

MINUTES of Meeting of the HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD held in Committee Room 2, Council Headquarters, Newtown St Boswells on Monday, 18th April, 2016 at 2.00 pm

Present:-

(v) Cllr C Bhatia (Chair)	(v) Mrs P Alexander
(v) Cllr J Mitchell	(v) Mr J Raine
(v) Cllr F Renton	(v) Mr D Davidson
(v) Cllr I Gillespie	(v) Dr S Mather
Mrs E Torrance	(v) Mrs K Hamilton
Mrs S Manion	Mrs E Rodger
Mr D Bell	Mr J McLaren
Miss J Miller	Ms L Gallacher
Mr A Leitch	Dr A McVean

In Attendance:-

Miss I Bishop	Mrs J Davidson
Mr P McMenamin	Mrs T Logan
Mrs J McDiarmid	Ms S Campbell
Dr E Baijal	Mrs J Smyth
Mrs K McNicoll	Mrs J Stacey
Mrs C Gillie	Mr A Pattinson

1. **ANNOUNCEMENTS & APOLOGIES**

Apologies had been received from Cllr Jim Torrance, Dr Andrew Murray, Dr Annabel Howell and Mrs Angela Trueman.

The Chair welcomed Andrew Leitch to the meeting who was deputising for Mrs Trueman.

The Chair welcomed Lynn Gallacher to the meeting who had replaced Fiona Morrison as the Carers Representative on the Health & Social Care Integration Joint Board.

The Chair confirmed the meeting was quorate.

The Chair welcomed members of the public to the meeting.

The Chair confirmed that there would be a short private meeting at the conclusion of the public meeting.

2. **DECLARATIONS OF INTEREST**

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

3. **MINUTES OF PREVIOUS MEETINGS**

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 7 March 2016 were amended at page 4 line 1 replace "muted" with "mooted" and with that amendment the minutes were approved.

The minutes of the Extra Ordinary Health & Social Care Integration Joint Board held on 30 March 2016 were approved.

4. **MATTERS ARISING**

4.1 Code of Corporate Governance: Dr Stephen Mather suggested a member of the Health & Social Care Integration Joint Board attend the NHS Borders Clinical Governance Committee. Mrs Susan Manion advised that she would bring the Terms of Reference of the Health & Social Care Group to the next meeting. The purpose of that group would be to oversee the reports submitted to the Health & Social Care Integration Joint Board from both Scottish Borders Council and NHS Borders which she anticipated would resolve the matter raised.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. **HOUSING CONTRIBUTION STATEMENT**

Mrs Susan Manion gave an overview of the content of the statement recognising the importance of housing in supporting the strategic plan and future planning needs of the population.

Cllr Frances Renton welcomed the statement and commented that there were a number of objectives within the plan and that housing was important to everybody.

Miss Jenny Miller noted that the objectives that flowed from the strategic plan did not correlate to those in the housing contribution statement and she suggested they be aligned to ensure consistency. She further enquired about the timescale for production of the 2016 statement. Mrs Manion advised that she would check the timescale for production.

Mrs Elaine Torrance welcomed the statement and highlighted the importance of adaptations to housing in terms of accessibility for the disabled, older people and those with learning difficulties.

The Chair suggested an opportunity for the future might be the utilisation of private sheltered housing which sat on the market for extended periods and could potentially prove more cost effective than building new houses.

Mrs Karen Hamilton enquired about the preventative element given that it was only the excessively critical needs that were currently covered. Mrs Torrance confirmed that there was limited funding for adaptations and the resources were therefore targeted to individuals in most need. She commented that it was a challenge for housing to build adaptable homes.

Mr David Davidson suggested it would be a matter for the registered social landlords to become involved in and the Chair confirmed that they were used as a delivery model alongside the council building programme. Mrs Manion noted that some of the capital referred to in the integrated care fund was used to support the joint borders ability equipment store in the provision of adaptations.

Cllr John Mitchell sought clarification of the measurement of outcomes. Mrs Manion advised that the indicators within the strategic plan were applicable to make the cross reference to housing and she expected the housing contribution to produce specific plans for development, what would be different in the future and how that evidenced against the outcomes.

Mrs Pat Alexander asked to see how it correlated in locality terms in order to aid planning. The Chair suggested the fuller Strategic Housing Plan be circulated to the Health & Social Care Integration Joint Board as it contained the finer detail.

Mr John McLaren welcomed the report and commented that it helped to understand very easily the issues and commitment that housing were making. Mr McLaren sought clarity

on, housing improvement allocations in terms of stock and quality of housing and also enquired if there was a consistent approach within housing associations in terms of the amount of support they gave their tenants. The Chair commented that the allocation of funding was prorata to the housing stock and did not encompass quality of stock. Mrs Manion suggested housing be a topic for a future development session to increase the knowledge of the Health & Social Care Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Scottish Borders Housing Contribution Statement and endorsed its submission with the Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to schedule “Housing” as a topic for a future Development session.

