

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 20 June 2016 at 2.00pm in the Board Room, NHS Borders, Newstead

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
(v) Cllr J Torrance	(v) Mrs K Hamilton
Mrs S Manion	Mrs E Rodger
Mr D Bell	Dr A McVean
Miss J Miller	Ms L Jackson
Ms A Trueman	Ms I Clark

In Attendance:

Miss I Bishop	Ms S Campbell
Mr P McMenamin	Mrs J Stacey
Mrs J McDiarmid	Mrs K McNicoll
Dr E Baijal	Mr S Barrie
Mr P Barr	Mrs A Wilson
Ms F Doig	Mr C Svensson
Ms S Donaldson	Ms T Wintrup
Ms J Robertson	Mr A Pattinson
Mr D Robertson	Mrs C Gillie

1. **APOLOGIES & ANNOUNCEMENTS**

Apologies had been received from Dr Andrew Murray, Mr John McLaren, Mrs Elaine Torrance, Mrs Jane Davidson, Mrs Tracey Logan, Mrs June Smyth and Ms Lynn Gallacher.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

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

3. **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting of the Integration Shadow Board held on 18 April 2016 were amended at page 8, line 8 and replace £2,663m with £2.663m and with that amendment the minutes were approved.

4. **MATTERS ARISING**

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

5. **INTEGRATED CARE FUND UPDATE**

Mr Paul McMenamin gave an overview of the content of the paper. Mr McMenamin highlighted the partnerships integration programme work and the wider financial resources delegated to the partnership. He further highlighted potential areas for investment and disinvestment and advised that the Integrated Care Fund was a transitional resource.

Mrs Susan Manion reported that a review of all existing pieces of work had been undertaken as well as the governance sub structure. She confirmed that the agreed pieces of work that were being taken forward were in line with the Strategic Plan.

Dr Stephen Mather enquired if in the unlikely event that the integrated care fund was not completely spent, if the balance of funds would be carried forward. Mrs Manion confirmed that funding would be rolled over as it was a 3 year fund.

Mr David Davidson noted that on page 1 of the report there was no comment on how much was already spent. He further suggested the 14 projects be listed in priority order of what could be achieved quickly. Mrs Manion advised that all projects had been previously agreed and were mapped against the national outcomes and had their own timescales.

Mr Davidson enquired if all the bus operators were included in the transport hub discussions and what the outcome was. Mrs Manion reported that the subject of transport was being taken forward through the Community Planning Partnership (CPP) and the funding was a contribution made towards that piece of work. The Chair advised that a paper was being submitted to the next CPP meeting on the outcomes and Cllr John Mitchell added that he expected the paper to address issues of subsidy and strategic direction for public transport.

Further discussion focused on: Eildon Community Ward and prevention of admission funding; and the narrative and layout of Appendix 2.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the progress made to date in the development of the partnership's transformation programme, in particular, those projects funded from within its Integrated Care Fund programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there would be a fulsome report to the next meeting on the wider investment towards the delivery of the strategic plan with specific plans for service redesign in keeping with the commissioning and implementation plan.

6. **REVISED GOVERNANCE ARRANGEMENTS FOR INTEGRATED CARE FUND**

Mr Paul McMenamin gave an overview of the content of the paper, highlighting the input of the Executive Management Team and a number of key high level roles across key stakeholder groups. Mr McMenamin described the flow of business within the revised

governance arrangements and clarified that the Health & Social Care Integration Joint Board (IJB) would be asked to ratify proposals.

Mr John Raine welcomed the move towards a simpler form of governance. He also welcomed the inclusion of statements in the report that the IJB was ultimately responsible for the effective use of the Integrated Care Fund (ICF) and also the reference to the role of the IJB being to set the strategic intent of the partnership. He also emphasised that the Board was responsible and accountable for the success or otherwise of the whole enterprise of integration. There were however some contradictions in the report. It stated that the Executive Management Team (EMT) would be responsible for refining and approving proposals and that once approved they could be implemented. However, the report also stated that the Board would be asked to ratify proposals approved by the EMT and might refer proposals back.

Mr Raine stated the definition of `ratify` was to formally approve which could present difficulties if proposals were already being implemented. Board approval of proposals would not delay implementation if work was effectively programmed and also because the Board met frequently.

