



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 23 September 2020** at **10am** via Microsoft Teams

**Present:**

(v) Cllr D Parker (Chair)	(v) Ms S Lam, Non Executive
(v) Cllr J Greenwell	(v) Mr M Dickson, Non Executive
(v) Cllr S Haslam	(v) Mrs K Hamilton, Non Executive
(v) Cllr T Weatherston	(v) Mr J McLaren, Non Executive
(v) Cllr E Thornton-Nicol	
Mr R McCulloch-Graham, Chief Officer	
Mr D Bell, Staff Officer SBC	
Ms Y Smith, Partnership Representative NHS	
Dr K Buchan, GP	
Mrs L Gallacher, Borders Carers	
Mr K Allan, Associate Director of Public Health	
Mr S Easingwood, Chief Social Work and Public Protection Officer	
Mrs N Berry, Director of Nursing, Midwifery & Acute Services	
Mrs M Low, Service User	

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mr R Roberts, Chief Executive NHS
- Mr D Robertson, Chief Financial Officer SBC
- Mr A Bone, Director of Finance NHS
- Mrs J Stacey, Internal Auditor
- Ms J Holland, Chief Operating Officer SBCares
- Ms S Bell, Communications Manager SBC
- Ms C Oliver, Communications Manager NHS
- Mr G McMurdo, Programme Manager, SBC
- Ms L Keir, Clinical Psychologist
- Ms V Thurlby, Consultant Clinical Psychologist
- Mrs I Thomson, Operational Manager, Mental Health Service
- Mr A McGilvray (Press)
- Mr J Anderson (Press)

## 1. APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Tris Taylor, Non Executive, Dr Tim Patterson, Director of Public Health, Mrs Jenny Smith, Borders Care Voice and Dr Lynn McCallum, Medical Director.

Mr Keith Allan deputised for Dr Tim Patterson.

Mr Rob McCulloch-Graham welcomed Mrs Morag Low, service user to the meeting.

The Chair confirmed the meeting was quorate.

The Chair welcomed guest speakers and members of the press to the meeting.

## **2. DECLARATIONS OF INTEREST**

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

Mr John McLaren declared that he was a member of the Joint staff Forum.

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

## **3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 19 August 2020 were amended at page 4, item 8, paragraph 5, line 2 replace “directed” with “requested” and at page 6, paragraph 2, after SIP insert “ and so inclusion of that Group in governance in an advisory role was welcomed. He also queried ..” and with those amendments the minutes were approved.

## **4. MATTERS ARISING**

Ms Sonya Lam noted that Action 8 had been on the action tracker for a considerable amount of time and enquired if it could be dealt with in an alternative way. Mr Rob McCulloch-Graham commented that with the use of MS Teams he was hopeful that plans to address the action would be secured in the next 8-10 weeks.

Mrs Karen Hamilton enquired if the timescale for Action 3 was for the review to have been completed by the end of March 2020. Mr McCulloch-Graham confirmed that it was.

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

## **5. ANNUAL PERFORMANCE REPORT 2019/20**

Mr Rob McCulloch-Graham introduced the report which focused on the financial year 2019/20 and also covered some of the initiatives that had been undertaken over the last few months.

Mr Graham McMurdo provided an overview of the report which included the legislative requirement to produce the Annual Report by July each year. Given the onset of the COVID-19 Pandemic all Integration Joint Boards (IJBs) had been granted an extension to the end of September to produce their reports. Mr McMurdo highlighted that the report was currently in a draft format and required proof reading. He welcomed any changes and feedback on the content and commented that the intention was to publish the report by the end of September. The report covered the period April 2019 to March 2020 and in performance terms COVID-19 played a small part in the report, however he felt it was important that the report pick up the priorities for 2021 and the anticipated impact of COVID-19 on those priorities.

