



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 11 June 2018 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:

(v) Cllr D Parker	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr M Dickson
(v) Cllr S Haslam	(v) Mrs K Hamilton
(v) Cllr T Weatherston	(v) Mr J Raine
Mr D Bell	(v) Mr T Taylor
Mrs J Smith	Mrs C Pearce
Mr J McLaren	Mr M Leys
Ms L Gallacher	Dr A McVean
Mr C McGrath	Mr R McCulloch-Graham

In Attendance:

Miss I Bishop	Mrs J Davidson
Mrs J Stacey	Mrs C Gillie
Mr D Robertson	

1. Apologies and Announcements

Apologies had been received from Dr Cliff Sharp, Cllr Helen Laing and Mrs Tracey Logan.

The Chair confirmed the meeting was quorate.

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 28 May 2018 were amended at page 2, minute 6, paragraph 4, line one to include “that he believed where” and with that amendment the minutes were approved.

4. Matters Arising

4.1 Action 8: The Clinical Governance paper previously provided to the Integration Joint Board (IJB) by the Chief Social Work Officer and Director of Nursing & Midwifery to be brought back to the IJB to enable closure of the action.

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

5. Inspection Action Plan update

Mr Murray Leys gave an overview of the content of the report and advised that: the Carers Strategy was being updated; there had been good progress made on the action plan overall; and Mr Michael Murphy had been appointed to the position of Chief Officer for Adult Social Work.

Mr Tris Taylor enquired about the methodologies used for co-production. Mr Robert McCulloch-Graham advised that co-production had taken place through the input of representatives from various locality working groups, carers, users, Strategic Planning Group representatives to a range of strategies that had been formulated and then released for consultation. Mr Taylor suggested the consultation sessions may have been used as an example of assurance on co-production, and challenged that co-production and consultation were separate entities.

Mrs Lynn Gallacher commented that the Carers Strategy had been co-produced through the Carers Advisory Board which had carers amongst its membership. She advised that it had been formulated in true co-production as carers had been fully involved in the redesign and finalisation of the strategy for release for consultation.

Mr Leys further commented that the Physical Disability Strategy had been co-produced with carers, users and a range of other individuals before it had been finalised for release for consultation.

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

6. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted his attendance at the Scottish Parliament Health & Sport Committee which had focused on partnership performance and the determination of set aside budgets.

Mr Malcolm Dickson enquired in regard to technological solutions if as CGI was the strategic partner for the Local Authority, would the IJB be obliged to follow that strategic partner or could it direct to go to the open market. Mr McCulloch-Graham advised that whilst there was no requirement to stay with CGI there would be potential benefit in continuing with CGI in terms of the size of contract that the Council had with them. Mr Murray Leys commented that several of the care support systems operated were supported by CGI.

Mr John Raine enquired if Scottish Borders were an outlier in terms of delayed discharges as that had been the impression he had gleaned from Mr McCulloch-Graham's appearance before the Scottish Parliament Health & Sport Committee. Mr McCulloch-Graham advised that both Scottish Borders and Lothian were outliers, with the position fluctuating. He reminded the IJB that it had been a difficult winter period with extended winter pressures across the system and in addressing the situation the IJB had commissioned the introduction of a Discharge to Assess policy, Craw Wood and Hospital to Home.

Mr John McLaren sought assurance that the NHS Borders Information Management & Technology (IM&T) department were sighted on the position in regard to the CGI contract and potential for outsourcing. The Chair commented that the technological strategy should underpin the 3 aims within the Strategic Plan.

Mrs Karen Hamilton enquired about the community hubs and the potential for an evaluation of them in terms of efficacy, accessibility and publicity. Mr Leys advised that an evaluation had been carried out and he would make that available.

Cllr John Greenwell welcomed the prospect of virtual clinics and supported a move in that direction.

Cllr Tom Weatherston enquired why there wasn't a single system across the piece. Mr McCulloch-Graham advised that some systems operated across both organisations either through a portal or they had the ability to converse. Whilst the intention might be to move to a single system it would be piecemeal in its approach and he commented that Mr Raine's suggestion of taking 3 areas as pilot areas to test and make exemplars would be a preferable approach.