6. **INTEGRATED CARE FUND - PROGRESS UPDATE**

Mrs Susan Manion gave an overview of the content of the update.

Mr John Raine expressed concern in regard to the projects and governance arrangements for the integrated care fund. He was unaware that the Health & Social Care Integration Joint Board had agreed to the total commitment of the £6.39m over 3 years. He sought greater clarity on what the £6.39m would purchase, what would be achieved and if it was viewed as a priority for the Health & Social Care Integration Joint Board. In terms of accountability he sought clear financial governance by the Health & Social Care Integration Joint Board for the approval of projects above a certain financial level, supported by documentation that clearly set out the projects contribution to meet the objectives in relation to the strategic plan, cost, sustainability and exit strategy.

Mrs Manion highlighted the governance arrangements detailed at Appendix 3 to the paper which was an attempt to simplify a cumbersome and bureaucratic system. She was clear in relation to the approved projects that they had been through a rigorous process in relation to the analysis of the criteria, analysis of where they sat in relation to outcomes and exit strategies. She confirmed that all additional posts/resources were short term contracts.

Mr David Davidson recalled that it had been previously agreed that the Health & Social Care Integration Joint Board would receive 6 monthly updates on which projects were progressing well and which were not and why. He did not recall the Health & Social Care Integration Joint Board delegating up to £500k without any reference to the Health & Social Care Integration Joint Board itself or that the Chair or Vice Chair could sit in judgement on behalf of the Health & Social Care Integration Joint Board.

Dr Stephen Mather shared Mr Raine and Mr Davidson’s concerns. He suggested that the integrated care fund had not been used for targeted planning and wished confirmation that proposals had been through a full robust business case to ensure monies were targeted better to give proper outcomes.

The Chair shared similar concerns and noted a key piece of missing information was how the projects would be mainstreamed. She commented that whilst the Change Fund had had its difficulties the learning from that process should be used to inform the process for the integrated care fund to ensure information was presented in an understandable, meaningful and straightforward way.

Mrs Jane Davidson commented that the Executive Management Team were also of the view that governance arrangements required revision. She advised that Mr David Robertson had been charged with simplifying the arrangements. In future she would expect the Executive Management Team to review all identified projects and for the Health & Social Care Integration Joint Board to be asked to approve, consider and

endorse both those projects above and below the financial threshold provided they clearly stipulated the targeting of outcomes, mainstreaming and exit strategy.

Further discussion focused on: assurance from officers; the success of project My Home Life (training for managers in care homes); linking outcomes from projects to the strategic plan outcomes; engagement with GPs; interface with specialist contracted GPs; a 1% shift in resource; return on investment; shift in emergency admissions; provision of more care at home; and the role of internal audit.

Mrs Tracey Logan summarised that the integrated care fund had been operated as per an agreement reached some time ago, she assured the Health & Social Care Integration Joint Board that projects were scrutinised and outcomes were clear. She further commented that the integrated care fund was not as joined up strategically as the Health & Social Care Integration Joint Board would prefer and she appreciated that the Health & Social Care Integration Joint Board had not had the visibility of projects that it required. Mrs Logan suggested a full report be submitted to the next meeting of the Health & Social Care Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and agreed to accept a full report at its next meeting on 20 June 2016.

7. **NHS BORDERS LOCAL DELIVERY PLAN 2016/17**

Mrs June Smyth presented the NHS Borders Local Delivery Plan (LDP) for 2016/17 and advised that all Health Boards were required to provide an LDP every year as per the contract between the Health Board and the Scottish Government. Health Boards were asked to engage with their Health & Social Care Integration Joint Boards over the development of the LDP. She assured the Health & Social Care Integration Joint Board that those officers/services that fell within the realm of the Health & Social Care Integration Joint Board had been involved in the development of LDP.

Mrs Jeanette McDiarmid assured the Health & Social Care Integration Joint Board that as the Chair of the Reducing Inequalities strand of the Community Planning Partnership the LDP had synergy with reducing inequalities.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work in progress and agreed to provide feedback/comments on the NHS Borders Draft Local Delivery Plan 2016/17 to June Smyth by 25 April 2016.

8. **ISSUE OF DIRECTIONS FROM INTEGRATION JOINT BOARD 2016 - 17**

Mrs Susan Manion commented that in future the discussion of direction from the Health & Social Care Integration Joint Board to NHS Borders and Scottish Borders Council would come before the end of one financial year and the beginning of the next.

Mr John Raine sought assurance that the directions were in line with guidance and legislation. Mr Paul McMenamin assured the Health & Social Care Integration Joint Board that whilst the directions were not detailed there were in line with guidance and legislation and a business and usual approach was expected. He provided assurance that the basis on which the resources and functions were delegated was detailed in the baseline direction.