Mr Raine indicated that the process should be simple and clear with schemes supporting the delivering of the ICF programme going to EMT for endorsement and then on to the Board for final approval with an explanation as to what the schemes were intended to achieve, at what cost, over what timescale and how sustainable they would be. The Board would then ratify or refer back. Worked in this way, the governance would be simple and clear and support the fact that the Board was ultimately accountable.

Mrs Susan Manion advised that the role of the EMT was in terms of delivery. She explained that the EMT was the place where the Chief Executives as decision makers in commissioning services would agree to the delivery of the services requested by the IJB. The IJB on strategic matters was itself advised by the Strategic Planning Group. The role of the Chief Officer was to make the recommendation to the IJB to commission the services. She commented that the advantage in the setting up of the EMT was that it converged into a single group and was easier to then take a collective decision and collective view on the way forward in line with the IJBs requirements.

Ms Jenny Miller enquired if there would be third sector representative on the proposed Service Redesign Steering Group. Mr McMenemy advised that the membership and terms of reference for the working groups would be redefined with the intention that the former membership, form the main membership of the Service Redesign Steering Group plus other stakeholders.

Mr David Davidson suggested the second sentence in paragraph 4.6 was contradictory as per Mr Raine's earlier comments. Mr McMenemy advised that he would be content to remove that sentence from the report as it added little value by way of explanation.

Discussion further focused on: the purpose of the proposed new groups; description of the whole system in terms of the use and totality of resource; streamline process and provide assurance that funds were being spent in appropriate areas; and potential routes for appeal.

Mrs Karen Hamilton questioned whether any proposals not agreed by the EMT would be seen by the IJB. Mrs Jeanette McDiarmid explained that the EMT would provide the IJB with assurance that the recommendations submitted to it met the outcomes in the strategic plan, enabling the IJB with its decision making. She further advised that if the IJB did not approve a recommendation it would be referred back to the EMT.

Towards the end of the discussion Mr Raine said he was happy to support the proposals following the assurances given by the Chair and Mrs McDiarmid that the governance process was intended to run in the way he had earlier outlined.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised governance arrangements for the Integration Care Fund subject to the deletion of sentence 2 at paragraph 4.6 on page 4 of the paper.

7. **THE LOCALITIES FRAMEWORK**

Dr Eric Baijal gave an overview of the content of the paper and highlighted several elements including: engagement of local communities, alignment of localities and GP clusters, resourcing, support for GP practices and long term conditions proposals.

Several items were highlighted during discussion including: locality working will only succeed with ongoing necessary resource; locality engagement and partnership groups; in review of existing partnership and engagement forums; flexibility of localities; review of quality controls; expectation that GP cluster arrangements would be known by 30 June; and the use of technology for sharing patient information to ensure the patient remains at the centre of the care package.

Dr Angus McVean commented that the GP community was in a current state of flux in regard to converting to clusters and discussions continued. He suggested there may be a potential outcome of 3 clusters instead of 5. He echoed Dr Stephen Mather's concerns that investment in the community was required to prevent admissions and allow support to be put in place early to support people in their own homes.

Dr McVean suggested GPs were moving away from chronic disease management and investment would be required to enable them to lead the delivery of those types of services if that was the expectation of the IJB.

Mrs Susan Manion commented that the Patient Partnership Forum (PPF) was originally accountable to the Scottish Borders Community Health & Care Partnership that had been concluded. Discussions had been taking place regarding a revision of the PPF to ensure the governance of patient and public involvement requirements for the IJB were met. She advised a paper on the PPF would be brought to a future meeting.

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

8. **EQUALITY MAINSTREAMING REPORT**

Mrs Susan Manion reported that the Health & Social Care Integration Joint Board was obliged to provide and publish an equality mainstreaming report. The report was submitted to the IJB for comment and agreement and to highlight that both NHS Borders and Scottish Borders Council had already agreed equality outcomes (Appendix 1). She assured the IJB that the equality outcomes matched across to those within the Strategic Plan as well as the local outcomes. She reiterated that paragraph 8.2 within the report would ensure the IJB met the equalities legislation requirements.

