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An Extra Ordinary **meeting of the** Health & Social Care Integration Joint Board **will be held on** Monday 21 November 2016 **at** 9.30am **in the** Board Room, NHS Borders, Newstead.

	BUSINESS		
1.	ANNOUNCEMENTS & APOLOGIES		Chair
2.	DECLARATIONS OF INTEREST		Chair
3.	MINUTES OF PREVIOUS MEETING (Pages 1 - 8) Monday 17 October 2016		Chair
4.	MATTERS ARISING (Pages 9 - 12) Action Tracker		Chair
5.	FINANCE		
	(a) Efficiency Savings and Recovery Action Plans	(Pages 13 - 22)	Interim Chief Financial Officer
6.	ANY OTHER BUSINESS		Chair
7.	DATE AND TIME OF NEXT MEETING Monday 19 December 2016 at 2.00pm in Committee Room 2 Borders Council	2, Scottish	Chair

Please direct any enquiries to Iris Bishop, NHS Board Secretary Tel: 01896 825525 Email: iris.bishop@borders.scot.nhs.uk

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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) Cllr J Mitchell (v) Cllr F Renton (v) Cllr G Garvie (v) Cllr S Aitchison Mrs S Manion Mrs E Torrance Mr D Bell Ms L Gallacher 	 (v) Mrs P Alexander (v) Mrs K Hamilton (v) Mr D Davidson Dr D Steele Dr A McVean Dr A Murray Mrs E Rodger Mr J McLaren Ms A Trueman
In Attendance:	Miss I Bishop Mrs J McDiarmid Dr E Baijal	Mr P McMenamin Dr A Howell Mrs J Stacey

Mrs A Wilson

1. Apologies and Announcements

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

Mrs C Gillie

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

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. The 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 Budget 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 and 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 NSH 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 McMenamin 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 McMenamin 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 McMenamin 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 McMenamin 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 McMenamin 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 4.18pm

Signature: Chair This page is intentionally left blank



Health & Social Care Integration Joint Board Action Point Tracker

Meeting held 27 April 2015

Agenda Item: Draft Strategic Plan – A conversation with you

Action Number	Reference in Minutes		Action by:	Timescale	Progress	RAG Status
1	8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed to have a Development session later in the year dedicated to revising Commissioning and Implementation Plan and considering plan for 2017/18.	Manion	November	In Progress: Item scheduled for 21 November Development session.	

Meeting held 31 August 2016

Agenda Item: Matters Arising

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
7	4	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed that a future development session would consider the relationship between the sub groups of the Health & Social Care Integration Joint Board, the Scottish Borders Council and NHS Borders to	Manion	2016		

	ensure connections were made and that there was clarity as to the separate roles.			
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Meeting held 17 October 2016

Agenda Item: Clinical & Care Governance – Integrated Joint Board Reporting

Action Number	Reference in Minutes		Action by:	Timescale	Progress	RAG Status
8	5	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed that it would undertake a Development session on clinical and care governance.	Manion Evelyn	January 2017	In Progress: Development session to be identified	

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Agenda Item: Clinical & Care Governance – Integrated Joint Board Reporting

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
9	5	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.	Rodger Andrew Murray	December	In Progress: Item appears as standing item on future IJB meeting agendas.	

Agenda Item: Scottish Borders Professional Assurance Framework

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
10	6	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted the report and requested the inclusion of whistleblowing.	Manion	November	Complete: Inclusion confirmed.	•

Agenda Item: Staff Governance Arrangements

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	9	TheHEALTH& SOCIALCAREINTEGRATIONJOINTBOARDdeferred the item to the next meeting.		December	Complete: Included on 19 December meeting agenda	G

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Agenda Item: Monitoring of the Integration Joint Budget 2016/17

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
12	11	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.	McMenamin Carol Gillie David		Complete: Recovery and Action Plan to be submitted to Extra Ordinary IJB meeting on 21 November 2016.	

Agenda Item: Monitoring of the Integration Joint Budget 2016/17

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
13	11	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.	Iris Bishop	November	Complete : Extra ordinary Meeting scheduled for 21 November 2016.	G

Agenda Item: Delivery of Efficiencies and Savings Plans

Action Number	Reference in Minutes		Action by:	Timescale	Progress	RAG Status
14	12	TheHEALTH& SOCIALCAREINTEGRATIONJOINTBOARDdeferred the item to the next meeting.	Iris Bishop	December	Complete: Included on 19 December meeting agenda	G

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KEY:	
R	Overdue / timescale TBA
	<2 weeks to timescale
G	>2 weeks to timescale
Blue	Complete – Items removed from action tracker once noted as complete at each H&SC Integration Joint Board meeting



INTEGRATION JOINT BOARD REVENUE MONITORING UPDATE

21 NOVEMBER 2016

Scottish Borders Health & Social Care Partnership	are Partr		Section Borders Freatth and Social Care PARTNERSHIP
IJB Delegated Budget Responsibility		The Set Aside Budget	
	2016/17	2	2016/17
	£'000		£'000
Scottish Borders Council Funding Delegated	46,531	Large Hospital Budget Set-Aside	18,128
NHS Borders Funding Delegated :	87,352		
Social Care Fund	5,267		
Total Delegated Funding	139,150		

