

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 19 December 2016 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:

(v) Cllr C Bhatia (Chair)	(v) Mr J Raine
(v) Cllr F Renton	(v) Mr D Davidson
(v) Cllr S Aitchison	(v) Dr S Mather
(v) Cllr G Garvie	(v) Mrs K Hamilton
Mr M Leys	Dr A Murray
Mrs E Torrance	Mrs E Rodger
Mr D Bell	Mr J McLaren
Mrs J Smith	Ms L Gallacher
Ms A Trueman	Dr A McVean

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs T Logan	Mrs J Stacey
Mrs C Gillie	Mr D Robertson
Ms C Peterson	Mrs E Reid

1. **ANNOUNCEMENTS & APOLOGIES**

Apologies had been received from Cllr John Mitchell, Mrs Pat Alexander, Mr Paul McMenamin, Mrs J McDiarmid and Mrs June Smyth

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Elaine Torrance, Interim Chief Officer.

The Chair welcomed Mr Murray Leys, Chief Officer for Adult Social Work who was covering the adult social work element of the Chief Social Work Officer role.

The Chair welcomed Mrs Erica Reid, Hospital Director.

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 Extra Ordinary meeting of the Health & Social Care Integration Joint Board held on 21 November 2016 were approved.

4. **MATTERS ARISING**

The Chair advised that she would discuss with the Chief Officer the topics for future Board Development sessions.

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

5. **INTEGRATED CARE FUND UPDATE**

Mrs Elaine Torrance provided an overview of the content of the paper. She highlighted the range of projects that had been approved and their projected costs. She advised that the Executive Management Team had taken forward work to review the projected pathway and part of that review had led to a closing of the fund to new bids to enable

more substantial planning work to take place to speed up the process and eliminate blockages in the system.

A discussion ensued which highlighted several key points including: development of ideas to prioritise pathways for delivery in the community setting; Rapid Assessment and Discharge (RAD) Team six day cover; the pause providing the ability to focus on the gaps in the system on admission and discharge; further opportunities to look at projects contributing to an integrated approach; and the timetabling of projects requiring approval by the Health & Social Care Integration Joint Board that might already be underway.

Mr John Raine enquired to what extent it represented additionality and whether the timeline for completion of the RAD project was realistic. Mrs Torrance confirmed that it was likely the timeline would be extended. In terms of additionality, she advised that one of the issues was how much the fund could be used for transformation. One of the learning elements was around the bids and how realistic it was to do shorter pieces of work which would lead to rapid change.

Mr Raine suggested it would be helpful to see if the Integrated Care Fund (ICF) was being used as additional money and to what extent against posts already funded by both Scottish Borders Council and NHS Borders.

Dr Angus McVean welcomed the RAD project but cautioned that the frail elderly would be admitted with a range of issues and potentially the target might miss a bit of the problem as there would be some who might not fit the medical model however the hospital might actually be the safest place for them at that specific point in time. He suggested undertaking audits on what was required at admission and on discharge.

Mr Andrew Murray agreed with Dr McVean's concerns and urged that the focus be person centred with the individual being the key component. Mrs Jane Davidson suggested collecting the data on what would have prevented the admission as it might give a slightly different picture and more insight into preventing admissions or enabling timely discharge.

Mrs Jenny Smith reflected that the RAD projects felt process orientated as opposed to person centred and she noted that whilst some pieces of work would be about getting the system right there was a need to think about what that change in process would make for the person using the service.

Mrs Lynn Gallacher suggested strengthening the references to carers, signposting and the Carers Act.

Cllr Graham Garvie suggested a future development session be organised to understand what the projects actually implied.

Dr Stephen Mather reminded the Health & Social Care Integration Joint Board (IJB) that it had discussed quick wins at the start of its formation back in 2015 and one of those targets suggested had been delayed discharges. He suggested the IJB should be disappointed that limited progress had been made since that time. Mrs Tracey Logan commented that more recently work had been undertaken on delayed discharges and change had now been effected with some success being seen. The matter was being tackled jointly at a senior level.

Mrs Davidson commented that over the previous 6-8 weeks there had been a cultural shift in addressing delayed discharges with both herself and Tracey Logan meeting and empowering their staff to make decisions to prevent delays, such as employing health care support workers instead of home carers, working with district nurses and attending GP Practices. She agreed that whilst progress had been limited in the past the new joint approach was focused on addressing the pathway to reduce and ultimately end delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the position of the Integrated Care Fund.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the closing of the fund to new bids, until further planning work was undertaken.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the recommendations of the Executive Management Team to approve 3 new projects detailed in 4.1 of the report.