Discussion focused on: paragraph 5.8 should read paragraph 8.2; aspirational changes; how to make practical changes in areas such as discrimination; training; and how will people see change.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the equality outcomes outlined in paragraph 8.2 and Appendix 1 and noted the review by April 2017 to inform the development of the revised outcomes for 2017 onwards.

9. DELAYED DISCHARGES

Mrs Susan Manion advised that a formally agreed performance framework for the IJB was still under construction. She was keen to ensure that the future report would include monitoring and actions across all of the health and social care remit. She was further keen to collectively address delayed discharges and ensure duplication was removed. Mrs Manion further reported that the move to the 72hour target would take place on 1 July.

Dr Angus McVean commented that he was keen to see data on readmission rates (especially those presenting 2 or 3 times in quick succession) as potentially those discharged too quickly could be readmitted if their problems had not been resolved. Mrs Evelyn Rodger advised that she was very mindful of the potential issues of discharging patients too early in their care pathway and a focus and attention was being paid to readmission rates to ensure patients were not being disadvantaged.

Mr Alasdair Pattison commented that work was being progressed in identifying the 2% of the population in Borders who were high resource individuals to ensure they were appropriately resourced in the community to prevent admission and readmission.

Cllr John Mitchell enquired where the 2% figure originated. Mr Pattinson advised that it was a percentage taken from national data and he was keen to view the profile for the 2% in Scottish Borders and reasons for admission and readmission.

The Chair suggested that the arbitrary 72hour target wasn't necessarily best for the patient. Mrs Rodger advised that in terms of the target, it was no different to the Accident & Emergency (A&E) target, in that it was a proxy measure for how the system was behaving. In terms of data intelligence in Scottish Borders, she advised that Scottish Borders had the lowest number of care packages, and the message received from Health Improvement Scotland was that health and social care wasn't functioning as well as it might in Scottish Borders. She advised that currently there were 5-6 patients who could not be moved to where they needed to be for their care needs due to delayed discharges in the system. Mrs Rodger suggested the IJB might want to see the trajectory to get to 72 hours and then a regular update on progress against the target.

Mrs Manion advised that the trajectories for future delays had yet to be confirmed and she suggested identifying what the likely impacts were going to be for the proposals in the action plan.

Dr Stephen Mather commented that there were areas of concern in regard to care home placement and patient choice for care home placement. He suggested a key measure of success for the IJB was to make a difference to delayed discharges and enquired if the ICF could be used to specifically target delayed discharges and improve care at home and choice of care home placement to make a tangible difference to individuals.

Mrs Manion reiterated that the ICF would be funding a range of initiatives which were in the action plan for delayed discharges, such as reablement, access to home care, rapid resource and other initiatives sitting within the context of the ICF.

Cllr Jim Torrance reiterated that it was a whole system approach that was required as historically there had always been an issue with delayed discharges in Scottish Borders, due to a lack of social care availability; lack of residential care nursing home placements; pressure on beds in the Borders General Hospital; and potential readmissions. He reminded the IJB that Waverly House had been purchased for the provision of fast tracking people and that facility had been blocked with long term clients and he emphasised the need to ensure there were appropriate services and equipment available to people to safely return to their own homes.

Mr David Davidson suggested he would be keen to see a detailed list of the obstacles to see what the interconnections were and whether they were assumed to be real or not. He was also keen to know the current status against the 72 hour target.

Mr Pattinson commented that it was a complex arrangement to manage people through the health and social care pathway and that delayed discharges were managed at the margins. Progress had been made in terms of occupied bed days but it was becoming more difficult.

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

10. **DRAFT CORPORATE SERVICES SUPPORT PLAN UPDATE**

Mrs Susan Manion gave a brief overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and confirmed to proceed with the approach to develop the longer term Corporate Services plan.

11. **CLINICAL & CARE GOVERNANCE FRAMEWORK**

Mrs Karen McNicoll updated the IJB on the work that had been undertaken to ensure the IJB would be provided with assurance on clinical and care governance matters. She suggested the IJB receive a report on clinical and care governance at each meeting moving forward.

