



## **INTEGRATION JOINT BOARD**

**NOTES OF MEETING** 

**NORMA AUSTIN HART** 

THIRD SECTOR DUMFRIES AND GALLOWAY

22 APRIL 2021

## **KEY POINTS**

## 1. CARERS

The minute of the meeting on 18 March covered the use of the additional £938k from Scottish Government to support carers. Item 7 covered this:

KK confirmed this report presents an update on the financial performance for the budgets delegated to the Integration Joint Board based on the position at the end Quarter Three 2020/21. The overspend has reduced, the Partnership may move into an under spend position. The Budget Briefing has been included in the report, the NHS and Local Authority are in a position to agree the budget.

KK mentioned members will be aware of funding that is due to support the Carers Act. The Executive Team for the Partnership have discussed this and it is suggested that the Carers programme board are asked to complete a plan for use of this funding to support Carers, Carers' Organisations and those cared for.

LB asked regarding the further funding that is being issued for implementation of the Carer's Act, approx £938k for Dumfries and Galloway. In previous years did we allocate the money to Carers, as we are aware there has been a huge surge of new carers approx 1.1million Carers in Scotland, 15,000 Local Adult and Young Carers, we now have new Carers as a result of CoVID19. There is going to be a huge need for short breaks when we come out of this Pandemic, do we have the capacity to provide the short breaks as a Partnership. JW committed to work with the correct groups to prepare for the increase in demand.

NAH mentioned the Carers Strategy coming to an end, the D Feeley Report and the Carers Funding from Scottish Government, we have a significant level of Carers in Dumfries and Galloway, longer term we must review the level of Care. The current situation feels like an emergency situation and suggested in the short term the IJB allocates some funding to support respite. JW agreed there is a wider discussion to be had, we cannot make a decision today but this is for the Partnership to work through and a proposal will be brought back. NAH mentioned there are organisations needing to be involved, and is happy to link with them and offer support on behalf of the Partnership.

LC highlighted to members that the responsibility for individuals in need would come through the Single Access Point where there would be an assessment and this is a joint approach, this information is widely held.

- I raised a number of matters arising in the context of an urgent need by carers as a result of the pandemic::
  - When will the programme board conclude its report on the use of the funding?
  - Will non -commissioned organisations be included in the consultation about the use of the additional money?
  - o When will the H&SCP return to the IJB with a proposal?
- Other board member input to this included asking again for a summary of how pervious funds for carers have been used in D&G to be included in any proposal
- The Chief Operating Officer Julie White agreed to take on board all these points and return to the next meeting with a report on all these matters.
- I reminded the Chief Operating Officer that I had written to her and other members of the senior management team with a summary of the third sector and carers' issues that should be considered in this report immediately after the last meeting.

## 2. SUSTAINABILITY AND MODERNISATION PROGRAMME

- The remainder of this IJB meeting covered a presentation and discussion about the Sustainability and Modernisation (SAM) programme led by David Rowlands Sustainability and Modernisation (SAM) Programme Director.
- The IJB was reminded about the population and demographic challenges facing D&G over the next twenty years. These challenges will result in an increase in health and social care demand and a drop in the number of people who are available to deliver that care. The SAM programme will be made up of a series of projects that will drive health improvement and make savings.
- Project areas will include community health care via the new home teams, urgent unscheduled care in the context of the vaccination programme, effective prescribing, best use of technology and workforce, prevention work.
- A significant plea was made by one of the non- executive directors to ask the IJB to set its own
  expectations for the involvement of the third sector as an equal partners in the SAM programme and all
  H&SCP work. I wholeheartedly supported this.