Further discussion highlighted: the wording at item 3.1 of the cover paper was loose; confirmation that at the last Health & Social Care Integration Joint Board meeting there had been agreement to 50% of £5.267m social care funding to be allocated to Scottish Borders Council to address the living wage, etc and the remaining 50% to be held for the Health & Social Care Integration Joint Board to direct its use; more narrative on savings requirements; cost of living wage and any potential recurrent funding; and a combined efficiency plan.

Mr McMenamin clarified that within the financial statement NHS Borders delegated £92.4m (including £5.2m social care fund) and Scottish Borders Council delegated £46.5m. Within the partners respective financial plans NHS Borders clearly showed expenditure of £87m plus the £5.2m social care fund and Scottish Borders Council showed expenditure of £51.8m inclusive of the £5.2m social care fund. Mr McMenamin explained that the £5.2m would be used to address demographic pressures and the living wage, etc as per the John Swinney letter and approximate costs were estimated to be £2m-3m. He confirmed that the balance of that fund (50%) would remain uncommitted and for the Health & Social Care Integration Joint Board to determine its best use.

Mr David Davidson suggested the wording around the social care fund money of £5.2m was clumsy as it intimated that the monies were being double counted and he sought assurance that it would be protected as funds for the Health & Social Care Integration Joint Board to direct as it felt appropriate.

The Chair commented that further advice and guidance over the direction of the use of the social care funding was anticipated.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Directions and instructed the Chief Officer to issue those on behalf of the Health & Social Care Integration Joint Board.

9. **HEALTH & SOCIAL CARE INTEGRATION - COMMISSIONING AND IMPLEMENTATION PLAN**

Dr Eric Baijal gave a detailed overview of the content of the paper.

During discussion several observations were made including: the need for timescales for the 9 local objectives; supporting documentation in terms of specific measurables; analysis of current activity; wider engagement through the Joint Staff Forum and other existing groups; feedback from users and carers in terms of qualitative data and performance reporting; strengthen local objective 9 in terms of the Carers Bill; local objective 8 to be more ambitious in line with the health inequalities plan; and recognising the wellbeing of all staff across the partnership.

Mrs Jane Davidson left the meeting. Mrs Evelyn Rodger left the meeting.

Dr Angus McVean welcomed the document and the interlinking of primary care with other services. He cautioned against tying colleagues to services they no longer provided or would not wish to provide. He noted that local objective 9 in regard to carers had been an enhanced service however that was no longer the case and whilst many GPs continued with it, some did not as it was not a contractual obligation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work that had been undertaken to develop the Commissioning and Implementation Plan and approved the approach to its continued development.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** confirmed that the priorities, and actions to address them, were in line with expectations and the overall strategic direction.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** recognised that further adjustment would be made to the document in light of comments received and as progress was made and engagement took place on specifics.

Cllr Frances Renton left the meeting.

10. **DRAFT PERFORMANCE MANAGEMENT FRAMEWORK**

Mrs Susan Manion gave an overview of the content of the paper.

Dr Stephen Mather questioned the indicator for National Health and Wellbeing Outcome 6 on page 9. Mrs Manion advised that the indicators had been provided in terms of the national indicators that existed and had been identified as a local priority and she accepted it was an issue in terms of how it was described.

The Chair advised that she would raise the matter at the next Health & Social Care Integration Joint Board Chairs meeting.

Further discussion focused on: staff governance standard and identification of more measurables; indication of data sources as referred to in the strategic plan; and engagement with carers families and communities to gain feedback;

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the draft Performance Management Framework to enable further progress.

11. **MONITORING OF THE SHADOW INTEGRATED BUDGET 2015/16**

Mr Paul McMenamin presented the exception report for 2015/16 to the end of February 2016. He advised the projected net pressure of £678k had been mitigated and off-set. Areas of concern continued to be GP prescribing, on-going pressure in social care with older people and residential home care demand exceeding contractual arrangements. There continued to be vacancy management across a range of services and delivery of cash efficiency targets in year.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected position of £0.678m net pressures within the shadow delegated budget at 29 February 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that both partner organisations were working to minimise any adverse variance at year-end but should that not be possible the responsible organisation would ensure that resources were available to ensure a break even out turn.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings and deliver a balanced budget. Where that was not possible managers would work to bring forward actions to mitigate any projected overspend.

12. **FINANCIAL STATEMENT 2016/17 - OVERVIEW OF DUE DILIGENCE PROCESS**

Mr Paul McMenamin gave an overview of the follow on report to that provided to the Health & Social Care Integration Joint Board on 30 March to provide assurance over resources. He confirmed that the report outlined in full the process of due diligence followed in order to provide assurance over the sufficiency of resources delegated for 2016/17.

