high quality independent care providers, to stabilise the local care sector, stimulate employment options, offer greater choice and control over how care and support needs are met, in line with principles of our Partnership Provider Statement, collaborative commissioning and the findings of the Feeley Report.

The Board noted the report and agreed the following recommendations:

- i. Approve funding to continue contractual arrangements with providers from 01 April 2023 as detailed;
- ii. Issue a Direction to East Ayrshire Council in respect of the contractual arrangements;
- iii. Task relevant Officers with issuing an Extension Notice and with undertaking work to develop collaborative commissioning arrangements in line with the Partnership Provider Statement during the period.

# 8. RENEWAL OF CONTRACTUAL ARRANGEMENTS WITH ALZHEIMER SCOTLAND

Mr Erik Sutherland presented the report to seek approval to negotiate with Alzheimer Scotland for the provision of Post Diagnostic Support and Locality Services for service users, families and carers affected by dementia. This is being requested to proceed to prepare a report for East Ayrshire Council to comply with the Standing Orders.

The contract with Alzheimer Scotland is for a range of community based services to individuals, families and carers living with or affected by dementia and to provide post-diagnostic support via Dementia Link Workers.

Post Diagnostic Support is vital for individuals to understand their dementia, to manage symptoms, be supported with community connections, to meet other people with dementia and their families and/or carers, and to plan for future decision making and future support. Alzheimer Scotland is a key element in living well with dementia.

In 2022 the Board and Cabinet agreed to a further extension to the contract for Alzheimer Scotland up to 31 March 2023 to allow time for the evaluation of the current contractual arrangements and prepare an updated contract specification to ensure this commissioned service continued to be aligned with the needs of the population.

During 2022 there were ongoing meetings with Alzheimer Scotland with a view to evaluating the current contract and to determine the contractual specification for the next period, aligning it to the needs of the population and to strategic and commissioning priorities.

The new specification focuses in particular on equity of services to ensure a similar provision of support and services in all localities. The current specification includes two Link Workers for PDS services and two Community Activity Organisers. The total cost for commissioning these services, including the provision of management and staff and office costs is £158,080.91 per annum. The current term for this contact is three years plus one optional year.

The Board noted the report and agreed the following recommendations:

- i. Agree to fund the contract with Alzheimer Scotland for a total of £142,834.18 per annum, in addition to £15,246.73, also per annum, funded with funds received from the Scottish Government over the period of three years with the possibility of extension for another year; and
- ii. Issue a Direction to East Ayrshire Council in respect of the contractual arrangements.

#### 9. PRIMARY CARE GENERAL MEDICAL SERVICES UPDATE

Ms Vicki Campbell presented the report to provide an update on the provision of General Medical Services across Ayrshire and Arran. The report set out how General Practice was continuing to operate in the current challenging environment, as well as continuing to evolve and develop through the implementation of the Primary Care Improvement Plan.

General Practices continue to face exceptional challenges with increased demand month on month. General Practices have remained open throughout the pandemic, although from the start of the pandemic practices had to quickly adapt how they were operating, only allowing entry based on clinical need; this approach was required to reduce the risk to both the public and to practice staff, and reduce the transmission of COVID. Practices were advised in line with national guidance to follow the infection, prevention and control guidance. This ensured that practise complied with the guidance issues and measures that general practice took to protect patients and staff.

The new GMS contract, being implemented through the PCIP, provides the basis for an integrated health and care model with a number of additional professionals and services MDT including nursing staff, pharmacists, mental health practitioners, MSK physiotherapists, and community link workers as well as signposting a number of patients, where appropriate, to other primary healthcare professionals within the community. This is aligned to the NHS Ayrshire and Arran Caring for Ayrshire vision to create a whole system health and care model focussing on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

Throughout 2922 a number of actions agreed to meet the contractual elements within the PCIP continued to progress, these included successfully transferring the majority of vaccinations from General Practice to NHS Ayrshire & Arran Health Board; a significant amount of work within Pharmacotherapy teams who have been engaging with GP Practices to carry out Quality Improvement Work to improve systems and processes and allow them to work towards task transfer; Small Improvement Grants provided to GP Practices to increase clinical space within buildings and support the implementation of MDT teams; and work with Digital Service colleagues to offer practices the option of on-boarding onto the Health Board's Digital Telephony system which will improve patient access.

With continued high patient demand outweighing clinical capacity, it is often necessary to triage patient contacts to ensure patients are prioritised in line with need. The recent investment in an improved GP telephony system will be offered to all practices and a roll out programme is underway to work towards resolving phone line issues.

A total of 52 Practices have full access to the Community Treatment and Care (CTAC) Service which comprises of Registered Nurses and Healthcare Support Workers.

A Test of Change was undertaken in South HSCP to test hub working for the three practices in South who were unable to take their full CTAC allocation within practice due to space constraints. Two rooms were identified within North Ayr Health Centre in Ayr and a short-life working group was set up to plan, set up and test a hub model where the participating practices could allocate patients to receive CTAC interventions at the Hub rather than the GP Practice. This was carried out over a three month period and evaluated positively with good feedback from patients, staff working at the hub and participating GP Practices. There was agreement that the approach will now be implemented and spread across all three HSCPs.

Primary Care Premises continues to be a high risk across the three HSCPs. An overarching Premises Group is in place to discuss and agree priorities and risk. The group has representation from across the HSCPs along with NHS Ayrshire & Arran Estates and Finance colleagues.

Significant investment is required across many GP Practices to support increased populations and additional staff members as set out in the new GMS Contract.

