



Integration Joint Board  
Performance and Finance Committee

**Minute of Dumfries and Galloway  
Integration Joint Board Performance and  
Finance Committee meeting held on  
4<sup>th</sup> October 2017**

*For Noting by Integration Joint Board*

Minute of the Dumfries and Galloway Integration Joint Board (IJB) Performance and Finance Committee meeting held on 4<sup>th</sup> October 2017 in the New Boardroom, Crichton Hall, Dumfries.

<b>Present:</b>	Penny Halliday (PH)	Chair
	Andy Ferguson (AF)	Vice Chair
	Grace Cardozo (GC)	NHS Voting Member
	Jane Maitland (JM)	Voting Member
	Jimmy Beattie (JB)	Voting Member
	Julie White (JW)	Chief Officer
	Katy Lewis (KL)	Chief Finance Officer
	Lillian Cringles (LC)	Chief Social Work Officer
	Tommy Sloan (TS)	Voting Member

<b>In Attendance:</b>	Ann Farrell (AF)	Local Authority Staff Side Representative
	Alison Warrick (AW)	EA to Chief Operating Officer
	Claire Brown (CB)	Third Sector Representative
	Denise Moffat (DM)	GM MH, Psychology and LD Directorate
	Jemma Bowman (JBo)	Office Administrator
	Jim McColm (JMc)	Unpaid Carer's Representative
	Laura Douglas (LD)	NHS Voting Member
	Louise Cumbley (LCu)	Director of Psychology
	Shaun Barrett (SB)	Finance and Information Manager
	Stella MacPhearson (SM)	Service Users Representative
	Val Douglas (VD)	NHS Staff Side Representative

**1. APOLOGIES FOR ABSENCE**

None

**2. NOTIFICATION OF SUBSTITUTES**

None

**3. DECLARATION(S) OF INTEREST**

None noted

**4. MINUTES OF THE PREVIOUS MEETING 10<sup>TH</sup> MARCH 2017**

Agreed as an accurate record of the meeting

**5. MATTERS ARISING FROM MINUTES AND REVIEW OF ACTIONS LIST**

**Agenda Item 6** – PH asked for clarification on what this was regarding. VF advised that this was the first draft of Health and Social Care Delivery Plan

Local Objectives and Trajectories. VF advised that there was no conclusion for this yet and work is still ongoing.

**Agenda Item 7** - KL advised no update on the Quarter 3 IJB Performance As part of the review for this Terms of Reference to be added to the agenda for the next meeting.

**Action: AW**

**Agenda Item 8** – KL advised that there had been lots of discussion around papers being marked as confidential and this has now been agreed.

## **6. FINANCIAL PERFORMANCE 2017/18 QUARTER ONE**

This report presented the summary financial performance of the budgets delegated to the Integration Joint Board (IJB) as at the end of quarter one. KL advised that this was left on the agenda to see if there was anything members would like to discuss. No discussion.

### **Committee Members:**

**Noted the Quarter One financial update for 2017/18 and the improved position from the approved plan, with the level of financial risk in the position reduced from the £5.2m to £2m and the ongoing work to develop plans to further reduce the in-year gap.**

**Ian Carruthers entered meeting**

## **7. B11 PSYCHOLOGICAL THERAPIES PERFORMANCE**

This paper outlined the current challenges and the strategies being implemented to tackle these challenges around the psychological therapies heat target.

LC advised that the team have been working with GPs to manage demand.

The approaches currently being progressed are:

- Primary Care Psychology Liaison Services
- Formulating the challenges of frequent attendees to Primary Care
- Computerised CBT

There are lots of posts available in Dumfries and Galloway, and across Scotland. One of the challenges faced are that the posts in the central belt are deemed more attractive.

Currently looking to employ a locum and working more closely with the Third Sector.

DM advised that there is work underway to divert some of the demand from the Psychology department by liaising with Primary Care and working closely with GPs. Aim is to develop a 2 and 3 year model.

LC advised that non specialist clinical management structure can be implemented for clients with personality issues who don't engage well in therapy before referral.

AC referred to the Flow chart on page 3 regarding Psychological Trauma in children and what is being done for this figure to go down. LC advised that figures show that more adverse childhood events result in more Psychiatric referrals in adulthood. Actions are being taken to help manage early childhood experiences using the PACE model.

GC asked what evidence there was to show local people's engagement and how much has been done locally to capture the needs, voices and experiences of local people. LC advised that all service users are being asked what their experience has been like. A lot of people who have been waiting for referrals have asked what are there for patients while they wait.

There is a Patient experience group in place although it is recognised that this is not collecting information as well as should do. The patient safety climate tool is being used. 'How safe does it feel for you' and 'how safe does it feel to work in' which gathers information on the experiences for service users and staff. GC acknowledged that there are a lot of ideas about what could work and queried how we could find out what service users wanted before they entered the system and if there could be involvement for the public in designing the solutions in the offset.

