



Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 27 February 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

**Present:**

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

**In Attendance:**

Miss I Bishop	Mrs J Davidson
Mr P McMenamin	Mrs T Logan
Mrs J Stacey	Mrs C Gillie
Mr C McGrath	

### 1. Apologies and Announcements

Apologies had been received from Cllr John Mitchell, Dr Cliff Sharp, Mrs Evelyn Rodger, Ms Lynn Gallacher, Dr Annabel Howell and Alison Wilson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Colin McGrath, Kelso Community Council, 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 Health & Social Care Integration Joint Board held on 19 December 2016 were approved.

The minutes of the previous meeting of the Extra Ordinary Health & Social Care Integration Joint Board held on 30 January 2017 were approved.

#### 4. Matters Arising

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

#### 5. Partnership Performance Reporting

Mrs Elaine Torrance gave an overview of the content of the report and highlighted the population of the 23 indicators and the 6 themes that had been defined by the Ministerial Steering Group.

A discussion ensued which highlighted several areas including: improvement required in offer and take up of carer assessments; appendices to be numbered; inclusion of data on risk; missing text on page 11, section 6; evolution of the report over time; time lag of national statistics; report format agreed with the inclusion of page numbers; balance of spend; and the shift in balance of spend into primary care and GP services representing 11% of the front line budget.

Mrs Karen Hamilton enquired if the narrative would be part of the submission to the Scottish Government. If it was she suggested in terms of delayed discharges that the wording be reviewed as it was too simplistic to say care at home and suggested including the word "majority" as there were other reasons for delayed discharges.

Mr John McLaren enquired of the relevance of including the 4 hour Accident & Emergency (A&E) performance target as opposed to outcomes. Mrs Torrance commented that it would be helpful to understand what was useful, such as how many patients attended A&E and were returned home directly from A&E.

Cllr Sandy Aitchison commented that he was disappointed with the 82.5% spend on the last six months of life compared to the Scottish average of 87% and enquired when quantified in numbers of people what did it actually mean? Mrs Jane Davidson commented that the outcome being pursued was for an increase in the number of people being able to stay in their own homes by being supported by district and community nurses. She reminded the Board that the Margaret Kerr Unit was a specialised palliative care facility.

Dr Stephen Mather also commented that in his experience in the majority of cases people were keen not to die on their own, they wished to be with relatives and in comfort and for some that was not always in their own homes. He suggested the focus should be on where people wanted to die and how that requirement could be supported.

Mr Murray Leys commented that the data collected was in relation to the community setting and within many other Council areas it included hospices of which there were none within the Scottish Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the 23 indicators set by the Scottish Government and the requirement to publish an Annual Performance Report by July 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the six themes for reporting recently defined by the Ministerial Strategy Group.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the IJB reporting scorecard.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** commented on performance to date.

## **6. Transformational Programme**

Mrs Elaine Torrance presented the proposed integration transformation programme and highlighted several key elements including: the financial context for 2017/18; drivers for change; proposed outcomes and objectives; challenges and risks; and the next steps.

Dr Stephen Mather suggested one of the key issues was the demand led rather than budget led situation and he suggested changing the culture of the population and the service deliverers to provide something that was sufficient rather than luxury.

Mrs Karen Hamilton echoed Dr Mather's suggestion and commented that there was a need to support and empower those making decisions.

Mr John McLaren commented that communication and engagement were key to the success of the transformational programme and he enquired if the programme was being taken forward separately to the programmes within NHS Borders and Scottish Borders Council.

Mrs Torrance concurred that communication and engagement were key elements to success and commented on the delivery of work being taken forward in partnership and areas that could be improved such as home carers using medication dispensers, investment in developing technological solutions to create savings and efficiencies.

Mrs Jane Davidson commented on the need to pool resources and the transformational plans between the three bodies to ensure the Health & Social Care Integration Joint Board (IJB) could successfully commission and direct change in the delegated functions of both NHS Borders and Scottish Borders Council.

The Chair commented that the overlaps with transformational programmes into core services within Scottish Borders Council and NHS Borders would also need to be taken into account. She gave the example of changes to bus transportation, which was not within the delegated functions to the IJB, but any changes would have an effect on the IJB in terms of people getting to hospital appointments.

Mr John Raine commented that transformational change programmes were designed to do more with less and he urged that both NHS Borders and Scottish Borders Council's programmes be taken into account in formulating and finalising the IJB commissioning plan and monitoring thereof.