6. **ANNUAL PERFORMANCE REPORTING REQUIREMENTS**

Mrs Elaine Torrance reiterated to the Board the statutory requirement for each Health and Social Care Partnership to produce and publish an Annual Performance Report. She emphasised that there would be limited data available for the first year. The final report would be submitted to the Health & Social Care Integration Joint Board for sign off ahead of submission to the Scottish Government by 31 July 2017.

Mr David Davidson enquired if sufficient resource was available to meet the key milestones. Mrs Torrance commented that the programme team and associated resources working on integration were being reviewed to ensure they worked across the whole integrated system. She added that it was helpful to have the two Chief Executives engaged and to be able to pull on the staff in both organisations to deliver.

Mrs Jenny Smith gave feedback from the Transformational Steering Group highlighting that they had been looking for guidance and support to move ahead with various ideas. Mrs Torrance confirmed that she had spoken with them and identified key people to support them.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the requirement to produce and publish an Annual Performance Report.

7. **INSPECTIONS UPDATE**

Mr Murray Leys gave an update on the current status of the Joint Older Peoples Inspection highlighting that the self assessment questionnaire had been completed, and a list of files for reading and reviewing had been compiled. The Inspectors were due to arrive on site on 13 January.

Mrs Evelyn Rodger advised that in terms of the unannounced Healthcare Associated Infection (HAI) Inspection held in November 2016, the verbal feedback received had been positive and no major issues had been raised during the inspection. The first draft of the report was due to be shared with NHS Borders in January 2017.

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

8. **CODE OF CONDUCT**

The Chair advised of the requirements for the Health & Social Care Integration Joint Board to adopt a Code of Conduct.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** adopted the Code of Conduct for Scottish Borders Health & Social Care Integration Joint Board members.

9. **STAFF GOVERNANCE ARRANGEMENTS**

Mr David Bell introduced the staff governance arrangements for the Health and Social Care Integration Joint Board. He advised that in line with the Scheme of Integration the

partnership was required to have in place appropriate arrangements to oversee staff engagement and involvement across the employing authorities.

Cllr Graham Garvie noted the Joint Staff Forum had a large membership. Mr John McLaren commented that whilst the membership was large the quorum required was small.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the staff governance arrangements for the Health & Social Care Integration Joint Board.

10. **RECOVERY PLAN**

Mrs Carol Gillie presented the recovery plan to the Board and highlighted several key elements including: financial pressures; recurring projects to be brought forward; £5.6m overspend at the year end on the delegated budget; operational pressures; efficiency/savings within the delegated budget; and the NHS wide recovery plan of £13.5m.

Mrs Jane Davidson highlighted that the Health & Social Care Integration Joint Board had been made aware of the situation previously and whilst the presentation contained more detail the situation had not changed.

Several points were raised during discussion including: Volatility of drug costs; supply and demand for junior doctors and locums; agency nursing staff are from premium rate agencies as the Scottish Government contract agency walked away from the local contract; work underway on a regional nurse bank facility; advance recruitment to permanent staff in anticipation of staff turnover and to avoid agency costs; skill mix of nursing staff to reduce reliance on junior doctors; difficulties in staffing the whole unscheduled care pathway; working hours for junior doctors are controlled and monitored and a cost is attached to anyone who breaches their contracted hours; and consultants are restricted to the 48 hours a week working time directive.

Cllr Graham Garvie commented that whilst Scottish Borders Council had met their savings target NHS Borders still had an issue. Mrs Gillie commented that the Health & Social Care Integration Joint Board had been aware from an early stage that there would be financial difficulties for NHS Borders in the current year and that mitigating actions had taken place, including, slippage on the capital programme, underwriting the revenue position; slippage on the Local Delivery Plan commitments; ring-fenced allocations; social care funding; and increased financial controls.

Cllr Garvie enquired what the Health & Social care Integration Joint Board could do to help the financial position? Mrs Gillie commented that whilst the pressures were roughly 50:50 the focus had to be on the recurring position and that she and David Robertson were trying to do more joined up financial planning for the future. For the current year it was clear a breakeven position would not be achieved and she enquired if the Social Care Fund or integrated Care Fund might be used to support the financial position.

The Chair commented that the Health & Social Care Integration Joint Board needed to have capacity to issue directions in relation to funding or a restructure to generate the required savings. She suggested full information be available for the Health & Social Care Integration Joint Board on 30 January for it to be able to issue appropriate directions.

Mr David Davidson agreed that fuller information was required and suggested the Executive Management Team provide a series of recommendations, risks and choices to the Health & Social Care Integration Joint Board so that it could make informed decisions on the issue of appropriate directions.

The Chair suggested there was a need to concentrate on investment funding and recurring savings, with difficult choices being made on what would be stopped from being done and what might be done differently to mitigate the same situation arising in the future.

