

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 15 August 2016 at 2.00pm in Committee Room 2, Scottish Borders Council

**Present:**

|                     |                             |
|---------------------|-----------------------------|
| (v) Cllr F Renton   | (v) Mrs P Alexander (Chair) |
| (v) Cllr J Mitchell | (v) Mr J Raine              |
| Mr D Bell           | (v) Mr D Davidson           |
| Mrs S Manion        | (v) Dr S Mather             |
| Mrs E Torrance      | (v) Mrs K Hamilton          |
| Mrs J Smith         | Dr A Murray                 |
| Ms A Trueman        | Mrs E Rodger                |
| Dr A McVean         | Ms L Gallacher              |

**In Attendance:**

|                |                 |
|----------------|-----------------|
| Miss I Bishop  | Mrs J Davidson  |
| Mr P McMenamin | Mrs J McDiarmid |
| Mrs A Wilson   | Mrs J Robertson |
| Mrs T Wintrup  | Mrs A Howell    |
| Mrs S Martin   | Mrs L Crombie   |
| Ms C Petterson | Mrs C Gillie    |
| Mr D Robertson | Mrs J Stacey    |
| Mrs A Howell   |                 |

## **1. Apologies and Announcements**

Apologies had been received from Cllr Catriona Bhatia, Cllr Jim Torrance, Cllr Iain Gillespie, Mrs Tracey Logan, Dr Eric Baijal, Mrs June Smyth, Mrs Julie Murray, Ms Sandra Campbell, Mr Alasdair Pattinson, Mr John McLaren, Mrs Shona Donaldson, Mr Stewart Barrie and Ms Gwyneth Johnston.

The Chair confirmed the meeting was not quorate.

The meeting agreed to discuss and note the items on the agenda and noted it would be unable to approve any recommendations. The Chief Officer proposed the ability of the Health and Social Care Integration Joint Board to remit items to the Chair or Chief Officer to approve. This was rejected as it was not in line with the standing orders.

The Chair welcomed a range of attendees to the meeting including Mrs Shelagh Martin from the Scottish Health Council and Mrs Lynn Crombie from SB Cares.

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.

Mr David Davidson declared that in regard to the item on Integrated Care Fund Update, he was the Chair of two independent charity organisations.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted Mr Davidson's declaration.

### **3. Minutes of Previous Meeting**

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 20 June 2016 were amended at page 2, last line replace "fulsome" with "fuller" and page 4 last paragraph, first line replace "Patient" with "Public" and with those amendments the minutes were noted and would be held over for approval at the next meeting.

### **4. Matters Arising**

**4.1 Action 1: Draft Strategic Plan:** It was suggested that the session on Commissioning be held sooner rather than later.

**4.2 Action 6: Inspection of Adult Services:** It was noted that Item 6 was now complete as the session had been held earlier that day.

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

### **5. GP Contract Update and Cluster Approach**

Dr Angus McVean gave an overview of the content of the paper and highlighted: a move to a four cluster approach; demographics; appointment of quality cluster leads; appointment of practice quality leads; and funding of the quality leads.

Dr Stephen Mather enquired how the Practice and Cluster Quality Lead appointments would be resourced. Dr McVean advised it would be for the Health & Social Care Integration Joint Board to provide the resource. Mrs Susan Manion commented that the specific decision making was a matter for the Health Board as the contractor for GP services, however resources for primary care funding to support GPs had been provided as part of the functions delegated and therefore sat within the delegated budget.

Dr McVean advised that he understood that the Practice Quality Leads would be funded from the primary care budget however the Quality Cluster Leads might not be.

Mrs Manion advised that funding currently flowed from the Health Board to GPs through the Health & Social Care Integration Joint Board and the next step would be to identify what was required and what was approved and then understand the implications and whether it could be funded from another source.

Dr Mather commented that it appeared the assumption was that the Health Board would be funding the posts and he asked for assurance that the appointment process would be robust as the posts were essentially becoming lead positions. He further enquired if the appointees would become Health Board employees. Mrs Manion responded that she understood that the current process was to employ and then agree how funded and she would continue with that approach.

Dr Mather requested that the recruitment and appointment and funding of the quality lead posts be reviewed and brought back to the Board for further discussion.

Mr Andrew Murray enquired about the next steps. Dr McVean advised that the legislation passed to GPs was that GP Practices would agree the cluster approach to be taken locally. Discussion had taken place at the Local Medical Committee (LMC) where the preferred option had been to have 4 locality clusters and the LMC were settled on that position. In regard to the cluster quality leads the LMC were clear that a robust interview and appointment process was required to ensure the right person was appointed with the right experience and ability to speak for and to the constituent GP practices.