Councillor McKay noted the differing experiences people have across GP Practices and highlighted the dissonance between what the data shows and the public feedback and perceptions of access to GP services. It was noted that a more detailed consideration of this was underway and a paper was being taken to a future Audit and Performance Committee.

It was noted that patients have been asked to renew their prescriptions 7 days in advance when this had previously been 72 hours; Ms Vicki Campbell advised that this was a pan-Ayrshire model to minimise patients having to attend Pharmacy multiple times to collect their prescription due to delays.

The Board noted the report and agreed the following recommendations:

- i. Note the current position of Primary Care GMS;
- ii. Note the progress of implementation of the new GMS contract through the PCIP;
- iii. Support the current projected balance of the Primary Care Improvement Find (PCIF) for 2022/23; and
- iv. Approve the transfer of funds from the PCIF and GMS to the NHS Ayrshire and Arran Public Health Department for the delivery of vaccinations.

#### 10. PRIMARY URGENT CARE UPDATE

Ms Vicki Campbell presented the report to provide an update on provision of primary urgent care services through the Ayrshire Urgent Care Services (AUCS) and an update on new pathways delivered through the service as a result of the introduction of the national Redesign of Urgent Care (RUC) Programme.

AUCS was previously an out of hours GP led multidisciplinary service and, since 2022, now operates 7 days per week 24 hours per day as a GP led Flow Navigation Centre (FNC).

Since the establishment of the FNC within AUCS as the Pathfinder Board in December 2020, the service has continued to develop and evolve various joint working models aligned to the national RUC Programme.

The success of the new pathways and ways of working is a result of good working relationships across Ayrshire and Arran and wider system partners including NHS24, Scottish Ambulance Service and Police Scotland.

Throughout 2022 the service has been developing and embedding Phase 2 key priorities that build on earlier specification to deliver six principles of care via the FNC. The main aim is to reduce the number of 'touch points' a patient has when navigating through the system for an urgent care need. The FNC supports a number of pathways to wrap the professional services around the patient with an average of 1644 calls per month over and above the OOH activity. It is noted that only 25% of the calls received via FNC attend hospital within 48 hours. The remaining 1233 are assessed and treated via services within AUCS or navigated back to community services. This has also been linked to the sustained reduced levels of ED attendances post pandemic.

The Care and Nursing Home Pathway provides direct access to the FNC within AUCS during the OOH period as an alternative to the NHS24 process to expedite the management of Care Home residents' care, and to reduce any delay with use of the NHS24 route. This pathway was introduced following a detailed data review identifying that staff were being held up on the phone to NHS24 for long periods of time as well as a large number of care and nursing home residents being directed to Scottish Ambulance Service following an NHS24 assessment.

It was noted that the report had also been presented to the GP Sub Committee and would be presented to the North and South Integration Joint Boards respectively.

The Board noted the report and agreed the following recommendations:

- i. Note the progress of the Urgent Care agenda across Ayrshire and Arran;
- ii. Note the new pathways introduced through the RUC Programme; and
- iii. Note the increased activity within AUCS and proposals being progressed to sustain the successful person centred delivery model and patient pathways.

### 11. BVSR – FINANCIAL INCLUSION TEAM STAGE 7/8

Mr Jim Murdoch presented the report to advise the Board of the outcomes of the Best Value Service Review of the Financial Inclusion Team (FIT). A more detailed version of the report is available on the portal of IJB members. The report has previously been considered by the Strategic Commissioning Board on 8 December 2022, who approved the final recommendations of the Review, subject to confirmation of additional funding being made available for financial inclusion from Scottish Government, which has now been received.

The report provided the Board with details of the final recommendations of the Best Value Service Review of the FIT. It also provided a proposed Implementation Schedule for the preferred service delivery model, as recommended by the Review Group.

The Review evaluated current service delivery, considered a range of evidence to highlight future service requirements and identified key areas for improvement, as part of the revised approach for delivering the service.

The proposal is to implement the preferred option from the Options Appraisal; Option 2. This is based on the interim FIT management and staffing structure which was established during the Covid-19 pandemic, to provide additional management and operational capacity.

There will be an additional cost of £18,869 recurring to implement the proposed management structure outlined above. However, the proposed model enables increased flexibility in the delivery of projects and services, and supports a proactive approach, where residents are supported in a responsive and timely manner. This additional costs will also be offset by the new funding provided by Scottish Government to support the administration of the new Child and Adult Disability Payments, a service being delivered by the FIT.

The Review identified that the FIT had recently experienced a number of challenges. The Covid-19 pandemic meant that face-to-face appointments had to be curtailed through staff working from home and lockdown measures, which affected the number of monthly open cases and the level of financial gains secured.

The review also notes that the EAHSCP commissions services from other providers who work with vulnerable people and who provide some assistance with benefits claim general financial advice. It is important to note, however, that complex financial inclusion cases will always be referred to the FIT.

The Board noted the report and agreed the following recommendations:

- i. Note the finding and recommendations of the Review, as detailed in the Report;
- ii. Note that Option 2 is the preferred FIT service delivery model;
- iii. Approve implementation of Option 2 as the future delivery model for the FIT; and
- iv. Task the Implementation Officer to progress the final recommendations.

12.	GOVERNANCE PAPERS	
	<ul> <li>The minutes from the following meeting were shared for information:</li> <li>Audit and Performance Committee – 29 November 2022</li> <li>Resilience Group – 13 September 2022</li> </ul>	
13.	AOCB	
	Nothing to discuss.	
14.	DATE OF NEXT MEETING	
	Development Session – 01 March 2023 at 2pm Meeting – 29 March 2023 at 2pm Council Chambers, Council HQ, London Road, Kilmarnock	