



Minutes of the meeting of the **Health & Social Care Integration Joint Board** held on 20 August 2018 commencing at 2.00 pm in the Council Chamber, Scottish Borders Council

**Present:**

(v) Cllr S Haslam	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr D Davidson
(v) Cllr H Laing	(v) Mrs K Hamilton
Mrs J Smith	(v) Mr T Taylor
Mr M Porteous	(v) Mr J Raine
Ms L Gallacher	Dr A McVean
Mr D Bell	Mr J McLaren
Mr C McGrath	Mr R McCulloch-Graham

**In Attendance:**

Miss I Bishop	Mrs J Davidson
Mrs T Logan	Mrs J Stacey
Mrs C Gillie	Mr D Robertson
Mr G Clinkscale	Ms Z Trendell
Ms S Watters	Mrs J Robertson
Mr L Gill	Ms S Bell

## 1. ANNOUNCEMENTS & APOLOGIES

Apologies had been received from Cllr David Parker, Cllr Tom Weatherston, Dr Cliff Sharp, Mrs Claire Pearce and Mr Murray Leys.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Mike Porteous, Interim Chief Financial Officer.

The Chair welcomed Mr Gareth Clinkscale, Ms Zena Trendell and Ms Sarah Watters to the meeting.

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 11 June 2018 were amended at page 3, first paragraph, line 3, to delete “for outsourcing” and replace with “difficulties” and at page 4 paragraph 3, line 6, to read “participation, and remained concerned ...” and with those amendments the minutes were approved.

### **4. MATTERS ARISING**

**4.1 Strategic Plan:** Mr Tris Taylor noted that the second recommendation within the minute referred to the dissent of one Board member and he suggested that the individual was probably himself. He wished to advise that on reflection he fully accepted the consensus of opinion as part of a collective responsibility and supported the refreshed version of the strategic plan.

**4.2 Chief Officer’s Report:** Mrs Karen Hamilton asked for sight of the evaluation that had been carried out.

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

### **5. CHIEF OFFICER'S REPORT**

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the preparation of the primary care improvement plan; Day of Care Audit (DoCA) across all community hospitals and some of the wards within the Borders General Hospital; joint winter plan progress; regional work in regard to Diabetes; Child and Adolescent Mental Health Services (CAMHS) performance; older people’s inspection progress and Buurtzorg.

Mr John McLaren enquired if the impact of the CAMHS decision on the service was fully understood. Mr McCulloch-Graham advised that the drop in performance was unusual and had been attributed to a failure to recruit to key posts within such a small service. To address the situation interim appointments had been made, succession planning explored, isolated what the issues were and pushed forward with driving up the changes needed. In regard to the IT issue, additional help had been provided to ensure such a situation did not happen again.

Mr Tris Taylor enquired if the facility of an audit should be used more frequently as a driver for change. Mr McCulloch-Graham advised that the DoCA was a regular event involving multi disciplinary professionals which gave a rounded view of the patient, their pathway and destination and provided a springboard for change. Mr Taylor enquired if there were other areas where the initiative could be utilised. Mr McCulloch-Graham advised that there were already detailed areas identified under the 3 objectives within the Strategic Plan to undertake such an initiative.

Mr Taylor enquired about the status of CAMHS in regard to the Integration Joint Board (IJB). Mrs Tracey Logan advised that whilst CAMHS was not a delegated function to the IJB it was part of the mental health service and the performance was presented to the IJB for information. Mrs Jane Davidson commented that Mr McCulloch-Graham was the

operational Director in charge of Mental Health services overall and an improvement plan had been put in place.

Mr Colin McGrath suggested that in his opinion the Locality Working Groups were being ignored in favour of Areas Partnerships and he also suggested as finance was not a subject discussed at the Locality Working Groups the whole integration agenda was not working. He advised the IJB that he had been re-elected as the Chair of the Community Council Network and attended both Locality Working Group and Area Partnership meetings.

Mr McCulloch-Graham refuted the suggestion that integration was not working and advised that Scottish Borders Council and NHS Borders worked together through the formation of locality working groups to formulate local plans that were then shared with the Area Partnerships. Cllr Shona Haslam commented that Mr McCulloch-Graham was a regular attendee at the Area Partnerships and took a lead role in discussions on health and wellbeing. She suggested if there were any concerns being raised by the localities then they would be fully explored in the next round of engagement.

