

Minutes of a meeting of the **Integration Shadow Board** held on Monday 15 September 2014 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:

Cllr C Bhatia	Mrs P Alexander
Cllr S Aitchison	Mr D Davidson
Cllr J Mitchell	Dr D Steele
Cllr F Renton	Dr J Kirk
	Dr S Mather
	Dr S Watkin

In Attendance:

Mr C Campbell	Mrs T Logan
Miss I Bishop	Mr D Robertson
Mrs C Gillie	Mrs F Morrison
Mrs S Manion	Mr J Lamb
Mrs E Rodger	Mrs J McDiarmid
Mrs E Torrance	Mrs J Davidson
Mr M Drysdale	Mr C Sinclair

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Cllr Jim Torrance, Mrs Jenny Miller and Mr David Bell.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Malcolm Drysdale who was deputising for Mr David Bell and Mr Charlie Sinclair who was shadowing Mrs Evelyn Rodger.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **INTEGRATION SHADOW BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Integration Shadow Board held on 4 August 2014 were amended at page 3, item 6, 3rd paragraph, 1st line replace "refuse" with "refuge" and with that amendment the minutes were approved.

4. Matters Arising

4.1 Item 9 - Newsletter: It was noted that progression of the next Newsletter would be taken forward as part of the engagement framework work.

The **INTEGRATION SHADOW BOARD** noted the action tracker.

5. Engagement and Consultation Framework

Mrs Susan Manion gave an overview of the contents of the paper highlighting that she was keen to ensure the Board were aware of the requirements on engagement and consultation and what the arrangements should be within the Scottish Borders. She specifically highlighted sections 3.2 and 4.4.

Mrs Fiona Morrison reiterated the need to engage as widely as possible with communities and the third sector.

Several items were raised during discussion including the inclusion of the acute sector in the consultees' process; the functions of localities; widening of the consultation base through medical representatives; meeting cycle to April 2015; register of recognized bodies for consultation; and consultation through Area Forums, Community Councils, and Local Health Council.

The **INTEGRATION SHADOW BOARD** noted the responsibilities of the Shadow Integration Board as outlined in the paper.

The **INTEGRATION SHADOW BOARD** agreed the process for engagement and consultation as outlined in the paper.

The **INTEGRATION SHADOW BOARD** agreed to have a Development session to include Localities and Engagement as key topics.

6. Communications and Engagement Framework

Mrs Susan Manion thanked by the Council and the NHS for their input to the communications and engagement framework. She advised that the paper gave a high level overview of the role of communications in the development of the partnership.

Dr Stephen Mather enquired about funding. Mrs Manion confirmed that there was some funding available through a separate transitional budget which was being held by the Programme Board. She advised the intention was to source additional capacity with particular expertise.

Cllr John Mitchell enquired how big the NHS Borders Communications Team was. Mr Calum Campbell clarified that it was a small Team of 3 people.

Cllr Catriona Bhatia noted that the key messages had been distilled to specific bullet points and suggested it would be preferable to maintain that format moving forward.

Mrs Jane Davidson suggested there should be clarity around the language used for staff, carers and users as what may appear meaningful to one group may not have the same meaningfulness to another.

In summary Mrs Manion advised of the intention to have a communications and engagement workstream to support the Integration Scheme and the Strategic Plan.

The **INTEGRATION SHADOW BOARD** recognised the Communications and Engagement Workstream as part of the Integration programme.

The **INTEGRATION SHADOW BOARD** approved the Communications and Engagement Framework.

The **INTEGRATION SHADOW BOARD** considered the appointment of a fixed term Joint Communications and Engagement Officer (section 9.2 of the Communications and Engagement Framework refers) to implement the Communications and Engagement Strategy and Workplan and administer the actions of the Communications and Engagement Subgroup.

The **INTEGRATION SHADOW BOARD** agreed to fund the Communications and Engagement Officer post from the HSCI budget. (Rationale: As HSCI progresses there will be a significant workload involved in the implementation of Communications, Engagement and Consultation. Whilst it is anticipated that this can be directed and overseen by the Heads of Communications as part of their day to day responsibilities there is not adequate resource across the teams to assign a dedicated officer to administer the workload. Fife have a dedicated officer in post (currently fixed term to March 2015) and this is working very well. Suggest banding for the post is equivalent NHS Band 6 (£25,783-£34,530), SBC Grade 8, fixed term to March 2016 (dependant on programme timescales agreed by the Shadow Board).

The **INTEGRATION SHADOW BOARD** agreed to receive information on the transitional fund spend.

7. Programme Highlight Report

Mr James Lamb reported on the progress that had been made since the last Board meeting. He advised the Scheme of Integration and Strategic Planning framework work was on track. He drew the Boards attention to the high level milestones for the programme against the national timeframes. He further summarized the progress of each of the workstreams.

The **INTEGRATION SHADOW BOARD** noted the report.

8. Terms of Reference for the Joint Staff Forum

Mrs Susan Manion advised the Board of the formation of the Joint Staff Forum and its input to the integration programme of work.