Mr Tris Taylor noted that the Learning Disability Service, whilst it had been integrated for some 8 years, the staff continued to have to work across 2 different business systems and he asked if they could be empowered to work with information technology services to effect change. Mr McCulloch-Graham commented that there was a willingness in the team to effect change and decisions needed to be made at the middle management level and he gave the example of "imatter" being rolled out across the learning disability service team covering both NHS and Local Authority staff.

Mrs Jane Davidson commented that the things that frustrated the teams were often the differences in health and safety and risk assessment processes. Whilst the separate employer situation would remain irresolvable, it was the other irritations that would be addressed.

Mr Raine commented that it was easier to reconcile differences of process in the partner organisations, but was difficult to deal with the impediment of different HR practices for staff across the health and social care partnership, especially differences in pay and terms and conditions. He suggested that there was nothing on the horizon to bring any comfort to bring people in integrated services closer and harmoniously together.

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

7. Health & Social Care Strategic Plan 2018-2021

Mr Robert McCulloch-Graham gave an overview of the content of the report and spoke of the five drivers for the review.

Mr Colin McGrath referred to page 8 of the plan and sought clarification on the identity of the services provided in locally based hubs. Mr McCulloch-Graham advised that all of the delegated services were listed in the appendices.

Further discussion focused on: the layout of the document; inclusion of hyperlinks in a paper based report; structure of Joint Staff Forum feeding into the IJB via the Strategic Planning Group; co-production; and use of [#yourpart](#).

Mr John McLaren on behalf of the Joint Staff Forum asked that an update be given to the Forum on Buurtzorg.

Mr Tris Taylor recalled a previous conversation in regard to the use of language around involvement of service users and how prescriptive it had been. He noted the revisions within the document were more laudable, however he felt the content remained paternalistic. He suggested the document undercut itself and had not been created in full co-production, although some areas of it had been co-produced. He suggested there appeared to be difficulties in pursuing citizen participation, and although Scottish Borders was a relatively healthy region in Scotland the vision in the Strategy did not demonstrate that and he remained concerned that the document was not consistent all the way through and he was unable to support it as a strategy.

Mr McCulloch-Graham disagreed with Mr Taylor's comments and commented that in order to manage the demand on services there was a need for a different relationship with citizens to set out what the services would provide and what the citizen was expected to do. He advised the population was being asked to engage on the strategy through the [#yourpart](#) campaign.

Mr Taylor suggested his point was that in the [#yourpart](#) campaign the missing link was the ability of the citizen to suggest a better way of utilizing buildings, delivering services and coming up with solutions for local and regional services to meet their health and wellbeing needs. He suggested such a change would lead to a more meaningful and better citizen participation experience.

Mr John Raine noted the Board was asked to ratify the refreshed Strategy and he was content to do that, however he noted that one of the key principles was to reduce health inequalities and he was unsure that the Plan detailed enough on how that would be achieved. The previous plan had set out actions for reducing health inequalities which had been fairly broad and if the IJB was to make a difference in tackling inequalities then it should have an element of target within the strategy. That would also enable the IJB to commission services to achieve greater equality and outcomes.

Cllr Shona Haslam commented that conversations were on going with local communities about health and wellbeing through the Area Partnerships of the Local Authority.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** delegated to the Chair and Chief Officer to review the reporting structure and agree whether a revised structure be included in the Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the refreshed version of the Strategic Plan subject to the potential revision of the reporting structure chart and with the dissent of one Board member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the proposal to launch the plan as part of the SBC [#yourpart](#) campaign in August 2018.

8. Monitoring of the Health and Social Care Partnership Budget 2017/18 at 31 March 2018

Mrs Carol Gillie gave an overview of the content of the report and highlighted that the report was in line with the year end forecast of a breakeven position given substantial extra funding given to the IJB. She further advised that part of the 2018/19 Financial Plan would continue to pick up the pressures.

Cllr Shona Haslam commented that given the level of emphasis placed on the Learning Disability and Mental Health services she was concerned that the most vulnerable people within the community might suffer.

Mrs Jane Davidson commented that it was a point well made and the IJB had to be mindful of the disadvantaged when looking to commission services to provide the change required.

Mr John Raine noted that the overspend on the Older People's Service had been offset by underspends in other areas including the joint Learning Disability and Mental Health service and he enquired if that had been a fortuitous windfall.

Mr David Robertson commented that predominantly underspends in services were used to effect change and on that occasion it had been fortuitous to be able to manage the pressure in the Older People's Service and it would not set a precedent for the future.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the final outturn monitoring position on the partnership's 2017/18 revenue budget at 31 March 2018.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of permanent remedial savings to address the recurring resource gap experienced during both 2016/17 and 2017/18 which required additional contributions from partners at the financial year-end.

