

SCOTTISH BORDERS COUNCIL

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 17 October 2016 at 2.00pm in the Council Chamber, Scottish Borders Council

Present:

(v) Cllr C Bhatia (Chair)	(v) Mrs P Alexander
(v) Cllr J Mitchell	(v) Mrs K Hamilton
(v) Cllr F Renton	(v) Mr D Davidson
(v) Cllr G Garvie	Dr D Steele
(v) Cllr S Aitchison	Dr A McVean
Mrs S Manion	Dr A Murray
Mrs E Torrance	Mrs E Rodger
Mr D Bell	Mr J McLaren
Ms L Gallacher	Ms A Trueman

In Attendance:

Miss I Bishop	Mr P McMenamin
Mrs J McDiarmid	Dr A Howell
Dr E Baijal	Mrs J Stacey
Mrs A Wilson	Mrs C Gillie

1. **ANNOUNCEMENTS & APOLOGIES**

Apologies had been received from Mr John Raine, Dr Stephen Mather, Mrs Jane Davidson, Mrs Tracey Logan, Mr David Robertson and Mrs Jenny Smith.

The Chair confirmed the meeting was quorate.

The Chair welcomed Dr Doreen Steele to the meeting who was deputising for Mr John Raine.

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**

A slightly revised set of minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 31 August 2016 were tabled and were approved.

4. **MATTERS ARISING**

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

5. **CLINICAL & CARE GOVERNANCE - INTEGRATED JOINT BOARD REPORTING**

Mr Andrew Murray introduced the paper and gave an overview of the range of matters that were reviewed and actioned by the clinical governance committee. He sought feedback on the type of information the Board wished to see and spoke of the areas that were outwith the clinical governance remit such as GPs who were independent practitioners.

Discussion focused on: consideration of an overview to understand better the pressures in health, the council, care home sectors, GP sectors; no requirement to duplicate; by exception reporting; verbal reporting; provision of an annual report; verbal reporting to highlight deviance from standards and any cause for concern; public consumption of complex information;

Mrs Susan Manion suggested a development session be held on clinical and care governance to bring members of the Board up to speed with a 6 monthly or annual report submitted to the Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** discussed the proposed reporting format and noted the reports provided.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that it would undertake a Development session on clinical and care governance.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive an annual report on clinical and care governance with verbal by exception reporting at relevant meetings.

6. **SCOTTISH BORDERS PROFESSIONAL ASSURANCE FRAMEWORK: HEALTH & SOCIAL WORK PROFESSIONALS**

Mrs Evelyn Rodger introduced the item and explained that when different groups of professionals were brought together it could be awkward in regard to professional accountabilities and assurances. She assured the Board that the staff at the front line were clear on what their professional governance was within their own code of governance and that it protected staff, patients and the public.

Mrs Elaine Torrance commented that it was interesting that there were similar themes on professional accountability. The document was helpful in setting out the main requirements in each area and should be helpful for staff to understand.

Further discussion highlighted: testing the document with staff at workshops; incorporation of whistleblowing; and feeding back actions to the Health Board and Local Authority.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and requested the inclusion of whistleblowing.

7. **INSPECTIONS UPDATE**

Mrs Elaine Torrance gave an update to the Board on the status of forthcoming inspections. She advised of the work that had taken place and progress that was being made in terms of improvement plans, staff self-evaluation days, and learning from the Joint Children's Services Inspection.

Mrs Torrance further spoke of the forthcoming Joint Older Peoples Inspection and outlined the process and breadth of activity that would be undertaken in preparation for and during the inspection.

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

8. **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015/16**

Mrs Elaine Torrance presented the Annual Report and highlighted several elements within it including: chief social work officer accountabilities and governance; self directed support; mental health officer duties; emergency admissions; private and welfare

guardianships; increased care inspectorate grades; financial constraints; self evaluation; increasing number of home care providers; and adult protection trends.

Cllr John Mitchell offered his congratulations to all who had been involved with the successful Syrian refugee's placements.