Mrs Jane Davidson commented that the matter was yet to be discussed by and with the Health Board, including the engagement with the LMC. She was aware of informal engagement taking place but reminded the Health and Social Care Integration Joint Board that the Health Board was the contractual agent with GPs and required to understand and discuss with the LMC their proposal.

Mrs Manion commented on the need to be supportive and work with GPs and in relation to locality plans. She suggested it was a good compromise to ensure it was local and offered opportunities to think about across the health and social care system. She further suggested that at the point when the contractual arrangements were discussed by the Health Board, the mechanics of recruitment and funding would take place to support the process.

Mrs Elaine Torrance enquired if the arrangements could be tweaked if they did not work. Dr McVean responded that the arrangements would be entirely flexible and he and colleagues were aware that there were possibilities the approach might not work and would need to be relooked at.

Mrs Jenny Smith commented that in terms of locality plans were the localities being asked what they felt would work best for them. Dr McVean commented that he was keen that the localities were not seen as GP clubs and he was keen to ensure the clusters were seen as whole system clusters encompassing all health and social care agents such as the third sector, allied professions.

Mrs Jane Robertson advised that the Locality Co-ordinators were in the process of formalising localised working groups to develop the 5 locality plans and sought assurance that whatever the outcome of the 4 GP cluster proposals the locality coordinators were kept informed.

Mrs Jane Davidson suggested the challenges of several services operating across more than one cluster would need to be thought through.

Mr David Davidson sought assurance that the delivery of quality would be on an equal basis across the whole of the Borders. The Chair echoed Mr Davidson's comment and cited postcode prescribing as a potential challenge in ensuring localities did not just deliver what the local community wished.

Mr John Raine enquired, in recognising primary care was pivotal to the success or otherwise of the Health and Social Care Integration Joint Board (IJB) where the accountability lay, in the

sense that GPs had a contract with the Health Board and also a responsibility and accountability to the IJB and he sought the views of Dr McVean and Mrs Manion of how they saw that accountability in order to enable the IJB to monitor progress and how the cluster arrangements would succeed over time. He questioned it is was a dual accountability?

Mrs Manion responded that as independent contractors the accountability sat with the individual practices and in terms of the performance of individuals it sat with the Health Board. Given the locality approach and development of the performance framework around services, ultimately the GP practices would be accountable for themselves. She advised GPs would report performance to the IJB from their GP practices.

Dr McVean commented that his contact was with the Health Board and he reported to the Health Board, he did not have a responsibility to the IJB, he had a responsibility to his contract provider and defence organisation but no responsibility to the IJB. Dr McVean reiterated that as an independent GP working in Practice that was his reporting and responsibility route.

The Chair thanked Dr McVean for providing the first look at what GP practice clusters would look like and noted that further reports would be received and would also clarify some of the issues raised during discussion. She emphasised that IJB colleagues would be keen to see localities and GP clusters working well together and that there was an expectation that there would be an equality of service across the Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and considered the report and that it would receive further update reports in due course.

## **6. Integrated Care Fund Update**

Mr Paul McMenamin provided an overview of the Integrated Care Fund (ICF) programme spend position at 30 June 2016, as well as an overview of the latest position for budget approval and development of the programme. He confirmed that there were 19 projects that had been approved by the Steering Group with a further 5 projects identified for approval. The total value of all approved projects amounted to £2.41m.

Mrs Jane Robertson gave an overview of the five new projects: development of locality plans; locality management; health and social care coordination; community led support; and the matching unit.

In regard to the projects recommended to the Health and Social Care Integration Joint Board (IJB) for approval, Mr John Raine sought assurance from the Executive Management Team (EMT) that the projects were sustainable and would assist the achievement of the aims of the IJB, given the EMT was the route for recommendations to the IJB.

Mrs Susan Manion contradicted the minutes of the previous meeting in regard to the approval route for ICF projects and stated that in terms of the process the ICF Steering Group and the Chief Officer approved the projects, the EMT considered and reviewed specific proposals with an oversight to ensure delivery and then recommended to the IJB. She was keen to revisit the approval process again and commented that at each stage of the process the ICF

Steering Group carefully monitored the application against the outcomes and drew the Board's attention to Appendix 2 and 3 of the paper which she suggested provided the assurance required.

Mr John Raine pointed out that in the minutes of the last meeting Mrs Jeanette McDiarmid had clearly stated that the Executive Management Team would provide the IJB with assurance to the recommendations submitted to it against the Strategic Plan. Mrs McDiarmid confirmed that the EMT went through each project in detail in order to be able to provide that assurance to the IJB and suggested that it be more clearly referred to within future reports.