The Chair enquired if the Professor John Bolton work would be revisited and Mr McCulloch-Graham confirmed that it would be.

The Chair enquired if it was an appropriate time to revisit Buurtzorg. Mr McCulloch-Graham commented that there had been a recent visit from the Scottish Government to the Berwickshire area as a pre-empt to a future visit by the Cabinet Secretary. Buurtzorg was in the early stages and the proposal before the IJB under the Integrated Care Fund paper later on the agenda was to extend the Hospital to Home initiative in order to mainstream the initiative and create more grip in the system.

Mr John McLaren suggested the model being formulated locally was not strictly the Buurtzorg model as not all of that model could be replicated and he suggested giving it a different name. Mrs Davidson commented that the principles of Buurtzorg went beyond what the Buurtzorg model could do with health and home care and a stock take of where the current project was needed to be taken, so that the IJB could see what the community model was. She advised that liaison was taking place with the new Cabinet Secretary's Office in regard to a future visit and in the meantime Health Improvement Scotland were filming a video to capture the work achieved to date.

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

## **6. Primary Care Improvement Plan (GMS Contract)**

Mr Robert McCulloch-Graham gave an overview of the content of the report and advised that both Ms Zena Trendell and Dr Angus McVean had been heavily involved in the production of the final improvement plan. He spoke of the background to the plan and the anticipated outcomes of its introduction in line with the new contract for GPs. He explained that it was a 3 year plan and there was an expectation that it would continue to develop and evolve over that period. The plan had been approved by the GP Sub Committee and was presented to the IJB for approval prior to a Direction being issued to the Health Board to implement the plan.

Ms Trendell gave further background information and advised that the plan was linked to the new General Medical Services (GMS) contract. It was a requirement of the GMS contract that the plan focus on 6 key areas. Ms Trendell further advised that the plan would be revised on a 6 monthly basis.

*Mr John Raine arrived.*

Dr Angus McVean advised that there had been funds delegated for the formulation of the plan and about £600k had been allocated to provide best value for money and best service. The main driver of the contract was to move work from GPs in day time hours to other staff such as to pharmacists to help manage and run medication reviews. He assured the Board that GPs were keen to invest in the areas of greatest value for money in the first instance and that by the end of year 3 all of the identified areas would have been addressed.

A discussion ensued that highlighted: what will good look like in 3-5 years time; GP clusters designed to maintain quality across the region; creation of multi-disciplinary teams in clusters with GPs providing local clinical leadership; inclusion of support groups and community link workers; link efforts of Local Authority, GPs and Primary Care; dependence on ability to recruit pharmacists, physiotherapists, advance nurse practitioners and support staff to ensure GPs do the job the contract envisages them doing; whilst premises and IT sat outwith the plan, there was an initiative for Health Boards to undertake the purchase of all GP practices over a 20 year period; IT was centrally purchased and it was acknowledged that it was a critical function to assist in the integration of services; need to strengthen the role of carers; potential to review Primary Care Strategy Board membership to ensure representative of community services; and it was understood that it was a live document and would evolve as it developed.

Mrs Jane Davidson reminded the Board that the GP sub-committee was a sub-committee of the Health Board and the plan was about the GP element of primary care services. She wished to make the point on governance that it was a draft diagram and there was work to be done with the Health Board through that governance structure. In regard to the inclusion of social care, nursing, voluntary sector that would be important as things developed further.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the Primary Care Improvement Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to issue a direction to NHS Borders to implement the Primary Care Improvement Plan.

## **7. Direction - Primary Care Improvement Plan**

Mr Robert McCulloch-Graham gave an overview of the content of the direction.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the issuing of a Direction to NHS Borders to implement the Primary Care Improvement Plan (PCIP) for 2018-21 (GMS Contract).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested NHS Borders to implement the Primary Care Improvement Plan for 2018-21 (GMS Contract) and the proposed funding allocations for 18/19, under this new "Direction".

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested highlight reports from NHS Borders on the progress and on-going development of the implementation of the PCIP (GMS Contract) every six months.

## **8. Integrated Care Fund Conditions**

Mr Robert McCulloch-Graham gave an overview of the conditions attached to the transfer of the Integrated Care Fund from NHS Borders to the Integration Joint Board.