Mr Malcolm Dickson commented that it was an excellently produced report, with good use of graphics, logical structure and useful links to other sources/reports. Because he was fully

conscious that the Health & Social Care Partnership (H&SCP) continued to concentrate efforts on the response to the Pandemic and remobilisation, with Finance Officer and Business Lead vacancies, some of the comments and suggestions he offered could be used for consideration of improvement to next year's iteration of the Annual Report.

Mr Dickson enquired if the report had been circulated to the Strategic Planning Group (SPG) members for comment. Mr McCulloch-Graham advised that it had been the intention to share it with the SPG however that had not happened and he would ensure it was shared with them that afternoon.

Mr Dickson commented in regard to page 8 of the report, the raw population figures in age groups by locality did not tell the reader anything about the comparative proportions between Localities. Percentage figures in brackets after the age-group numbers would help, both in the table and the doughnuts below. On the same page, under the heading 'BOLDER' the metrics could not show improvement if they were not compared to data from the previous year or, better still, data from the previous 4 years. Mr McMurdo commented that he would include that change to the table and for the Bolder section the intention had been to provide a snap shot rather than a comparison and he accepted that it might be of limited value.

Mr Dickson enquired about page 22, section 9 and why 110.6 emergency hospital admissions in the first box could be described as "Better than target (91.9)". Mr McMurdo confirmed that the statement was incorrect and he would have it corrected.

Mr Dickson commented that on page 26, section 13, the cross-referencing was helpful in showing the Strategic Implementation Plan (SIP) links to National Outcomes and the priority workstreams that had been approved for implementation. He suggested it be used for discussion/illustration in a future SPG meeting.

Mr Dickson commented that on page 28, section 15, he understood why the governance structure, approved in the current year 2020/21, was being included, ie because the Report had necessarily been delayed and would otherwise seem to be out of date. However, he thought it should be clearly explained for the sake of accuracy. Mr McMurdo agreed that it was important to show the revised governance and priorities and commented that he would update the narrative to be more explicit that the governance had changed after the last year end.

Mr Dickson enquired at page 61, section 48 if "now approved" to "the proposed budget for 2020/21" should be added. Mr McMurdo advised that he would make the amendment.

Mr Dickson enquired at page 63, section 50 if the phrase 'Partnership Commissioning Plan' should be used rather than 'Strategic Implementation Plan'. Mr McMurdo advised he would amend the wording to make it less confusing.

Mr Dickson enquired at page 68, section 55, if the split of spend across Localities could be expressed by 1,000 or 100 head of population. Mr McMurdo explained that he had included the data to try and break down the budget to locality level and it was based on population only. He agreed to look at it in terms of per head of population.

Mr Dickson enquired at page 73, section 60, if reference could be made to the involvement of SPG in the development of the Performance Framework. Mr McMurdo advised that he would amend the narrative accordingly.

Mr Dickson commented in regard to page 77, section 64 that the notes in the right hand column relating to 'Percentage of A&E patients seen within 4 hours' appeared to be unfinished. Mr McMurdo commented that there were some notes missing and he would update the section.

Ms Sonya Lam commented that some data related to the financial year end and some to the calendar year and she enquired if a single measure could be used. Mr McMurdo commented that the data was constrained by Government with some information only available by calendar year or financial year. He assured the IJB that he took the latest data available and agreed that a single consistent approach would be helpful, however it was not possible at present. He agreed to include a footnote to explain the point.

Mr John McLaren referred to the cover paper in regard to risk. Mr McMurdo advised that the SCP and SIP were the places at which financial and resources risk would be identified.

Mrs Karen Hamilton noted that reference had been made to the impact of COVID-19 on the priorities for 2021 and enquired if it should be more explicit with a single chapter of its own. Mr McMurdo commented that it was referenced under each strategic objective which was the "look forward" part of the document. Mrs Hamilton suggested it might be further articulated in the Executive Summary.

Mr Ralph Roberts welcomed the report and noted its emphasis on health issues and suggested in the longer term the production of single sets of documentation could be produced which linked in with the acute sector in some way. He suggested there could be benefit in moving towards a more whole system approach in the future.

