



Minutes of an **Extra-ordinary meeting** of the **Health & Social Care Integration Joint Board** held on 8 November 2017 commencing at 3.30 pm in the Board Room, NHS Borders, Newstead.

Present:

(v) Cllr J Greenwell	(v) Dr S Mather (Chair)
(v) Cllr S Haslam	(v) Mr D Davidson
(v) Cllr D Parker	(v) Mr J Raine
(v) Cllr T Weatherston	(v) Mr T Taylor
Mr R McCulloch-Graham	Mrs Y Chapple
Mr M Leys	Ms L Jackson
Mr C McGrath	

In Attendance:

Miss I Bishop	Mrs T Logan
Mrs S Swan	Mrs C Gillie

1. ANNOUNCEMENTS & APOLOGIES

Apologies had been received from Mrs Karen Hamilton, Cllr Helen Laing, Dr Cliff Sharp, Mr John McLaren, Dr Angus McVean, Mrs Jill Stacey, Mrs Jane Davidson, Mr David Bell, Mrs Claire Pearce and Mrs Jenny Smith.

The Chair confirmed the meeting was quorate.

The Chair welcomed Linda Jackson deputising for Lynn Gallacher and Yvonne Chapple deputising for John McLaren.

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

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 23 October 2017 were approved.

4. MATTERS ARISING

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

5. Discharge to Assess - IJB Direction

Mr Rob McCulloch-Graham gave an overview of the content of the paper and advised that the pressure on the Borders General Hospital at present was at a critical level. Work had been expedited to discharge patients and find extra care home and residential home placements.

Mr McCulloch-Graham clarified that the winter plan was the Joint Winter Plan which involved all partners: NHS Borders, Scottish Borders Council and SB Cares.

Cllr Shona Haslam sought clarification on the difference between a boarding bed and a discharge to assess bed. Mr McCulloch-Graham commented that in the acute setting if the hospital was running out of capacity in a department they would move patients to another ward, which was often not appropriate to that patient's condition, although they still received the appropriate care and assessment required.

Mrs Tracey Logan commented that in order to assist social work and health professionals in the discharge of patients from the acute sector, she was keen for the Health & Social Care Integration Joint Board (IJB) to issue a policy direction so that staff could be up front with patients on admission to say their expectations should be that they would not stay in a clinical setting if it was not required. She further commented that she was keen to make Crawwood a more homely setting for people to be discharged to with the intention that the environment would assist in people's reablement and outcomes, taking pressure away from the acute sector and care homes.

Mr Tris Taylor suggested the consultation phase should not wait until the Spring, given the pilot could be utilised to glean user feedback to facilitate change in behaviours and evidence positive outcomes for people. Mr McCulloch-Graham agreed that evidence should be gathered at the pilot stage to feed in to the consultation process. Mr Taylor further enquired if it was a change to both social care and NHS processes. Mrs Logan confirmed it was.

Mrs Linda Jackson sought assurance that carers would be fully involved in the process. Mr McCulloch-Graham confirmed that it was essential that carers were involved, especially at part of the assessment to leave the hospital.

Mr Murray Leys commented that consultation would be directed through the Public Partnership Forum which was the IJB's formal process.

Mr John Raine advised the IJB that the Borders General Hospital had been under severe strain the previous day and indeed that morning. He commented that it was a challenge to move any patients who no longer required medical care out of the acute setting. However it was especially difficult with certain groups of patients such as those in the Department for Medicine of the Elderly (DME), who due to their length of stay became used to certain routines, a user friendly environment and activities. Often the patient was reluctant to leave and the family were reluctant to aid the discharge.

Mr McCulloch-Graham further commented that the IJB would need to specify what it expected to receive for the funding it commissioned and how success would be measured. The primary expectation was to reduce the number of stranded patients and a performance measure would be required.

Mr Colin McGrath enquired about the adaptation of vacant properties owned by both Scottish Borders Council and NHS Borders to assist in the discharge of people to supported living environments. Mrs Logan commented that work with Housing Association partners on extra care housing and the older peoples housing strategy was nearing completion and contained a comprehensive strategy on the provision of extra care housing for those with dementia.

Mrs Carol Gillie highlighted to the IJB that the discharge to assess policy was about discharge to assess from all NHS facilities including the Community Hospitals.

Cllr David Parker commented that given the major issue with stranded patients it was fundamental that a policy change be directed and Crawwood be refurbished to assist the proposal. He suggested any further delay would lead to unrealistic pressures on services and patients. He also suggested that the consultation be done in tandem with the pilot asking patients and families for feedback as they passed through the revised system.

Cllr Haslam commented that the opening of Crawwood and other facilities in the community would require close monitoring to ensure they did not end up as another place for people to become stranded. Mr McCulloch-Graham assured the IJB that a publication had been put together for patients and their families on admission to hospital which clearly advised that whilst they would receive medical treatment in the hospital their recovery and assessment would take place outwith the hospital setting. He further advised that there was a need to ensure packages of care and vacancies in care homes were available to aid the movement of people out of the secondary care setting and into the right community environment for them as individuals.