Mr Tris Taylor advised that he was concerned about accepting conditions for budgets from partners who the Integration Joint Board were then to commission services from.

Mrs Carol Gillie advised that from an NHS perspective, the Health Board received funding from the Scottish Government and then decided how much it would provide to the IJB aligned to the detail within the legislation. In regard to the Integrated Care Fund (ICF) that had been a 3 year fund that ended at the end of the last financial year and NHS Borders had agreed that it would ring fence funding to provide some additional resource to the IJB to do certain things and the conditions were what the Health Board wished the IJB to do, as well as accept that it was non recurring ring fenced funding. She advised that should the IJB accept the conditions then it should commission something in line with those conditions from health or other providers.

Mr John Raine suggested the conditions were reflective of the priorities of the IJB and should not be seen as setting a precedent.

Mrs Tracey Logan advised that from a Local Authority perspective she had concerns as she did not think they had the same interpretation of the transfer of monies as Mrs Gillie had set out. She suggested that whilst the partners might agree with the priorities for the IJB there could be other actions to be taken to support the desired outcome but where funding would need to be directed to actions not necessarily compliant with conditions 1 and 2.

Cllr Shona Haslam suggested amending the conditions.

The Chair reminded the IJB that it had made the view the previous year to make the main thrust of business to reduce Delayed Discharges and progress on that front was being made along those lines and the conditions reinforced that position, however he reflected that reducing delayed discharges may not be commensurate with reducing costs.

*Karen Hamilton left the meeting.*

Mrs Jenny Smith commented that the third sector would have welcomed the opportunity at an earlier stage to inform some the criteria as the conditions at points 1 and 2 would not necessarily lend themselves to the prevention work that the third sector was involved in.

Cllr Haslam commented that the discussion was about criteria and not conditions and it was semantics and in suggesting slight changes to make the conditions more generic did not

suggest a focus would not be given to delayed discharges and occupied bed days as they would continue to be priority areas for the IJB.

Mrs Gillie reminded the IJB that it was a 1 year fund only.

Mrs Logan commented that by attaching specific conditions to the funding there would be an impact on the social work part of the budget, as when delayed discharges were reduced they were pushed to social work and the third sector end of the budget. She suggested the fund be about having more efficient outcomes and by making the conditions more generic no agencies would be penalised.

Mr McCulloch-Graham advised that the next set of ICF projects impacted on delayed discharges and if there was a delay in approval it would lead to further delays in action and he suggested to be pragmatic and did not disagree with any of the discussion. He suggested a decision required to be made to drive down the current pressures in the system and if we look at the changes suggested by Cllr Haslam he could provide reassurance that all the proposals did have an impact on delayed discharges and if there were changes made to the conditions then he would suggest accepting the conditions for that one year funding to see the IJB through the winter period and a renegotiation of conditions for any funding that might be supplied from the Health Board the following year.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** accepted the proposed conditions for the 4 projects to be discussed at the next agenda item.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** suggested Mr Robert McCulloch-Graham and Dr Stephen Mather find a form of words appropriate to asking the Health Board to reconsider the conditions for the remainder of the non-recurring 1 year fund.

## **9. Integrated Care Fund**

Mr Robert McCulloch-Graham gave an overview of the content of the report and explained each individual proposal.

### ***Craw Wood***

Mr John Raine enquired if 22% of patients who were readmitted was expected? Mr McCulloch-Graham advised that there would always be a readmission rate and that 22% was less than expected and when analysed it was an improvement.

Mrs Jenny Smith enquired about the identification of staff to support the project and capacity pressures on that team. Mr McCulloch-Graham advised that there was close working with the team and it was in a better position in comparison to the previous year.

The Chair noted the saving of 19.6 days which equated to a £200k saving with the average bed cost being £131 per bed and he queried that it appeared to be a low bed cost. If ISD stated out patient costs were £152 for one appointment, a day in hospital had to cost more. Mr Raine enquired if the figures took into account the readmission of patients.

Mrs Jane Davidson commented that it would be marginal costs in terms of savings. Mr Mike Porteous commented that the cost of savings was area based on direct costs of a service and did not include the overheads, so there would be a stepped element to the savings and it was based on the most recent information published.