Mr Malcolm Drysdale confirmed that the revised terms of reference of the Joint Staff Forum had been agreed by the Joint Staff Forum.

Cllr John Mitchell enquired about the role of unions within the Joint Staff Forum membership. Mrs Elaine Torrance confirmed that the Joint Staff Forum had representation from both the Council and NHS Borders and was a mechanism for unions and staff from both organisations to take a joint approach to issues.

The **INTEGRATION SHADOW BOARD** approved the Terms of Reference for the Joint Staff Forum.

9. Clinical & Care Governance Assurance Arrangements

Mrs Evelyn Rodger introduced the map of existing systems and processes within the two organisations.

Mrs Elaine Torrance advised on the complexity of the arrangements within both organisations. She advised that issues would be routed through the relevant organization depending on the issue/which staff member it related to. She commented that the partnership needed to be clear on the routes for dealing with clinical issues, quality assurance and improvements.

Mr David Davidson noted that the governance systems within both organizations were different and enquired about assurance around the arms length organization governance. Mrs Torrance advised that the arms length organization would be commissioned by the Council and accountable through its quality assurance which was its contractual and monitoring arrangements.

Mr Davidson enquired about a scenario of a complaint against an arms length organization employee and how it would be resolved. Mrs Torrance advised that the arms length organisation would be responsible for dealing with the complaint.

Mrs Pat Alexander advised that she was concerned as the Co Chair of the NHS Borders Staff Governance Committee not to have seen the detail of the relationship between the Staff Governance Committee and Clinical and Care Governance. Mrs Evelyn Rodger advised this would be circulated. Mrs Susan Manion noted that within the Integration Scheme would be the detail of what happens in the relationship of those groups and others and where those groups account into.

Mr David Robertson highlighted that the remit of the Audit Committee for the NHS and the Audit Committee for the Council were similar and he enquired if there was a role for those Committees to undertake joint working on scrutiny arrangements. Mr Davidson, as Chair of the NHS Borders Audit Committee and Resilience Committee, suggested that in regard to business continuity, it was a complex matter for both organisations and would require some substantial work to map it out across both organizations.

Dr Jonathan Kirk suggested that good governance was about providing learning opportunities and enabling the rationalization of duplication into single systems and processes. Cllr Catriona Bhatia suggested identifying duplication and merging them into a combined system. Dr Doreen Steele highlighted that some Committees within both organizations would be statutory committees which would provide less potential for merging in some areas.

The **INTEGRATION SHADOW BOARD** noted the ongoing work regarding Clinical and Care Governance.

10. CH&CP Planning

Mrs Susan Manion commented that the Community Health & Care Partnership Planning and Delivery Group planned and delivered the work of the Community Health & Care Partnership (CH&CP) across the system. She advised that the group still existed and was essential in providing assurance to the Board that the requirements of the CH&CP continued to be managed and met. Mrs Manion advised that she would be taking over as Chair of the Community Health & Care Partnership Planning and Delivery Group from the next meeting.

Mrs Fiona Morrison advised the Board that there were representatives from the third sector and carers groups on the Community Health & Care Partnership Planning and Delivery Group.

Mrs Jane Davidson reminded the Board that there were also representatives from the acute sector on the Community Health & Care Partnership Planning and Delivery Group.

The **INTEGRATION SHADOW BOARD** noted the update.

11. Delayed Discharges

Mrs Jane Davidson introduced Mrs Jane Douglas and Mr Alasdair Pattinson, who gave an informative presentation on an integrated approach to discharge management in the Scottish Borders.

During discussion several issues were raised including: skills audits in care homes; community nurse manager roles; new revalidation process for nursing staff; fitness to practice and refresher courses; networking events for professionals; lack of professional reporting line for nurses within care homes;

Mrs Susan Manion reiterated that the integration agenda offered the opportunity through the commissioning of services from care homes and local experience and history of joint working to ensure appropriate quality assurance.

Dr Simon Watkin commented that the hospital dealt with some 700 unscheduled admissions each month with a 95%-100% occupancy level. He advised that delayed discharges had a serious knock on impact in slowing down patient flow and therefore there needed to be careful consideration of how integrated care was applied.

Cllr John Mitchell enquired about spending to save in regard to care home beds. Mr Pattinson commented that some delayed discharges were due to equipment delays, however he was keen to ensure that those who required a hospital bed on medical grounds were able to access such a bed and those who required home care or equipment were provided with it at the right time in order to ensure delayed discharges did not occur.

Cllr Sandy Aitchison commented on his experience as an in-patient and suggested a more defined approach be given to the discharge process.

Mrs Jane Davidson confirmed that work was underway in regard to planning for discharge on the day of admission in partnership with the patient/family/carer. Communication was being encouraged as the patient journey progressed in regard to the next stage of treatment, when aiming to go home, what to expect next and why there were any changes, etc.

Cllr Catriona Bhatia commented that she had undertaken a Patient Safety walkround that morning which had been positive, however none of the patients had been aware of their discharge dates or plans.

