



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Wednesday 19 June 2019 at 10.00am 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 T Taylor
(v) Cllr E Thornton-Nicol	Mr R McCulloch-Graham
Ms L Jackson	Dr C Sharp
Mrs N Berry	Mrs V MacPherson
Mr S Easingwood	Mr M Porteous
Mrs S Aspin	

In Attendance:

Miss I Bishop	Mr R Roberts
Mrs T Logan	Ms S Douglas
Mrs C Gillie	Mr G McMurdo
Mrs S Bell	

1. Apologies and Announcements

Apologies had been received from Mr J McLaren, Ms L Gallacher, Mrs J Smith, Mr D Bell, Dr A McVean, Mrs J Stacey, Mrs S Holmes and Mr D Robertson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Ms Linda Jackson who was deputising for Ms L Gallacher.

The Chair welcomed a range of attendees 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** approved the Register of Interests.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 8 May 2019 were approved.

4. Matters Arising

4.1 Action 7: Mr Tris Taylor enquired if the overall programme performance management framework was in place for the Strata Project so that assurance could be provided that there were adequate levels in place for escalation and tolerance.

Mr Rob McCulloch-Graham advised that the Strata Project was being supported by a Programme Management Board through Scottish Borders Council and it had been agreed that an evaluation report would come to the Integration Joint Board (IJB) in 6 months time to confirm whether the project should carry on for a further 12 month period. Mr McCulloch-Graham advised that he Chaired the Programme Management Board and was able to provide assurance to the IJB on the status of the project.

Mrs Tracey Logan commented that in September the full digital strategy for Health and Social Care would be brought to the IJB.

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 formation of the new GP Executive which was putting pace to the development of the Primary Care Improvement Plan (PCIP); Community Hospitals inspection and the Inspectors being accompanied by the Health Care Support Workers; and visit to the Netherlands to look at a Care Village and consideration being given to how that could be replicated for the Scottish Borders.

Initial discussion focused on the format and purpose of the Chief Officer's report.

The Chair enquired about the Dundee Discharge model and enquired if the partnership should be cognisant of it. Mr McCulloch-Graham explained that the model had targeted those who were due to move to a Care Home facility from the acute setting and gave them the option of trying to move back to their Homes with wrap around care. He further advised that it had been operational for 8 months and the data was not yet verified. Early findings were very positive and the Chief Officer was keen to pursue the model.

Cllr Shona Haslam enquired about progress in regard to pulmonary rehabilitation services. Mr Ralph Roberts commented that a couple of physiotherapists had presented to the GP Sub Committee earlier in the week and had reported that they had commenced sessions in a number of towns across the Borders.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to remove the Chief Officer's Report as a standing item on the agenda and instead to receive a newsletter format report on a monthly basis to also include what was happening around the partnerships across Scotland.

6. Deputation

Mr Colin McGrath spoke to the deputation.

Cllr Tom Weatherston enquired about the average attendance at Community Councils' Network (CCN) meetings. Mr McGrath advised that each meeting had a core membership of 10 members with each representing their respective area. He said meetings averaged 25 members in attendance and at the Annual General Manager he suggested there had been 60 members in attendance. He further advised that Berwickshire had its own forum.

Mr Tris Taylor clarified that the IJB required service user input and with the demise of the Public Partnership Forum a service user vacancy had been created on the IJB. He was clear that potentially anybody could be a service user and suggested it was not accurate to say that the CCN was specifically a service user organisation. Appointment of a service user to the IJB was at the discretion of the IJB, however he was mindful that the CCN were willing to be involved to fill that current void.

The Chair commented that under the Scheme of Integration the IJB were obliged to have a service user and there was no strict definition as to what or where that service user might come from.

Mrs Karen Hamilton commented that potentially there could be room for more than 1 service user to join the IJB and she was keen to know what other groups might be formulated and better suited to represent service users. She also noted that the number of people involved in the CCN whilst looking impressive in reality provided poor attendance figures at meetings, especially in Peebles.

Cllr Shona Haslam echoed Mrs Hamilton's comments and also questioned the demographic make up of the CCN. Further she suggested it may prove more beneficial to the IJB in being able to fulfil the needs of service users, if a proactive call for service user representation was put out to the public and any interested people or groups were then put through an interview process to ensure anyone appointed would bring a service user mandate of views and knowledge to the table.