Mr McCulloch-Graham advised the IJB that Crawwood had only given permission to operate as an assessment function until the Spring of 2018 and he was keen to demonstrate by that time that there was a longer term plan. He further spoke of the challenges in attracting people into the care profession.

The Chair concluded that year on year the acute and community hospitals contained a number of stranded patients during the winter period, who had been admitted with acute illness and then awaited assessment and were unable to move to another facility or move back to their own home. He commented that in 2017 there were on average 41 stranded patients in the wrong place each week and the IJB had the opportunity to make a difference to those patients and direct the Health Board and Local Authority to manage patient flow better through the discharge to assess policy.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the issuing of a Direction to NHS Borders and Scottish Borders Council to introduce a policy of Discharge to Assess.

Under this new “Direction” the **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested the Health and Social Care Partnership to provide a detailed and costed proposal to the IJB for the introduction of such a policy over the winter period of 17/18.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** further requested that a review of the methodology be undertaken in June 2018 and a report brought to the IJB with further recommendations based on the experience of the first six months of “Discharge to Assess” practice.

6. Pilot for Discharge to Assess

Mr Rob McCulloch-Graham gave an overview of the content of the paper and highlighted the costs and the actions to be taken. He advised that comparing data from August 2016 to August 2017 there were some 120 more people delayed in the system. The proposal before the IJB was for a full complement of 21 beds.

Mrs Susan Swan clarified that the Crawwood costings were for refurbishment and the provision of 8 beds. The £850k also included set up costs and the provision of a small number of beds in Hay Lodge and a staffing model.

Mrs Yvonne Chapple enquired about the proposed staffing levels and Mrs Swan advised that costs were based on both trained and untrained nursing staff in Haylodge, senior support and support workers in Crawwood, and medical support was linked to salaried GP cover. Mrs Tracey Logan assured the IJB that staffing levels would be provided in accordance with professional advice. Mr McCulloch-Graham commented that discussions were also taking place with GP practices in Innerleithen and Peebles to provide medical support instead of the proposed costly salaried GP option.

Cllr John Greenwell enquired about the anticipated journey time through the new pathway. Mr Murray Leys advised that length of stay would be measured and he anticipated any period up to six weeks maximum. Mrs Logan clarified that the assessment period would be much shorter than six weeks.

Mrs Carol Gillie highlighted a risk around the provision of staffing in Haylodge. She advised of the recruitment challenges in recruiting both trained and untrained nursing staff and could not say with confidence that the model proposed could be brought to fruition.

Cllr Shona Haslam enquired about the quantum of the staffing risk. Mrs Gillie advised that recruitment at support worker level was taking place, however the Haylodge staffing model required trained nursing staff to be recruited and that might not be achieved. In order to mitigate risks an alternative plan was being explored incase recruitment to the Haylodge model was unsuccessful.

Mr Tris Taylor sought clarification that the cost of providing the model for 12 months for 21 beds was £1.8m and enquired how efficiencies would be made. Mrs Swan advised that the efficiency would be the initial set up and refurbishment costs of £150k. Mrs Logan suggested that if there was enough space there could be 25 beds provided instead of 21 for the same price.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the

implementation of discharge to assess facilities at Haylodge Community Hospital and at Crawwood.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the allocation of a Hospital to Home provision through the health care support team.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the use of Integrated Care Fund resources to cover the total estimated cost of £850k, for the discharge to assess options recommended by the Executive Management Team (EMT).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested an evaluation of this provision as part of the wider winter plan.

The Chair recorded the thanks of the Health & Social Care Integration Joint Board to all those involved in the preparation of the paper.

7. Emergency Powers

Mr Rob McCulloch-Graham provided an overview of the content of the paper.

Mr John Raine suggested it was a sensible proposal and that any public body would have a similar provision for taking emergency decisions.

Mr David Davidson proposed that the Chief Executives of Scottish Borders Council and NHS Borders be named substitutes should the Chair, Vice Chair or Chief Officer be unavailable. Cllr David Parker seconded the proposal.

The proposal was carried and would be included in the amendment to the Standing Orders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the amendment to the Standing Orders to introduce emergency powers for decision making outside of formal Integration Joint Board meetings.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the Chief Executives of Scottish Borders Council and NHS Borders be named substitutes should the Chair, Vice Chair or Chief Officer be unavailable on such occasions as the use of emergency powers were required.

8. ANY OTHER BUSINESS

Mr Colin McGrath suggested providing a paper to the IJB to elucidate on section 1.2 of the Standing Orders (Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders).

9. 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 18 December 2017 at 2.00pm in the Council Chamber, Scottish Borders Council.

The Meeting Concluded at 4.30 pm