Mrs Torrance agreed that both bodies transformational programmes would be taken into account to ensure that the overarching commissioning plan would be achievable.

Mr Murray Leys also urged that both bodies transformational programmes be brought together to ensure they were complimentary and he suggested co-location at an operational level be pursued.

Mr David Davidson commented that it was up to the partner bodies to work together to deliver the commissioned services within the agreed budget envelope. He suggested that it would be the Executive Management Team that produced the final plans and recommendations for the IJB to approve.

Mrs Jenny Smith suggested there should be third sector input to the Executive Management Team as both commissioning and decommissioning decisions would be made at that level. She further enquired where the Clinical Boards would link into the transformational agenda.

Mrs Torrance commented that as the programme was developed a supporting communication and engagement plan would form part of the underpinning process and provide the opportunity to link to the Clinical Boards, Joint Staff Forum and a range of other areas. She suggested providing a progress update to the next meeting of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation and agreed to receive an update at the next meeting.

## **7. Updated arrangements for managing the Integrated Care Fund (ICF)**

Mrs Elaine Torrance introduced the paper and highlighted that it contained both an update on current projects and a proposal for the £2m balance to be demitted to the Executive Management Team to determine that spend aligned to streamlining care pathways and achieving efficiencies. Regular updates would be provided to the Health & Social Care Integration Joint Board (IJB) on progress, mainstreaming of decision making and any tests of change to support the efficiency programme.

Mr John Raine enquired if there had been any change in the governance approach previously agreed? Mrs Tracey Logan commented that there had been confusion previously. She advised that the intention was to streamline the process feeding into the Executive Management Team (EMT) level to enable more rapid progress to be made.

Mr David Davidson commented that he was concerned in regard to the Ministerial Strategy Group and enquired if further documents would be released by them. Mrs Torrance responded that she understood there would be no further documents released however, with the new Mental Health Bill being released shortly there was a need for the IJB to be able to be flexible.

Mrs Logan reiterated that in simplistic terms the intention was to focus the £2m on the agreed themes around the pathways and delivering efficiencies, and within those broad themes there was much activity and staff engagement taking place.

Mrs Jane Davidson echoed that it was about changing the approval levels from the IJB down with the EMT being able to approve spend on projects and the IJB ratifying that approval over a certain level, and holding the EMT to account. She reiterated that it was essentially about taking away layers of bureaucracy at the lower levels.

Mr Raine commented that he was supportive of reducing layers of bureaucracy below the EMT, but had not found that to be clear within the paper. Provided the IJB retained the ability to ratify the schemes proposed by the EMT as had been previously agreed he was content to support the recommendation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the proposals.

## **8. Health & Social Care Delivery Plan**

Mrs Elaine Torrance gave an overview of the content of the paper and highlighted the 4 programmes: Health and Social Care Integration; The National Clinical Strategy; Public Health Improvement; NHS Board reform; and their key targets.

Discussion focused on: the reorganisation of territorial health boards; regional delivery of acute services; local planning and delivery of primary and community services; potential for both regional and local back office shared services; publication of a workforce plan in the spring of 2017; ageing workforce; and creation of generic roles across the health and care system.

Dr Stephen Mather suggested the biggest impact on peoples' lives was public health and he urged commitment and support for public health to achieve the aims set out on page 27 within the national report.

Mr David Davidson enquired if commitment were given to support the public health agenda, if Live Borders should be involved with the IJB? Mrs Tracey Logan advised that there were already strong links to Live Borders in place and she would be happy to provide an update to the IJB if it wished.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Report which would inform local progress.

*Cllr Graham Garvie left the meeting.*

## **9. Locality Planning Progress Report**

Mrs Elaine Torrance presented the report advising that it detailed progress made by the 3 locality coordinators in their areas and in relation to the locality action plan. She sought comments from the IJB on the draft info graphic.

Mr David Davidson suggested there needed to be more of an interface with the GP community as they were the gateway into the NHS. Dr Angus McVean suggested the locality coordinators attend the GP Cluster meetings and connect with the Quality Cluster Leads when appointed. In the meantime he advised that there were Practice Quality groups in each

cluster and to date there had been very limited engagement from the locality coordinators. He urged attendance of the locality coordinators at the GP cluster meetings.