Mr Malcolm Dickson commented that he agreed with the comments made by both Cllr Haslam and Mrs Hamilton and he wished to commend Mr McGrath for his public spiritedness in bringing the deputation to the IJB. He further suggested that a more structured approach be adopted to ensure the IJB was seen as providing a fair opportunity for service users to be represented.

Mr Taylor commented that whatever process was adopted it should be set up as a matter of urgency to ensure service users were fairly appointed and represented and he also wished to ensure that people with opposing points of view were not marginalised through the process.

Cllr David Parker agreed with Mr Taylor's comments and referred to item 8.2 on the agenda which was a paper in regard to Locality Working Groups and the provision of service user representatives. He also thanked Mr McGrath for his public spiritedness and like others suggested there may be other groups that should be approached for representation. He also suggested the CCN was not a representation of all the Community Councils as he was aware that a number had made it clear that the CCN did not speak for them and therefore it was not

a body in itself that would find its way naturally into the IJB. He suggested he work with Mr McCulloch-Graham to bring a process back to a future meeting.

Ms Linda Jackson commented that she agreed with Cllr Parker in regard to the CCN it was not a place where service users would go to get their views heard. She suggested that there were a large number of bodies in the Borders that catered for service users and that they should be approached to collate the views of service users and represent them at the IJB.

Mrs Tracey Logan echoed Ms Jackson's views and suggested the various carers groups and people receiving services be approached about who they would want to represent them at the IJB.

The Chair suggested as item 8.2 on the agenda provided an alternative view point a decision on the deputation was not made at that time.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a wider approach to service user representation should be taken and Mr McGrath's submission should be considered as part of that wider approach and a report would be brought back to the next meeting.

The Chair asked Mr McGrath if he wished to make comment. Mr McGrath commented that if the CCN were not allowed to join the IJB he would put in a participation request to the IJB under the regulations of the Community Empowerment Act.

7. Finance

Mrs Carol Gillie and Ms Suzy Douglas presented the financial position from their respective organisations.

Mrs Gillie spoke of the increased complexity of financial planning with the formation of the IJBs as well as impacts of pay pressures, uplifts, savings targets and drug expenditure.

Discussion focused on: brokerage and continuing requirement to make savings; both predictable and unpredictable cost pressures; realistic target of 4% recurring savings per year; opportunities around drug budgets - pulmonary rehabilitation was a good example of where savings could be made and there would be better outcomes for patients; benchmarking against other Boards to flush out targeting savings areas; poly pharmacy beneficial to the patient; and potential workforce savings – not doing like of like replacements – up skilling health care support workers – high turnover of staffing; and concern that the deliver of change would meet the anticipated timescales.

Mrs Tracey Logan commented that both the NHS and Local Authority needed to undertake joint delivery planning and joint financial planning in order to ensure there was a successful shift in the balance of care from acute to community services.

Mr Ralph Roberts echoed Mrs Logan's comments and reiterated that joint working would be the only way to ensure success for patients, clients and the organisations involved. He said the IJB had 50% of the NHS budget and therefore the NHS would only achieve financial

balance if the IJB was successful and he was keen to get into the detail of the planning assumptions.

Cllr Shona Haslam enquired what that would look like and Mr Roberts suggested a 3 year financial plan across all of Health and Social Care be produced. A plan would be produced for the resources currently available and a plan for how that shift in the balance of care would be achieved and those plans required to be formulated jointly. He gave an example of joint working in action being the change to dementia beds and how the resources were being utilised.

Mrs Logan advised that work was underway to formulate a “joint transformation” across both organisations in order to deliver the IJB Strategic Plan and financial planning would sit behind that transformation plan. The intention was to present the joint transformation plan to the IJB in the autumn.

Mrs Gillie assured the IJB that the NHS would work with the IJB on its savings targets and to get back into financial balance.

Mr Roberts advised the IJB that the in year financial plan was predicated on brokerage that had now been agreed with Scottish Government and would require to be paid back to Scottish Government.

Mrs Douglas set out the Local Authority budget process and how it was working within a reduced Scottish Government funding position. She highlighted the risk, demand and demographic pressures facing the local authority.

Discussion focused on: roll out of Hospital to Home and anticipated savings and shift in balance of care; reduction in packages of care required from SBCares; open and transparent planning and delivery of services; and supporting communications engagement strategy.

Mrs Logan advised the IJB that she was confident the local authority financial plan would deliver for the IJB from the SBC perspective.

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

Mr Tris Taylor left the meeting.