### ***Hospital to Home***

Dr Angus McVean commented that there appeared to be no management structure in place. Mr McCulloch-Graham advised that the existing management team would be used to enable the release of as much resource as possible instead of starting from scratch, and he referred to the central process set out in Appendix 3.

Mrs Davidson assured the Board that the initiative had been proven in different areas and the change should just be made as there was evidence for the work and return on savings.

### ***COPD***

Mrs Alison Wilson introduced the project.

Dr Angus McVean queried the numbers and suggested they needed to be revisited.

Cllr Shona Haslam supported the project and commented that we were behind other areas in regard to COPD.

*Jane Davidson left the meeting.*

*Tris Taylor left the meeting.*

Mr Gareth Clinkscale advised that the paper had been written before the new Respiratory Consultant had commenced in post and he confirmed that the new Consultant was keen for the project to be agreed as there was clear evidence that it did reduce admissions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the ICF proposal which has already gained approval for the Strata Programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposals for IC funding to the end of March 2019 for: Craw Wood, Hospital to Home and COPD.

*Cllr Shona Haslam left the meeting.*

*Mrs Tracey Logan left the meeting.*

*The meeting was declared inquorate.*

## **10. Monitoring of the Integration Joint Budget 2017/18**

As the meeting was inquorate, the times was deferred to the next meeting.

## **11. Integration Joint Board Local Code of Corporate Governance**

As the meeting was inquorate, the item was deferred to the next meeting.

## **12. Health & Social Care Partnership Communications Strategy**

As the meeting was inquorate, the item was deferred to the next meeting.

## **13. Strategic Planning Group Report**

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

## **14. Quarterly Performance Report**

The Chair suggested the Health Board performance figures be included in the report as they showed the waiting times for the various services and the action being taken to address areas of poor performance.

Mr Robert McCulloch-Graham advised that the report had been updated following feedback received and he anticipated that it would evolve further. He thanked the officers involved in producing the current iteration of the document.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved the changes to performance reporting subject to ratification by the IJB at its meeting to be held on 17 September.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key challenges highlighted.

## **15. Winter Plan 2018/19**

Mr Gareth Clinkscale gave an informative presentation on winter plan preparation for 2018/19, the data gathered from the 2017/18 winter period and how that had been utilised to plan for 2018/19.

Mr Malcolm Dickson commented that some of the new initiatives seemed sensible and creative like the increased weekend discharge and reduction in delayed discharges and he enquired if they were successful would they be sustainable across the year and not just in the winter period. Mr Clinkscale confirmed that he expected them to be sustainable across the year as the benefit impact on improving patient flow would go beyond winter. He advised that other areas were also being looked at for the winter with an intention make them sustainable across the year including, increasing capacity to meet demand, hospital over the weekend, and length of stay targets.

Cllr John Greenwell enquired what Daily Dynamic Discharge was. Mr Clinkscale confirmed that Daily Dynamic Discharge was the national approach to the running of a ward around patient flow and was very prescriptive. He advised that a programme manager was in post and there was already benefit being seen in the turnover of patients at the weekend in Ward 4.

Mr John McLaren enquired about the use of community hospitals and Mr Robert McCulloch-Graham advised that there was an issue in regard to accessing community hospital beds for people who lived outwith that specific locality area. He was keen to free up



the beds in the first instance and then have the discussion around them being available to all people and not just those in that locality area.

Cllr Greenwell enquired in relation to the daily dynamic discharge if there was a discussion with community transport to get patients home. Mr Clinkscale clarified that part of the approach was to look at requests for pharmacy, booking transport and making decisions as early as possible when the patient arrived on the ward, so that they would know what their stay would look like and what they could expect. He advised that where it had been instigated clear benefit had been seen and it was now being targeted in other areas.

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

## **16. Audit Committee Minutes**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the approved minutes of the IJB Audit Committee held on 26.06.17, 25.09.17, 19.03.18.

## **17. ANY OTHER BUSINESS**

Mr Robert McCulloch-Graham reminded the Board of the proposed content for the forthcoming development session to be held on 19 November 2018:

- Look Back: Look Forward
- Public Protection Service
- 2019/20 Finance
- Strategic Plan

Mr Colin McGrath commented that he had been advised that 74.5% of the social care budget had been transferred to the IJB.

## **18. 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 17 September 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

*The Meeting Concluded at 4.27 pm*

*Signature:*  
*Chair*