Dr Stephen Mather commented that he failed to see how "development of locality plans" and "locality management" actually improved services for the patients, he suggested both initiatives looked at changes to the way things were managed. In regard to the other 3 projects he could see a direct correlation to improvements in patient care and patient access. He suggested that to state redesign was a key priority was incorrect as the key priority should be the most important things for patients.

Mr Paul McMenemy suggested his terminology could be reviewed and whilst he agreed that projects 1 and 2 were not key priorities to the patient, all the stakeholders he had engaged with saw service redesign as a priority to enable them to achieve their outcomes.

Mrs Manion advised that the locality coordinators were crucial to the development of the locality plans and she emphasised that it was short term funding to set up the new arrangements.

Mr David Davidson noted the engagement of the third sector and enquired about the input of charitable organisations. Mrs Jenny Smith suggested she and Mr Davidson met outwith the meeting to explore the matter in more detail.

Mr Davidson enquired about the overspend in regard to the contract for the Joint Borders Ability Equipment Store tender. Mrs Elaine Torrance gave background to the tender and explained that the technical specification had increased since the award of the tender due to infection control requirements and suitability of accommodation.

Mr Davidson then enquired about the funding for the transport hub and what the outcomes of the hub were. Mrs Smith advised that the transport hub was a third sector based project with engagement between the third sector, Red Cross and the Bridge. Funding had allowed a redesign and streamlining of the Bridge booking system to a single point of contact for the patients and public to access the service.

Mrs Evelyn Rodger enquired if the report had been developed in partnership. Mr McMenemy advised that the paper had been endorsed through both partners roles in the EMT. He commented that in essence neither Mrs Carol Gillie nor Mr David Robertson needed to approve the report.

Mrs Smith commented that in terms of the ICF, she had a third sector reference group who were keen to have a clearer picture of the governance process and terms of reference for the groups being set up as well as an understanding of the formation and role of the EMT and

how the projects flowed up to the IJB. She also asked that there be a more consultative approach before initiatives and projects were put before the ICF Steering Group and cited the matching unit as a potential project where there could be issues with third sector providers.

Mr John Raine commented that he thought it right that the ICF Steering Group, who embraced all partners, should make a case for all projects, however in terms of committing the expenditure of public monies he reiterated that that decision could only be made by the IJB and that was why he had sought assurance from the EMT that they scrutinised the projects before they were recommended to the IJB as they were the custodians of the public purse and had to be assured that each project would be achieved and correlate to the outcomes of the strategic plan.

Mrs Davidson commented that the ICF had an approved governance process and she suggested the EMT and IJB refresh itself on that process.

Mrs Lynn Crombie advised the IJB that the JBAES tender price had been extended to 26 August and any delay in a decision would result in an increase in costs.

The Chair proposed the next Development session be focused on governance processes for the IJB and that the Audit Committee be tasked with reviewing the governance processes ahead of the session.

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.

Given that the meeting was not quorate the **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold an extra ordinary meeting as soon as possible.

## **7. Prescribing Efficiencies**

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

## **8. Performance Management Framework**

Mrs Susan Manion introduced the proposed performance management framework and advised that she was seeking comments on the format and content. She acknowledged the significant amount of work that had been undertaken by Mrs Stephanie Errington and Mrs Gillian Young in producing the draft framework.

Dr Stephen Mather noted there was a duplication of item 18 on page 7. Mrs Elaine Torrance suggested adult protection be included. The Chair suggested the colours be changed to lighter tones.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further development of the Performance Management Framework and noted a revised version would be submitted to the next meeting.

## **9. Health and Social Care Public Governance Arrangements**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting as it required consideration by the Public Partnership Forum, the Public Governance Committee of NHS Borders, inclusion of a quorum, inclusion of conflict resolution process, and inclusion of social care.

## **10. Monitoring of the Health & Social Care Partnership Budget 2016/17**

Mr Paul McMenamin gave an overview of the content of the report and highlighted that it was a purely factual report and that actions were being taken to address the actions the report raised.

Mr David Robertson commented that the report was due to be submitted to the SBC Executive meeting the following day and he said that he would inform them that as the IJB meeting was inquorate no decisions on the content of the report could be made.

Mrs Jane Davidson suggested she would have expected, given the various overspends in health, that the report would have referred to the activation of Section 8 of the Scheme of Integration around financial recovery plans, especially given the level of overspend on NHS unscheduled care services.