Mrs Tracey Logan left the meeting.

8. Integration Joint Board 2019/20 Financial Plan

Mr Mike Porteous provided a detailed account of the content of the paper and presented the budget allocations from partners. He highlighted the financial implications of accepting the allocations and the progress made in reducing the financial gap of the IJB.

He outlined the current position on page 4 of the report where the focus was on the NHS element of the financial gap of £11.8m before savings plans were identified. He advised that recurring savings targets had been delegated to the IJB through a workstream approach and applied by the Turnaround Team in NHS Borders. The savings target equated to £7.2m with £1.9m of savings identified against the target with some being non recurring savings which

left a gap of £10m against forecast spend. He further advised that the IJB would require additional funding at the end of the financial year and after writing the report he had received confirmation from the Director of Finance at NHS Borders that the Scottish Government had agreed to brokerage which provided comfort that if savings continued to be delivered a breakeven position could be achieved at the financial year end through the draw down of brokerage monies from NHS Borders. He reminded the IJB that there remained risks and challenges in regard to the delivery of savings and asked the IJB if given the position in regard to brokerage if the IJB would be content to accept the budget allocation.

Cllr Shona Haslam commented that the paper did not seek acceptance of the budget by the IJB. Mr Porteous clarified that at the time of writing the report he wished the IJB to acknowledge the financial situation and the unlikely outcome of achieving a break even position unless brokerage could be obtained. Given that position had changed he was keen to ask the IJB if they wished to receive a revised paper seeking their acceptance of the proposed budget or if they wished to propose to accept the budget at the meeting.

Cllr Haslam proposed in light of the revised position that Recommendation 3 of the paper be revised to read “The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed the IJB Officers to continue to work with NHS Borders and SBC to develop a Joint Turnaround Programme and a Joint Financial Recovery Plan to address the financial gap and mitigate the risks relating to Health and Social Care services.” Mrs Karen Hamilton seconded the proposal.

After some discussion the Chair agreed that the paper as it stood would be circulated to the IJB voting members along with an addendum qualifying the position to achieve a balanced budget before September 2019, for approval.

Mr Malcolm Dickson commented that the IJB Audit Committee had met with the external auditors, and the auditors had made the observation that there was not the same cognizance to agree the budget as in other IJBs. There was a reticence to agree the budget until the IJB was sure it would achieve financial balance and he suggested the current handling of the position was the correct way to take the matter forward.

Mr Ralph Roberts commented that as part of the addendum he suggested it should be clear in regard to the additional resources and non recurrent resources provided to the IJB, to recognised the NHS had no more money to put into the IJB and to ensure that all parties were clear that the success of the IJB would be through committed joint working.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** acknowledged the budget allocations from Scottish Borders Council and NHS Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** acknowledged the forecast financial gap of (£10.2m) for 2019/20.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed the IJB Officers to continue to work with NHS Borders and SBC to develop a Joint Turnaround Programme and a Joint Financial Recovery Plan to address the financial gap and mitigate the risks relating to Health and Social Care services.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed IJB Officers to bring a paper to a future IJB outlining progress towards delivering a balanced budget for 2019/20.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive the paper as it stood along with an addendum qualifying the position to achieve a balanced budget before September 2019, for approval.

9. Health & Social Care – Localities Approach

Mr Robert McCulloch-Graham provided an overview of the content of the paper and its rationale for consideration by the IJB. He suggested the 5 locality working groups be supported by a single administration post and receive input from attendance at their meetings by a member of his management leadership team. He further advised that the intention had been that 1 member from the local working groups would be elected as a representative to join the Strategic Planning Group and also one would be appointed to the IJB as the service user representative.

Mrs Karen Hamilton enquired if there were any discussions taking place in regard to merging the Community Planning Partnership with the Locality Working Groups. Mr Graham McMurdo advised that it had been given consideration previously but no action had been taken to date.

Mr McCulloch-Graham advised that the locality working groups had a diverse membership including third sector and carers and he was mindful of the earlier discussion about an advertising campaign to enable representation from service users.

Cllr Haslam enquired how GPs would be involved given they had formed four localities. Mr McCulloch-Graham clarified that everything would operate from 5 localities with input being garnered from the specific GP surgeries within those 5 localities.

Mrs Hamilton enquired if there were any specific financial consequences. Mr McCulloch-Graham commented that he was looking to strengthen the back office function with admin support being sought from within existing resources.