Dr Stephen Mather commented that he welcomed the attendance of the Chief Social Work Officer at the NHS Borders Clinical Governance Committee. He also enquired how the information on clinical care in care homes would be brought to the attention of the IJB. Mrs McNicoll advised that information on clinical care in care homes was now being gathered as part of the care standards and would be submitted to Scottish Borders Council. That information would also be drawn together with information from the Clinical Governance Committee into a report for the IJB to ensure the IJB received appropriate information assurance.

Cllr Jim Torrance commented that a survey on pressure sores in hospitals and care homes had been carried out previously and had identified it was a 50/50 split. Mrs Manion reported that she was aware of the data for the acute setting but not for care homes. Mrs Evelyn Rodger advised that Datix was the system used by staff to record pressure ulcers and the district nurses captured that information for the community setting.

Further discussion focused on: streamlining systems and managing information more transparently; removal of duplication; ensuring qualitative information was monitored; information sharing; a clinical and care governance reporting timetable to be established for the IJB in due course; and clarifying high level governance arrangements.

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

12. **APPOINTMENTS TO SUB-COMMITTEES/GROUPS**

The Chair suggested nominees for membership of the 3 groups:-

Audit Committee: Cllr John Mitchell, Cllr Jim Torrance, Mr John Raine, Mr David Davidson. Cllr Frances Renton seconded the nominations.

Strategic Planning Group (Chair): Mrs Pat Alexander. Mr John Raine seconded the nomination.

SB Cares Governance Group: Mrs Karen Hamilton. Cllr Frances Renton seconded the nomination.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that membership for the Audit Committee be Cllr, John Mitchell, Cllr Jim Torrance, Mr John Raine, Mr David Davidson.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that the Chair of the Strategic Planning Group be Mrs Pat Alexander.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that the member for the SB Care Governance Group be Mrs Karen Hamilton.

13. **HEALTH & SOCIAL CARE SHADOW INTEGRATION BOARD ANNUAL REPORT 2015/16**

Mrs Susan Manion suggested that in future the Annual Report would include a chart of what had been achieved in line with the outcomes in the Strategic Plan on the performance of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Health & Social Care Integration Joint Board Annual Report 2015/16.

14. **MONITORING OF THE JOINT INTEGRATION BUDGET**

Mr Paul McMenamin reported the provisional outturn position to 31 March 2016 as an adverse variance of £932k. He advised that pressures had been experienced during the year and had been met by savings in other related areas of the budget. Overspends at the financial year end would be addressed by the respective partner organisations. He further advised that the majority of savings achieved were non-recurring.

Mr David Davidson sought assurance that the vacancy freeze did not impact on delivery. The IJB was assured that essential frontline posts were not subject to the vacancy freeze.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected provisional outturn position of £923k net adverse variance within the delegated joint budget at 31 March 2016.

15. **DELEGATED FUNCTIONS**

Mr Paul McMenamin introduced the paper and gave an outline of the content. He highlighted the detail on savings and investments in order to provide assurance to the IJB on the sufficiency of resources. He further commented that the 2016/17 financial plan addressed the financial challenges experienced in 2015/16.

Mr John Raine commented on the fact that this report, like the previous financial report and the following financial report, had no apparent sign-off or input from the Director of Finance of the Health Board and asked if there was an explanation for this.

The Chair commented that the report did not require sign off by the Chief Financial Officer for Scottish Borders Council or the Director of Finance for NHS Borders.

Mrs Carol Gillie advised that there had been a number of points of detail and clarity that had not been included in the report and due to the tight timescales involved in signing off the report she was unable to sign it off on that occasion.

Mr David Davidson enquired where the social care funding had been used in relation to the range of items shown in the social care budget table on page 4. Mr McMenamain reminded the IJB that the social care fund had been allocated to the partnership for the partnership to direct the use of the funding. He advised that Scottish Borders Council had assumed the funding would be utilised for social care to address the pressures they had identified (living wage, gap in home care, demographics) which when added together the assumptions came to slightly more than the social care fund itself. If the costs did not materialise the funding would not be required to the same degree. He suggested the next report on the agenda gave more detail on actual and projected costs and how the IJB may wish to direct the use of the social care fund.