Mr John Raine sought assistance in understanding the comparison in outturn budgets. He referred to the Scottish Borders Council due diligence summary and noted the 2015/16 projected outturn was £48m which he assumed was due diligence savings historically, however the baseline budget was £46m and he wished to understand how those figures were reconciled. He further queried why the "social care fund not delegated by SBC" figure was included in the statement.

Mr McMenamin clarified that the social care fund including expenditure plans was for the Health & Social Care Integration Joint Board to determine the use of. The net bottom line contained considerable investment within the social care budget as well as planned efficiency savings. In previous reports to SBC there had been a trend of flat financial settlement and for 2016/17 there would be a reduction of funding overall. He explained

that SBC had put forward savings in social care areas and a programme of efficiencies and had identified £2.663m of savings across SBC planned for next year. There was also £1.4m worth of investment and pressures so there was a net reduction in the social care budget when compared to previous years and that was demonstrable by the pressures on council funding. He confirmed that there were plans in place to deliver those efficiencies.

Mr Raine accepted that the net figure took account of the efficiency savings and he again questioned why the “social care fund not delegated by SBC” featured on the spreadsheet. Mr McMenamin agreed that the figure had been included in the total planned expenditure figure and was subsequently shown separately. He reiterated that a proportion (50%) of that social care fund would be used to address the cost of the living wage and increased charging thresholds and increased demand for services given demographic pressures. He further commented that the £46m baseline budget would increase considerably and he anticipated seeing a budget in excess of historical budgets in the next financial year.

Mr David Davidson sought clarification that on the basis of the explanation provided the £46m net figure included £2.3m of the social care funding, with the remaining £2.7m set aside for the Health & Social Care Integration Joint Board to determine its use, which meant the next figure would be as low as £46m but would be increased by £2.7m being the remaining social care fund balance. Mr McMenamin confirmed the assumption was correct.

Mrs Carol Gillie emphasised to the Health & Social Care Integration Joint Board that it was a complex matter and she suggested a simpler presentation of the level of investment and savings be produced for the Health & Social Care Integration Joint Board.

Cllr John Mitchell queried if the £4.7m savings to be allocated to the Health & Social Care Integration Joint Board was a proportional share of the efficiency target that NHS Borders expected to achieve. Mr McMenamin confirmed that the proportion delegated to the Health & Social Care Integration Joint Board was £4.239m.

Cllr Mitchell enquired if there was a breakdown of how that figure was determined during the period that budgets were aligned between the partners. Mr McMenamin confirmed that a breakdown was available and had been used as part of the due diligence process.

Cllr Mitchell requested to see the breakdown month on month. Mr McMenamin confirmed that it would be included in the monthly financial monitoring report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the due diligence process undertaken to provide assurance over the 2016/17 delegated budget.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the concluded position that based on all known factors at the time of setting budgets for the areas delegated, that there were no identified recurring pressures of a significant nature that had not been addressed as part of the 2016/17 or prior financial planning processes.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a report on the options for direction of £5.267m health and social care funding by the partnership would be made to the Health & Social Care Integration Joint Board in June 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a full Schedule of Payments between the Health & Social Care Integration Joint Board and its partners would be reported on conclusion of all financial activity prior to the production of annual statutory accounts at the end of 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the proposed budgetary control reporting basis for 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive an abridged version of the level of investment and savings for the functions delegated to it by SBC and NHS Borders.

13. **UPDATE: FINANCIAL GOVERNANCE AND MANAGEMENT ARRANGEMENTS**

Mr Paul McMenemy gave an overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made to date in the development and implementation of the key financial arrangements following recommended best practice and compliance with legislation which was required to be in place prior to 1 April 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the plan of actions for the remaining work requiring completion and approval before and beyond 1 April 2016.

14. **CHIEF OFFICER'S REPORT**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

15. **COMMITTEE MINUTES**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

16. **ANY OTHER BUSINESS**

16.1 Health & Social Care Integration Joint Board Development Session: Mrs Susan Manion advised the Health & Social Care Integration Joint Board that the development session to be held on Monday 23 May would be an all day event in Kelso. The logistics for the day were being drawn up and the intention would be for Health & Social Care Integration Joint Board members to meet with staff, hear about the Cheviot project, integration and added value as well as visiting some of the local health and care facilities.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

16.2 Inspection of Adult Services: Mrs Tracey Logan advised the Health & Social Care Integration Joint Board that there would be a forthcoming inspection of adult services and she enquired if the Health & Social Care Integration Joint Board wished to have a development session on adult services and service evaluation in the near future.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed Adult Services feature as a future Development session topic.

17. **DATE AND TIME OF NEXT MEETING**

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 20 June 2016 at 2.00pm in the Board Room, Newstead, NHS Borders.

The meeting concluded at 4.21 pm