The Chair enquired if the intention was that the locality lead selected to join the IJB would become the service user representative. Mr McCulloch-Graham confirmed that was the intention.

Mr Malcolm Dickson interjected that it had been agreed earlier to undertake a wider approach to service user representation. Mr McCulloch-Graham suggested he could use that wider approach to service user representation to recruit to the locality working groups. Mr Dickson suggested if service users were specifically sought out then it fitted in with the earlier agreed approach.

Ms Linda Jackson commented that the whole point of representation was to improve the input and outcomes for service users and she commented that Mrs Jenny Smith's organisation represented and interfaced with a whole range of different service users and 1 or 2 representatives with a broader base could be gleaned through that route. Mr McCulloch-Graham agreed.

The Chair summarised that in principle the IJB were in favour of increased service user representation on the IJB and were content to have more than 1 service user as a member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the H&SC Locality Plans and actions should be aligned to CPP themes and outcomes (and also aligned under the 3 H&SC Strategic Objectives).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed each locality had an identified 'Locality Lead', responsible for the planning and delivery of the H&SC actions. It was anticipated that the bulk of those would align under the 'Our health, care and wellbeing' CPP theme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed identified members of IJB Leadership Team be allocated to specific localities. Their role to work with each 'Locality Lead' to plan and deliver the H&SC actions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed an admin resource be put in place to support the Locality Leads and IJB Leadership Team members in the delivery of H&SC actions and activity across all 5 localities and to ensure the coordination of relevant papers and updates for SPG, Area Partnership and CPP meetings.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed all 5 Locality Leads should be members of the Strategic Planning Group (SPG)

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed 1 Locality Lead be selected to represent the others when attending the IJB (that could be on a rotational basis).

Cllr Shona Haslam left the meeting.

The Chair commented that in returning to the matter of the Deputation received earlier in the meeting, given the fact that a decision had been reached in regard to the Locality Working Groups the options available to the IJB were as per the Standing Orders, which were: the issue did not merit further action or the issue could be referred to an Officer.

The Chair proposed that the matter be referred to the Executive Management Team for further discussion in light of the outcome of the Locality Working Groups item. Cllr David Parker seconded the proposal.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to refer the matter of the Deputation to the Executive management Team for further discussion.

10. Scottish Borders Health & Social Care Integration Joint Board Audit Committee Annual Report 2018/19

Cllr Tom Weatherston commented that as Chair of the IJB Audit Committee he felt more comfortable in the role now that he had undergone training and gleaned more experience. He advised that the Committee had always performed well due to the expertise around the table and in moving forward the Committee would be seeking more information to scrutinise and

review. He thanked the Committee members for their hard work during the year and also the input of the external lay member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered the IJB Audit Committee Annual Report 2018/19 (Appendix 1) on the performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose and the assurances therein.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the amended IJB Audit Committee Terms of Reference (Appendix 2) which incorporated the proposed changes set out in the IJB Audit Committee Annual Report 2018/19.

11. Health and Social Care Partnership Performance Management Framework

Mr Malcolm Dickson commented that during development of the framework he was pleased to see there had been a concentration on outcomes and he welcomed any learning about cause of effect through the performance management route.

The Chair commented that at the last national IJB Chairs and Vice Chairs meeting it had looked at a performance outcomes matrix for IJBs.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the performance management framework.

12. Long Term Conditions Update

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

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

13. Dryburgh Development Session Outcomes

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the intended areas of development for the partnership following the Dryburgh event.

14. Quarterly Performance Report

Mr Graeme McMurdo provided an overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved any changes made to performance reporting.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed actions to address challenges and to mitigate risk.

15. NHS Borders Annual Operational Plan 2019-20

Mrs Nicky Berry provided an overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the final draft NHS Borders Annual Operational Plan 2019/20, which would be presented for formal approval to the NHS Borders Board on 27 June 2019.

16. Strategic Planning Group Report

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

Mr Malcolm Dickson enquired about the last bullet point. Mr McCulloch-Graham advised that it referred to a possible facility that was not contained within the acute sector for short term referrals from GPs and whether such a facility could or should be provided by SB Cares or other providers. Such a facility was not available at present.

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

17. Any Other Business

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that there was none.

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 Wednesday 14 August 2019 at 10am in Council Chamber, Scottish Borders Council.

The meeting concluded at 12.32.

Signature:
Chair