Mrs Susan Manion advised that in the first instance the paper detailed the current financial monitoring position. She suggested a second issue was the process by which the social care fund would be accessed and allocated based on the content of the John Swinney letter and to address the pressures within the Health Board. She commented that the social care fund would not address all the pressures across all the agencies.

The third issue related to how overspends and pressures would be dealt with. She commented that discussions would take place with colleagues in the Health Board around recovery plans and scrutinising efficiency plans.

The Chair made further suggestions that the use of the social care fund be worked up taking into consideration the pressures in both SBC and NHS Borders to ensure a joined up partnership approach was taken to allow the IJB to make a fully informed decision. She suggested a recovery plan be submitted to the IJB for the whole of the budget.

Mr McMenamin advised that since the 30 June further considerable pressures had emerged across the wider delegated budget. He commented that in GP prescribing the financial pressure had significantly increased in recent months. Mr McMenamin further advised that in his professional judgement, whilst he did not quote Section 8 of the Scheme of Integration, his report did refer to working in partnership to address the financial position.

Mr John Raine commented that whilst the IJB was unable to make a decision at that time on the £1.427m social care fund, any decision taken in isolation from all other pressures would be a problem for the IJB in the future as there were considerable budget pressures across both partner organisations.

Mrs Manion suggested there was an explicit expectation of how the social care fund would be spent and that the IJB had already agreed an element of that spend. She commented that consideration and agreement in principle had been reached regarding spend on the flex beds within the Health Board, but she urged the IJB to be mindful that the allocation of the social care fund needed to be in line with the expectations of the Scottish Government.

Mrs Elaine Torrance commented that a lot of additionality was Scottish Government driven and SBC could not have estimated how much should have been put in the budget. She suggested that if older people with mental health issues and the vulnerable were to be cared for at home then the budget needed to be allocated for that purpose in the first instance, in order to keep people safe in the community.

Mr David Davidson sought clarity that the recommendation in regard to the £1.427m had been discussed by both the Health Board Director of Finance, Scottish Borders Council Chief Financial Officer and the IJB's Interim Chief Financial Officer, he commented that it was not clear if that had happened and if not he sought an explanation of the governance around that series of proposed allocations. He suggested when the matter was to be discussed again more clarity on that point be given, as well as Elaine Torrance's issues, what percentage uplift was to address past pressures and current issues and what the percentage spend would be on new services.

Mr McMenemy responded that Mrs Gillie and Mr Robertson and he had discussed the report and the main areas at the EMT. He commented that at the last meeting of the IJB it had been noted that a report to the IJB of this nature contained his recommendations as professional advisor to the IJB and those of the Chief Officer and whilst he was keen for full consensus he had a stewardship role for the IJB and he believed the recommendations to be considered and measured.

He further commented that he thought it strange that the social care fund came through the NHS funding mechanism as the letter was part of the local authority settlement. He further commented that there were a range of ongoing pressures within the delegated budget which had yet to be addressed, such as client payments for self directed support.

Mr David Robertson commented that the information gathered to prepare the report had been produced by SBC and the Health Board and he advised that neither he nor Mrs Gillie had any difficulty with the factual accuracy of the report. He advised that additional information could be provided to the IJB from the wider NHS and SBC finance departments.

The Chair commented that the IJB would inevitably need to take difficult decisions based on a full comprehensive report and reminded the IJB that the Audit Committee would also wish to scrutinise and challenge the whole budget at part of its governance and assurance role to the IJB.

Mrs Jeanette McDiarmid welcomed the opportunity for Mr McMenemy to provide more evidence on each of the pressure areas in social care and how they met the requirements of the John Swinney letter.



Mrs Jane Davidson acknowledged the monitoring information provided and welcomed a joint quality discussion whereby both parties were part of a symbiotic relationship and could have an understanding of what was going into the financial report. She welcomed the involvement of the Audit Committee and on a point of note suggested the report and discussion should not focus on the John Swinney letter per se but should focus on the provision of the social care fund resource by NHS Borders to the IJB as that was what was provided on a practical basis.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and sought additional information in regard to the recommendations for the next meeting.

*Stephen Mather left the meeting.  
Annabel Howell left the meeting.*

**11. Chief Officer's Report**

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

**12. Delayed Discharges**

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

**13. Any Other Business**

**13.1 Awayday Evaluation: 23.05.16:** The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the evaluation would be withdrawn from the meeting agenda and submitted to the next Development session.

**14. Date and Time of next meeting**

The Chair confirmed that an Extra Ordinary meeting of the Health & Social Care Integration Joint Board would be arranged.

*The meeting concluded at 4.32pm.*

Signed: .....