Mrs Torrance commented that she was committed to working with Mr Robertson and Mrs Gillie to see what could be put in place to manage projects more effectively, to take difficult decisions and to achieve the changes required. She further commented that Prof John Bolton had agreed to work with the partnership early in the new year and that he would be able to give an objective view which might help with the difficult decisions to be made in the future.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold an Extra Ordinary meeting on 30 January 2017 to focus on resolution of the financial situation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** (IJB) agreed to receive a report in advance of the Extra Ordinary meeting setting out the directions the IJB should issue to achieve a breakeven situation at the end of March and the associated risks involved.

11. **MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET 2016/17**

Mr David Robertson provided an overview of the monitoring position of the Health and Social Care Partnership Budget to 31 October 2016, together with detail over the range of pressures that were being experienced and the proposed mitigating actions. He further advised that the report also included the monitoring position on both the budget supporting all functions delegated to the partnership (the “delegated budget”) and that relating to large-hospitals set aside for the population of the Scottish Borders (the “set-aside budget”).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership’s 2016/17 revenue budget at 31st October 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted NHS Borders recovery plan presented alongside the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to call an Extra Ordinary meeting to discuss how to support NHS Borders with remedial action in order to deliver an affordable outturn position across the delegated budget at 31 March 2016.

12. **FURTHER DIRECTION OF SOCIAL CARE FUNDING - BORDERS ABILITY & EQUIPMENT SERVICE**

Mrs Elaine Torrance sought agreement to the proposal to direct further social care funding to meet on-going projected financial pressure within the partnership’s joint Borders Ability and Equipment Service (BAES) budget, on a one-off, non-recurring basis.

Dr Stephen Mather enquired if the use of the social care fund to fund extra for the BAES was good value? He enquired if there were other things available that might be better for the user and also if any rental was charged for the equipment or purchase to the users.

Mrs Torrance confirmed that discussions had taken place previously in regard to charging for equipment. Charging had not been put in place due to several factors including: how to put a new system in place; increased admin burden; and timely availability of equipment. Mrs Torrance confirmed that work needed to be undertaken, to control the

spend around the BAES, the governance arrangements and sign off of budgets. She further advised that there were currently around 400 people able to access the system to order equipment. Significant controls had been put in place to ensure a balance for equipment availability to prevent hospital admissions and to support hospital discharges.

Further discussion focused on: prevention of admissions; amnesty on return of equipment; storage in new facility; reuse of larger pieces of equipment; potential for a deposit system; fundraising for equipment; seek a 90% return rate of equipment to reduce overall costs; and potential for a register of equipment going out and when due for return.

Mrs Torrance advised that the SB Cares initiative was for people to order equipment directly from them and they would transport and check the delivery to the individual. She suggested some people might find that more helpful in terms of being sign posted to order smaller items.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and approved the direction of a further £145k non-recurring allocation of social care funding to the BAES equipment budget for utilisation during the remainder of 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive a further report on the operation of the BAES at a future meeting.

13. **CHIEF OFFICER'S UPDATE**

Mrs Elaine Torrance advised that she had taken on the role of Chief Officer from 1 December and in regard to her substantive Chief Social Work Officer role had delegated responsibility for Adults to Murray Leys as Chief Officer for Adult Social Work. She was working from both Scottish Borders Council and NHS Borders and was meeting regularly with Sandra Pratt, Simon Burt and Murray Leys. Her initial focus had been on streamlining the Integrated Care Fund arrangements, structures and meetings as well as reviewing staffing levels, efficiencies and budgets.

Mrs Karen Hamilton enquired how long the interim arrangement would for and it was noted that it would be for six months in the first instance.

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

14. **JOINT WINTER PLAN 2016/17**

Mrs Elaine Torrance highlighted that there had been lots of work on the festive plan taking place in terms of staffing arrangements and on-going focus on delayed discharges. In regard to the transitional care facility she advised that it was open with 11 beds and was being used to improve patient flow. She assured the Health & Social Care Integration Joint Board that the winter plan was progressing.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Joint Winter Plan 2016/17 had been formally approved by Borders NHS Board at its meeting on 27 October 2016 and submitted to the Scottish Government.

15. **ANY OTHER BUSINESS**

Development Session: 30 January 2017: Mrs Elaine Torrance reminded the Board that the next development session was due to take place on Monday 30 January at 9.30am. The Chair suggested the first hour be used as a short extra ordinary meeting to discuss the recovery plan.

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

The Chair confirmed that there would be an Extra Ordinary meeting of the Health & Social Care Integration Joint Board held on Monday 30 January at 9.30am, and that the following scheduled meeting of the Health & Social Care Integration Joint Board would take place on Monday 27 February 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.00 pm