9. Deliverability of Health & Social Care Partnership Financial Plan Savings for Financial Year 2018/19

Mrs Carol Gillie gave an overview of the content of the report and highlighted that each savings scheme had an identified deliverability status attached to it. In summary there were £1.1m of schemes identified. Within the schemes was £5.2m of unidentified savings which the IJB had asked the NHS to report back on and given the NHS Board did not meet until the end of June she was unable to provide an update to the meeting.

Mr Tris Taylor enquired about the status of the IJB in regard to financial direction and accountability and enquired if the IJB could make directions about limiting the spending envelope. He further enquired if the IJB was accountable for overspending on the budget given the partner organisations were required to address any overspends.

Mr David Robertson confirmed that the partner organisations would be required to address any overspends. He commented that the IJB had a responsibility to achieve a financial outturn of balance or surplus.

Further discussion focused on: delegated budget; commissioning services; setting direction of travel; issuing directions; end of first quarter with no agreed budget in place; shifting the balance of care to the community and tackling demand; 53% of NHS budget including set aside; and the Scottish Government discussing the totality of the NHS budget and being cognisant of the IJB.

Cllr Shona Haslam enquired what level of detail both financial and non financial would be made available to the IJB in order for it to be assured that any decisions it made in regard to decommissioning services were made in the round and not solely on the basis of finance.

Mr McCulloch-Graham advised that savings proposals would have already been through the robust processes of each partner organisation.

Mrs Gillie enquired of the level of detail the IJB would wish to receive in order to be assured that the decisions it made were in line its strategic plan. Mr Robertson reminded the IJB that it commissioned the partner organisations to deliver a range of services on its behalf and the partner organisations in turn might put in place arrangements to commission services from care providers, the third sector, and voluntary sector.

Mrs Jane Davidson suggested that at present the IJB was unclear on the granularity of commissioning and as it matured it would be able to commission for change.

Cllr Haslam enquired how confident the officers were that the proposals brought to the IJB in the budget would produce a balanced budget, and if not what the consequences would be.

Mrs Gillie advised the IJB that NHS Borders was in discussion with the Scottish Government in regard to the financial position and financial sustainability moving forward.

Mr Taylor enquired why in the meantime the IJB 2018/19 budget and spending could not be determined on assumptions. Mr Robertson reminded the IJB that it had been concerned previously about potentially planning on assumptions and it had been determined that a paper would come to the IJB once the NHS position had been clarified.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report on the deliverability of 2018/19 savings and efficiencies that are required in order to deliver a balanced budget for the year to 2019.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of savings to address the resource gap in year and recurrently.

10. Integrated Care Fund Update

Mr Robert McCulloch-Graham gave an overview of the content of the report and reminded the Board that they had requested the paper. He highlighted the 3 projects that were to cease

and explained that due to the staffing of the projects they would not conclude until the end of September.

Cllr Shona Haslam noted that the Delivery of the Autism Strategy was to be mainstreamed and she enquired how the learning would be captured. Mr McCulloch-Graham advised that he would seek further information from the Coordinator in that regard.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the timescale for ending the Autism Strategy, ARBD Pathway and Stress and Distress Training projects.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the total Integrated Care funding being returned for redirection.

11. Interim Report on Community Capacity Building

Mr Robert McCulloch-Graham gave an overview of the content of the report and advised that he had visited several of the projects and heard at first hand from those accessing the services how those services were having a direct impact on peoples health.

The Chair commented that the Scottish Borders Community Capacity Building Team had recently won silver at the finals of the Improvement and Efficiency Social Enterprise Public Sector Transformation Awards 2018. The award recognised initiatives that do the most to engage with the local community and create greater resilience, better life chances and less dependency on public services.

Cllr Tom Weatherston commented that he had attended the Awards ceremony and that Tackling Poverty in Funeral Costs had won the overall award.

Mr Tris Taylor suggested the Chairman may wish to send a letter to the staff thanking them for their hard work and congratulating them on their achievement.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work of the Community Capacity Building Team to date.

12. Strategic Planning Group Report

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

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

13. Any Other Business

There were none.

14. 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 20 August 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 3.52pm.

Signature:
Chair

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