During discussion several elements within the report were highlighted including: the social care fund; redesign of services; charging policy; eligibility and criteria; and the September Social Work in Scotland publication.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report of the Chief Social Work Officer and in particular noted the elements of section 3 of the report.

9. **STAFF GOVERNANCE ARRANGEMENTS**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting.

10. **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD BUSINESS CYCLE 2017**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the meeting dates and business cycle for 2017 subject to the cancellation of a Development session scheduled for Monday 24 April 2017.

11. **MONITORING OF THE INTEGRATION JOINT BOARD 2016/17**

Mr Paul McMenamin gave an overview of the integration joint budget and highlighted adverse variances and projections on the budget. He further highlighted: GP prescribing; AHP staffing budget; ability equipment store; social care funding; and remedial action plan.

Cllr John Mitchell enquired if the Health Board held a reserve that could be used towards the projected deficit. Mrs Carol Gillie commented that the Health Board did not have an on-going reserve. For the 2016/17 financial year she had put aside £2m, however at the end of September there was a £4.7m overspend.

Mrs Evelyn Rodger commented that given NHS Borders had repeatedly reported through the Integration Joint Board that the pressures it was sustaining were around patient flow and occupied bed days for delayed discharges, why the Integration Joint Board did not ask for health and social work to jointly produce a recovery plan. The Chair commented that there was a £1.8m overspend in prescribing. Mrs Rodger maintained that a large proportion of the overspend was in relation to pressures on the system.

Mrs Susan Manion suggested that the reality was there were issues with capacity and flow as had been highlighted through previous financial reports. She commented that resources had been directed through the Integration Joint Board via the Integrated Care Fund in order to lever change and improve flow.

Mrs Manion further advised that there was a requirement to agree plans for both NHS Borders and Scottish Borders Council in relation to the financial position and the reality was each organisation was still required to ensure it achieved a year end break even status. She reiterated again the need for a jointly agreed recovery plan that helped the Integration Joint Board to achieve its outcomes and dealt with the issues in regard to the budget.

Mrs Rodger again enquired why directions would be given to NHS Borders and not Scottish Borders Council and Mrs Manion responded that it was because Scottish Borders Council were not in the same financial position. Mrs Rodger stated that if NHS Borders

were not carrying 30 delayed discharges it would be a healthier financial position and again suggested that directions should be given to both organisations to achieve a workable resolution to delayed discharges.

Mr McMenamain also commented that the direction was of a financial nature and was primarily for NHS Borders to reduce spend and deliver a balanced financial position. He added that in getting to that point and developing a plan that was where social care would feed in.

Dr Angus McVean commented that prescribing was multi layered and was about cost prices and tariff changes, and suggested the label GP prescribing was incorrect and urged the use of the phrase prescribing costs. Mrs Gillie echoed Dr McVean's comments and stated that it was not a GP issue.

Mr David Davidson commented that in a joined up system he would expect that an area that was causing a pressure in another area, would divert funding to release the pressure and enquired if directions would be given to that effect in regard to delayed discharges.

Mr Davidson enquired what the value of the technical accounting adjustment was. Mr McMenamain advised that it was one of a number of remedial actions being formulated and he could not confirm the value at that point in time.

Mr Davidson suggested the financial report should provide examples of how to deal with the insufficient resources to address pressures. Mr McMenamain advised that the partnership had direct marginal access in relation to social care funding and the integrated care fund for transformational change and improvement. He emphasised that based on the social care fund there was £800k available on a recurring basis which was insufficient to meet the pressures identified and therefore he was seeking a remedial recovery action plan.

The Chair suggested the Integration Joint Board seek a fully costed action plan and reconvene in November to go through it and set directions.

Cllr Sandy Aitchison sought the quantified savings or costs that were likely to be accrued. Mrs Gillie confirmed that the figures would be shared with the Integration Joint Board as part of the recovery action plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2016/17 revenue budget.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the planned high-level actions of recovery currently being developed and implemented by NHS Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** sought a costed recovery and action plan, at which point subsequent to that information it may consider the issuing of directions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to an extra ordinary meeting to be held on 21 November 2016 to focus on the financial recovery and action plan.