LC advised that there are lots of social factors but would be interested in working and engaging with service users and members of the public.

GC asked how much work has been undertaken around mindfulness across the board and is this taking effect. LC advised that Mindfulness is used as a waiting list initiative

Discussion took place around service users being referred to private providers. LC advised that the usual pathway is to direct them to the website which has a list of recommended professional bodies of accredited people. It is the service user's personal choice as to who is able to offer what is required to meet their needs. GPs do have that information.

JB discussed waiting lists and how there are challenges with demand and capacity. A lot of specialised services are not available locally. LC advised support and services are offered locally where possible.

PH summarised by advising to be mindful of everyone's work practices and if there is a service available within the third sector to utilise this. PH would like to see a follow up from this along with what work has been done to try and bridge the gap and report back in a few months time.

#### **The Committee Members:**

#### **Noted the challenges faced by the Psychology Department**

**Noted the current strategies to tackle these challenges**  
**Noted plans for future work to further tackle with services demand and capacity issues.**

**DM and LC left the meeting 1034**

## **8. OUTLINE WINTER PLAN**

JW explained that each year the Health Board is asked to prepare a winter plan and identify how any issues will be dealt with over the winter period.

The design for the winter plan is set out by the Scottish Government and is sent out nationally for a response.

JW highlighted that winter is the busiest time for Health and Social Care and this winter will be particularly challenging due to the migration to the new hospital. There is an anticipation of increased demand as other new hospitals have seen surges in demand shortly after opening. The flu that is predicted this year is to be worse than previous years and will impact demand.

Last year home care providers were utilised as they are able to have staff available at very short notice to assist discharge. The Health Board are looking at doing this again and will work with home care providers to define that model. There is a financial impact by doing this, but is really important to sustain services.

Staff sickness rates are likely to increase over winter. Looking at how can we ensure that we can better support staff to reduce sickness levels.

JM commented on Paragraph 3.3. JW highlighted that the report suggested there is a disproportionate use of the hospital and was looking for further clarification on this. JW advised that the number of referrals is a lot higher for patients with DG1 / DG2 post codes. The higher rates of attendance are from those that are closest to the hospital. There could potentially be a shift in terms of demand when the new hospital opens.

The One Team are developing a Nithsdale and Partnership Model which is currently in the early phases. This introduces a community based model to try to avoid referrals locally and make use of alternative services available first. Data will be available for this after the winter.

AF asked if we can clarify how many patients in the DG1 and DG2 postal code areas are attending A&E and what the method of referral was; Then to gather this information again after the opening of the new hospital to identify any changes.

JW advised that data can be gathered through the health intelligence team. VF to look at Stranraer data as an IJB. Data should be available middle of next year.

**Action:VF**

JW encouraged all staff to take advantage of the flu vaccination available as the strain of flu that is anticipated is going to be particularly bad.

**The Committee Members:**

**Noted NHS Dumfries and Galloway's Outline Winter Plan 2017/18**

## **9. ANNUAL REVIEW PROCESS**

VF advised that the Integration Partnership Forum's first annual review is due to take place on the 12<sup>th</sup> October 2017 at 10am. The review is focused around the Annual Review report. The meeting is open to all Integration Joint Board members and to the public.

It is important how the meeting has been made available to the public and there has been a leaflet produced and availability of the report is available in hard copy and online.

The Annual review will give the Integrated Joint Board an opportunity to present regarding performance and an opportunity for public to ask questions.

There will be two panels, the first will be for the scrutiny of the council and the health board which PH and JW will present and the other will be made up with senior directorate leads that will be available to answer any questions. The meeting is anticipated to last around a couple of hours. Dumfries and Galloway Health and Social Care are the only Integrated Joint Board that are doing an annual review.

GC enquired what work has been done in terms of advertising in line with national standards to ensure good participation for the public. VF advised that the same guidelines have been followed for what the Health Board would do for the NHS Annual Review. IJB partners are asked to be active and encourage people to come to the annual review. The Third Sector has included a notification in their bulletin week commencing 25<sup>th</sup> September 2017 and there will be another week commencing 02<sup>nd</sup> September 2017.

JW advised that the format of the meeting will be less formal in the way that information is presented, and will allow for some messages to be delivered to the public including what has been achieved as a partnership in the first year. The meeting will be presented in a way that is meaningful and understandable for the general public.

GC advised that an engagement and participation strategy is required to underpin all communication / events.

**10. ANY OTHER BUSINESS DEEMED URGENT BY THE CHAIR DUE TO THE NEED FOR A DECISION**

None noted.

**11. DATE OF NEXT MEETING**

The date of the next meeting will be held in January 2018, Date and Venue TBC.