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Scottish Borders Health & Social Care Partnership	nership
The projected financial position	previously presented in August:
Other Emerging Delegated	Other Non-Delegated Health &
Budget Pressures	Social Care Budget Pressures
Health Care: 2016/17	Set-Aside: 2016/17
£'000	£'000
GP Prescribing 1,200	Surge Beds 1,200
Flex Beds 425	Patient Flow Medical Model 860
Physiotherapy Locums 240	Acute Admissions Unit 250
Non-Delivery of Efficiencies 1,700	Emergency Department 250
Out of Area Placements 364	Non-Delivery of Efficiencies 250
Surge Beds 20	
3,949	2,810
Plus share of Board-Wide Efficiency Schemes that will not	Plus share of Board-Wide Efficiency Schemes that will not
be delivered this financial year	be delivered this financial year
Social Care: 2016/17	
£'000	
Increased Complex Care Demand 163	
Staffing 73	
Other 27	
263	

Scottish Borders Health & Social Care Partnership	Scottob Booless
What we said we would do previously presented in August:	
Next Steps	
Report to 17 th October 2016 IJB	
 Evidenced Recommendations for Direction of the remaining Social Care Funding Balance 	ng Social Care Funding
 17/18 Night Support Sleep-ins – working time directive 16/17 Night Support Sleep-ins – Project Funding 	
 16/17 Borders Ability Equipment Store Equipment Budget 16/17 Winter Plan - Surge Beds 	
 Development of budget recovery / development plans for agreement with IJB 	ement with IJB
 Further delivery of Efficiency/Savings plans by NHSB and SBC 	
 Development towards a more integrated 17/18 Financial Planning process focussing on providing for future pressures and service developments, efficiency/savings planning and delivery 	ing process focussing on ency/savings planning and

Scottoh Booders Kontoh Booders		2016/17 Variance	-1,200 aff)^ -1,800 -70 - 3,070
ship	d Outturn Position at 31 st August 2016(£'000) (Reported to IJB 17 th October 2016)	Set-Aside Budget:	Surge Beds^ Other (Agency Medical/Nursing Staff)^ Other (net)
cial Care Partner		2016/17 Variance	-152 -300 -50 -1,800 -2,406 -254 -300 -150 -3
Scottish Borders Health & Social Care Partnership	Projected Outturn (Reporte	Delegated Budget:	LD Demand and Provider Costs* MH Staffing / Agency Medical Locums* PD Complex Community Based Care packages Prescribing Non-Delivery of Efficiency savings AHP Locum cover Flex Beds BAES* Other (net)

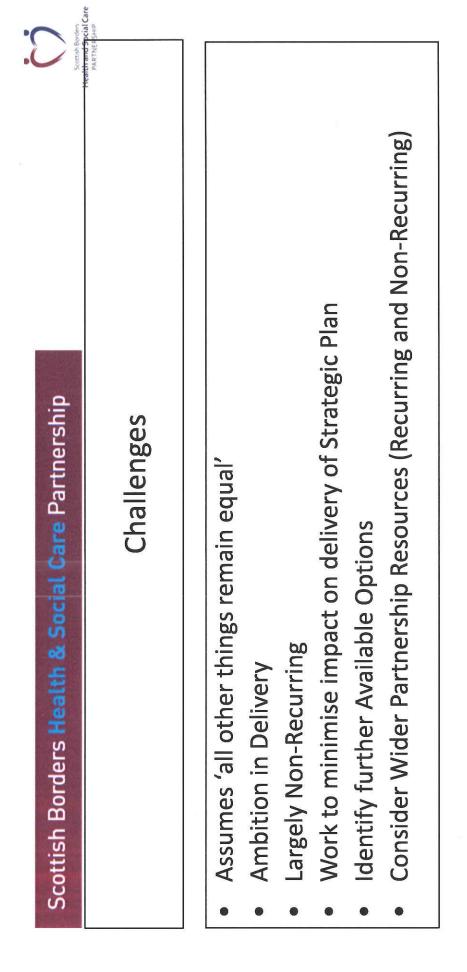
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* IJB agreed to direct £250k of social care funding (£200k non-recurring)

AIJB agreed to direct £500k of non-recurring social care funding

Scottish Borders Health & Social Care Partnership
Phase 1: Action Taken to Date
CONTEXT: E8.1m IJB Projected Variance on Healthcare Services (E3.2m to 31 st August) is part of £14.0m NHSB-wide Projected Variance
NHS BORDERS-WIDE APPROACH TO RECOVERY:
Control Measures (Nursing and Medical)
Defer non essential posts
IJB Allocation of social care fund
Slippage on LDP/Allocations/Carry forward funding Contingency
SGHSCD Capital to Revenue Transfer
Total Targeted Actions to Date = £10.8m
Approximately £6m relating to Delegated and Set-Aside Budgets
FORECAST SNORTIAL AGAINST NHSB-WIGE TOTAL OF E14.UM = E3.2M

Scottish Borders Health & Social Care Partnership	0
Further Actions Currently Being Considered	and the second sec
IB Support for Step-Up Step Down Care Facility and Interim Funding Accounting Flexibility Ongoing Discussion with Scottish Government Efficiency Agency Agency Drugs Patient Flow Delayed Discharge Surge Beds	
Projected Targeted Actions Being Considered = £2.7m Approximately £1.5m relating to Delegated and Set-Aside Budgets Projected Residual Forecast Shortfall = £0.5m	



S	Scottish Borders Health & Social Care Partnership
	Next Steps
•	 Executive Management Team will bring forward further Borders-wide Proposals to next meeting of the IJB e.g. Eurther use of uncommitted non-recurring funding Working together to deliver efficiency and other savings Focus on improved / more efficient flow across the health and social care system
٠	Discussion with the Scottish Government
٠	Work over the remainder of 2016/17 to identify and implement permanent recurring measures as part of 2017/18 financial planning process
	Finalisation and Agreement of NHS Borders' Recovery Plan
٠	Final Detailed Recovery Plan to be presented to IJB in December
٠	Agreement by IJB and Issue of Directions thereon

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