Mrs Fiona Morrison enquired if there had been any work undertaken on monitoring the impact of connected care on carers and families. Mrs Davidson commented that patient experience in regard to connected care had been looked at as a whole and work was now being progressed in conjunction with the Red Cross around carers/families. She suggested that the Board may wish to receive a future presentation on Connected Care.

Dr Jonathan Kirk enquired about the best place for people to wait who did not require a medical bed. Mr Pattinson commented that ideally they should move straight to the next step in their discharge or care plan and not be left to wait in a hospital bed. Mrs Douglas advised that ideally assessments should be done outwith the hospital environment and either in the persons home or into a "step down/intermediate" bed arrangement.

Dr Kirk enquired about the perception of the barrier to discharge. Mr Pattinson advised it was suitable alternative accommodation. Mr Calum Campbell commented that there was a perception that being a hospital was a safe place to be.

Mr Malcolm Drysdale sought an update in regard to re-enablement and assessing care packages. Mrs Douglas advised that work had progressed in regard to re-enablement and this was now being reinvigorated through the intention to assist with self management. She further advised that the Rapid Reaction Team were the purveyors of Reablement.

The **INTEGRATION SHADOW BOARD** noted the presentation.

The **INTEGRATION SHADOW BOARD** agreed to receive a future presentation on Connected Care.

12. Integrated Care Fund

Mrs Susan Manion gave an overview of the content of the paper. She clarified that the integrated care fund was not just about Older Peoples services but was about all adult services.

Mrs Fiona Morrison enquired why the risk assessment section was incomplete. Mrs Manion advised that the paper outlined the process of what was to be done and as that was worked through the risk detail would become apparent.

The **INTEGRATION SHADOW BOARD** approved the approach to management of the Integrated Care Fund as outlined in the paper.

13. Future Work Plan

Mrs Susan Manion advised that the workplan was a live document and further development sessions for the Board would be organised.

The **INTEGRATION SHADOW BOARD** noted the workplan.

14. Finance

Mrs Carol Gillie apologised for the delay in sending out the paper. She referred to the minutes of the previous meeting and confirmed that the report was a jointly produced assurance statement on the financial position. The form of the report was a work in progress and would develop to meet the needs of the Board, therefore any feedback on the format would be welcomed.

Mrs Gillie reported on the financial position to the end of July advising the partnership was projecting a £400k outturn variance over £133m. As budgets were currently on an aligned basis financial accountability remained with the partner organizations.

Mrs Gillie reassured that Board that actions were being taken forward to address the cost pressures in GP prescribing, which were as a result of some drugs being in short supply.

Cllr John Mitchell enquired about the funding stream for prescribing costs. Mrs Gillie advised that the Scottish Government allocation for drugs was now contained within the unified budget for the Health Board. An element of that overall budget was funding towards prescribing costs.

Mr Calum Campbell enquired if the drugs issue was the sole cause of the projected overspend. Mrs Gillie reminded the Board that at a previous meeting it had been reported that there were other pressures contributing to the overspend and that those were being addressed.

Cllr Catriona Bhatia enquired if GPs were requested to prescribe cheaper drugs where clinically appropriate. Dr Jonathan Kirk confirmed that GPs were encouraged to review their prescribing however drugs costs were volatile.

Mr David Robertson reminded the Board that the variance was connected to both the drugs budget as well as underlying pressures in residential and home care. A figure of £500k savings across generic services was being pursued in order to address the £900k pressure across social work and residential care budgets. That would still leave a £400k pressure for social work budgets to address, as well as the £400k cost pressure in the drug budget that was being addressed.

Mr David Davidson noted that impact of international markets on drug costs and suggested the issue may not be resolved in the current financial year but would need to be addressed in terms of reducing the gap.

Mrs Pat Alexander commented that the Health Board had received a presentation previously regarding polypharmacy and repeat prescribing and enquired of the status regarding reviewing the whole issue of how long people were prescribed drugs for when they no longer became meaningful for that individual. Mrs Gillie confirmed that the polypharmacy initiative looked at the

individual and reviewed their complete package of drugs with their GP in order to ensure all drugs prescribed remained relevant and required. She advised this was currently being rolled out for specific groups of patients in the first instance.

Dr Stephen Mather advised that a short life working group had been established in the Health Board to look at the specific issue of limitations on prescribing in order to identify any immediate and long term savings.

Mr Davidson enquired if the Board were content to receive a financial exceptions report at each meeting. Mr Robertson confirmed that it would be a light touch report detailing any variance from budget outwith the full financial quarterly monitoring report. He further confirmed that the report would detail any variance of 0.25% overall and of £100k or over in individual budgets.

Dr Kirk suggested a graphical presentation of the variance be produced to provide a trend analysis.

The **INTEGRATION SHADOW BOARD** approved the reported projected position as detailed in the paper.

The **INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to ensure a breakeven outturn position for 2014/15.

The **INTEGRATION SHADOW BOARD** agreed to receive financial exception reports at each meeting and full financial monitoring reports on a quarterly basis.

15. Any Other Business

There was none.

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 17 November 2014 at 2.00pm in the Board Room, Newstead.

The meeting concluded at 4.00pm.