Cllr Frances Renton commented on the disparity of data between Berwickshire and the Scottish Borders on the info graphics. Mrs Torrance advised that sometimes the data reflected the general population as well as the more local data and that it would be used to inform the work in the locality areas. Mrs Jane Davidson welcomed the info graphics and capture of locality data to help understand and change the shape of the Borders where required.

Mrs Karen Hamilton enquired about co-location in terms of sharing electronic information and systems. Mrs Tracey Logan advised that Information Technology remained a challenge to the partnership. She assured the IJB that IT was a focus of the EMT and significant work was underway to bring together both the NHS and Framework systems.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made by Locality Co-ordinators in relation to Locality Plans, integrated teams and communication and engagement.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and commented on the summary Locality Action Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the proposal to hold a launch event following final approval of the Locality Plans.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Locality Co-ordinators work plan and timescales for implementation.

#### **10. NHS Borders 2016/17 Festive Period Report**

Mr John Raine commented that when the report had been considered by the Health Board the previous week it had recognised the good analysis that had taken place and the further lessons to be learnt for the future.

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

#### **11. Inspections Update**

Mr Murray Leys reported that the on site inspection scrutiny week had concluded at the end of the previous week. The next critical date was 17 March when the inspectors would return for professional discussions and feedback. The overall impressions received from staff had been that the Inspectors had been open to listening and had some good things to say about practice. The Inspectors had acknowledged the support that staff had given to them, especially in terms of admin and business support from both Scottish Borders Council and NHS Borders.

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

## **12. Monitoring of the Health & Social Care Partnership Budget 2016/17 at 31 December 2016**

Mr Paul McMenamin gave an overview of the content of the paper and reported that at 31 December 2016, the delegated budget was reporting a projected outturn of £139.893m against a budget of £139.150m resulting in a projected adverse variance of £0.743m in total. It accounted for the projected impact of the recovery plan which had been implemented across healthcare functions. As previously reported to the IJB in January, the total projected value of the recovery plan across delegated healthcare functions was £4.154m. That was a significant achievement in the contexts of substantial financial pressure and limited flexibility.

Mr McMenamin further advised that in order to give certainty in planning and delivery in 2016/17, the Executive Management Team had agreed to recommend to the IJB that it direct the remaining 2016/17 social care funding without delay. In the unlikely event of the funding, in whole or part, not being required however, the partnership may wish to agree a Reserves Policy under which it may carry forward the unutilised resource alongside any uncommitted Integrated Care Fund monies.

The Chair clarified that it was not the intention to use any unused Integrated Care Fund monies to balance the budget. Mr McMenamin confirmed that was not the intention.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2016/17 revenue budget at 31<sup>st</sup> December 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reasons for recommending the direction of the remaining social care funding allocation for 2016/17 in order to enable certainty and assurance over the planning to mitigate the remaining healthcare and social care pressures during the remainder of the year

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of the balance of the social care funding £677k in order to mitigate the current projected residual pressure within the healthcare and social care delegated budgets

*Jane Davidson left the meeting.*

*Tracey Logan left the meeting.*

*Cllr Graham Garvie returned.*

## **13. Health & Social Care Medium Term Joint Financial Planning Strategy and Reserves Policy**

Mr Paul McMenamin gave an overview of the content of the paper advising that the report set out the framework for future effective joint financial planning arrangements and timescales for the IJB and its partners and to seek approval of its policy for maintaining reserves and the carrying forward of resources.

The Chair enquired if there would be a supporting risk register. Mr McMenamin confirmed that the IJB had both a strategic risk register and a supporting financial risk register.

The Chair noted the level of balances quoted was between 2%-4% and suggested there should be no lower level and it should be up to a maximum of 4%.

Mrs Jill Stacey confirmed that the IJB Audit Committee would review both the strategic risk register and the supporting financial risk register.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the medium-term financial planning strategy proposed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the policy outlining the arrangements for the maintenance of IJB reserves.

*Cllr Sandy Aitchison left the meeting.*

#### **14. Chief Officer's Report**

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

#### **15. Any Other Business**

**15.1 Health & Social Care Integration Joint Board Development session: 29 May 2017:** Mrs Elaine Torrance advised that Professor John Bolton had offered to present his report to the Board ahead of the next scheduled Development session. She advised that she would seek a suitable date.

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

#### **16. 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 27 March 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

*The meeting concluded at 4.05pm.*

Signature: .....  
Chair