Mr Davidson enquired if the £12k pay uplift in SBC on page 9 was correct. Mr McMenamain clarified that the pay uplift figure was correct as it reflected pay awards and increments only, given that the majority of care staff had transferred to SB Cares.

Mr Raine returned to the earlier issue saying he felt it to be important, for the assurance of the IJB, for there to be an input from the Health Board Director of Finance, particularly in respect of factual matters and bearing in mind the particular report was also about the planned efficiency and savings targets within NHS Borders, and the IJB would have greater confidence knowing there was close co-operation between the finance officers.

Mr McMenamain commented that cooperation from the finance teams within the partner organisations was vital to the success of the partnership and he echoed Mrs Gillie's comments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further detail provided as to the areas of targeted investment made by NHS Borders and Scottish Borders Council in relation to the 2016/17 budget for those services delegated to the IJB from 1st April 2016, specific to the summary of areas of key pressure experienced during and at the end of 2015/16.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further detail provided on each partner's 2016/17 efficiency/savings programme on which their Financial Plans were based and the full delivery of which was required in order to ensure that the 2016/17 delegated budget was fully affordable and funded, noting progress to date, associated risks of each proposal and resultant overall risk to the affordability of the delegated budget as a whole.

16. **ALCOHOL & DRUGS PARTNERSHIP FUNDING 2016/17**

Mr Paul McMenamain introduced the report and explained that Fiona Doig coordinated the work of the Alcohol and Drugs Partnership (ADP) who were commissioned by the Scottish Government to deliver treatments, support families, protect the vulnerable and provide preventative medicine. It was noted that there was a proposed reduction in national funding for ADPs for 2016/17.

The Chair enquired who the other partners in the ADP were and it was confirmed they included NHS Borders, Scottish Borders Council, Police Scotland, Third Sector and the Scottish Drugs Forum.

Mrs Evelyn Rodger enquired if there were proposals to make a reduction to allocations to the voluntary sector. Mrs Fiona Doig reported that the ADPs preferred option was not to make any savings, should a 20% saving be implemented across the overall budget then it would impact on all budget streams.

Further discussion focused on: contributions from all partners to the ADP; sustainability of services; potential for non recurrent funding; identified efficiency savings; targeting

services to those most in need; quality of the paper presented to the meeting; Chief Executives view and Executive Management Team view.

Cllr J Torrance, Cllr John Mitchell left the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of £220k of 2016/17 social care funding on a non recurring basis to the Alcohol and Drug Partnership and noted the proposals for reducing spend in 2016/17 by £51k across non supported and treatment areas of budget.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** further requested that the ADP engage with other partners in regard to on-going funding.

17. **2016/17 FINANCE PLAN - SOCIAL CARE FUNDING**

Mr Paul McMenamin outlined the proposals for the direction of the funding allocated to the partnership in line with social care funding of £2.048m in 2016/17 increased to £2.861m in 2017/18 assuming no other changes and reflecting the full year effect of the living wage.

Discussion highlighted several key issues including: living wage already paid by SB Cares; would SB Cares remain as the provider of last resort?; assurance sought that reablement would be looked at; and consideration of pressures on the acute sector in order to achieve the objectives of the Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of £2.048m of 2016/17 social care funding in order to meet the commitments outlined above

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of a further £220k in 2016/17, on a one-off basis, to the Alcohol and Drug Partnership in order to sustain services until transition to a new affordable model for delivery was made by 1st April 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the full year impact of those commitments from 2017/18 would be £2.861m and that further proposals for directing the remaining uncommitted social care funding would be brought to the Board when developed for consideration and approval.

18. **COMMUNICATIONS QUARTERLY REPORT**

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

19. **CHIEF OFFICER'S REPORT**

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

20. **COMMITTEE MINUTES**

It was noted that Mrs Elaine Torrance had been appointed as President of Social Work Scotland.

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

21. **NHS BORDERS PHARMACEUTICAL CARE SERVICES PLAN 2016/17**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the NHS Borders Pharmaceutical Care Services Plan 2016/17.

22. **ANY OTHER BUSINESS**

22.1 Emergency Department: Mrs Susan Manion distributed the “Welcome to your Emergency Department” leaflet to members for information.

23. **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 15 August 2016 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.47 pm