12. **DELIVERY OF EFFICIENCIES AND SAVINGS PLANS**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting.

13. **DIRECTION OF SOCIAL CARE FUNDING**

Mr Paul McMenemy gave an overview of the content of the paper and highlighted several key elements including: surge beds; night support; ability equipment store and the community mental health worker post.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted how the Scottish Government allocation of social care funding to the partnership had been directed during 2016/17 to date.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the further direction of social care funding on the proposed recurring and non-recurring basis to meet the additional pressures outlined in regard to surge beds, night support, ability equipment store and community mental health worker post.

Cllr John Mitchell left the meeting.

Mrs Lynn Gallacher left the meeting.

14. **PRESCRIBING EFFICIENCIES - PAST, PRESENT & FUTURE**

Mrs Alison Wilson gave an overview of the content of the paper and highlighted: manufacturing of drugs; licences; hike in prices; no government regulation; short term impact of pan European shifts; exchange rate fluctuation; and the average pharmacist spent about 1-2 hours a day sourcing drugs.

Cllr Sandy Aitchison enquired about the quantity of drugs returned and destroyed. Mrs Wilson advised that work was on-going in regard to wastage and she could not quantify waste in terms of cost as each bin of waste drugs contained various different amounts.

Cllr Aitchison enquired if the cost of the pharmacy community delivery van was contained within the costings. Mrs Wilson advised that the community pharmacists owned and funded the community pharmacy delivery service.

Further discussion highlighted: elderly medicine; statins; realism in medicine; 80% of prescribing is within secondary care and then maintained in primary care; difficult to maintain consistency across GPs; review of medicines; and polypharmacy.

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

15. **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD 2015/16 FINAL AUDITED STATEMENT OF ACCOUNTS**

Mr Paul McMenemy presented the final audited statement of accounts.

The Chair noted that there were several adjustments required to be made in regard to dates and wording.

Mrs Susan Manion listed the adjustments to be made as:-

Page 4, 8, 14 – Replace On behalf of the “Councillors and Officers” with “Integration Joint Board members” of Scottish Borders Health & Social Care Partnership.

Page 9 - Replace I confirm that these Annual Accounts were approved for signature by the “Integration Joint Board at its meeting on 30 September 2016” with “Integration Joint Board Audit Committee at its meeting on 26 September 2016.”

David Bell left the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the approval of the 2015/16 Statement of Accounts by the IJB Audit Committee and ratified its decision.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key recommendations made by the External Auditor to the IJB in its management report.

16. **CHIEF OFFICER'S REPORT**

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

17. **COMMITTEE MINUTES**

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

18. **INTEGRATED WINTER PLAN 2016/17**

Mr Philip Lunts provided an overview of the content of the winter plan 2016/17. He commented that it was the first integrated winter plan and focused on delivering the capacity required over the winter period through streamlining pathways instead of increasing beds. In terms of governance he advised that there was a Winter Planning Board that was responsible for the implementation and oversight of the winter plan.

Mrs Karen Hamilton enquired about the lessons learned in regard to morning discharges. Mr Lunts advised that morning discharges had been a constant challenge and work continued to improve performance in the area.

Mrs Elaine Torrance suggested costing the winter plan in order to be able to cost our different solutions for the following year. Mr Lunts confirmed the plan could be costed.

Mr Andrew Murray enquired about the number of beds within the Waverley facility and if the impact of it opening could be quantified. Mr Lunts confirmed that on opening it would contain 16 beds to accommodate people up to 6 weeks.

Mrs Susan Manion advised that it would be crucial that the correct criteria, was met on admission and discharge to ensure the right support was made available.

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

19. **ANY OTHER BUSINESS**

There was none.

20. **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 21 November 2016 at 9.30am in the Board Room, Newstead.

The meeting concluded at 4.18 pm