Cllr Tom Weatherston commented that he was content to support the report, however he enquired about the "goodie bag" in terms of cost, uptake and feedback. Mr McMurdo commented that it had been put in place to provide equipment for people to trial themselves and if it proved useful they could go on to purchase that equipment. He was unaware of the affordability of the scheme. Mr McCulloch-Graham commented that the initiative remained a trial at present. The intention had been that some of the equipment used could reduce admissions and would assist in the shift of the balance of care and associated funding. There were several initiatives within the programme, all of which required evaluation when enough data was available as well as an affordability appraisal.

Cllr John Greenwell commented that the covering report talked of showing performance in relation to the National Health and Wellbeing Outcomes and he enquired if there was any work undertaken in regard to the Lesbian, Gay, Bisexual and Transgender (LGBT) community and hospital admissions. Mr McCulloch-Graham advised that he was unaware of that specific element and suggested he investigate the query outwith the meeting and take it to the Leadership Team of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** proposed changes to the draft APR.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the APR for publication, subject to the IJB directed changes being made.

## 6. FINANCIAL MONITORING REPORT

Mr David Robertson provided an overview of the content of the report and the forecast deficit of £7.359m. He set out the key areas of financial pressure as at 30 June 2020 for both NHS Borders (NHSB) and Scottish Borders Council (SBC). The monitoring report set out the financial performance against each of the headings within the partnership.

Mr Robertson commented that SBC had produced a balanced position for the end of the financial year: pressures were being managed within delegated functions; there was movement on savings; a reduction in cost pressures to combat COVID-19 were assisted by additional finance from Scottish Government and managed through the IJB and remobilisation plan as reported to Ministers. There had been an initial allocation of £1.078M from Scottish Government and a further £737k share of funding paid to the partnership. In addition to those funding was being looked at to provide support for the living wage. There remained on-going issues in regard to the management of the social care function which it was anticipated would be resolved by the end of the year.

Mr Andrew Bone reported on the NHS Borders position and advised that £6.494m of adverse pressure was attributable to the healthcare functions. There were 3 major components to the deficit including: non delivery of savings; COVID-19 expenditure; and clarification of NHS financial allocations. The core position for NHSB was slightly underspent if savings and COVID-19 expenditure were excluded. NHSB was not in a position to finalise all of the forecasting as it was still working through the issues of remobilisation of health services, flu vaccination, second wave of COVID-19 and winter planning.

Mrs Karen Hamilton enquired if there was any indication of when clarification would be received on NHSB funding. Mr Bone advised he anticipated notification within the next few weeks.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£7.359m) for the Partnership for the year to 31 March 2021 based on available information

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast position included £1.078m Scottish Government funding allocations representing the IJB's share of a £50m tranche of funding to support immediate challenges in the Social Care sector. Further allocations of £0.737m had been received after period end, and would be allocated for future reports.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the position included additional funding vired to the Health and Social Care Partnership during the first quarter by Scottish Borders Council of £2.965m to meet previously reported pressures across social care functions from managed forecast efficiency savings within other non-delegated local authority services

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any expenditure in excess of the delegated budgets in 2020/21 would require to be funded by additional contributions from the partners in line with the approved scheme of integration

## **7. COMMUNITY HOSPITAL & CARE HOME ASSESSMENT TEAM (CHAT) UPDATE**

The Chair welcomed Mrs Irene Thomson, Ms Vicky Thurlby and Ms Louise Keir to the meeting. Ms Keir provided an informative presentation on the Community Hospital and Care Home Assessment Team (CHAT) and highlighted several elements including: objectives; capacity; lessons learned from care homes; demand; referrals; learning about admissions; impact on mental health beds; clinical challenges and difficulties in demonstrating efficacy.

Mr Malcolm Dickson congratulated the team on the success of the service and welcomed a fuller evaluation towards the end of the financial year. He was keen that the IJB understood the benefit to the individual patient as well as how much the service cost and how much it saved. He found it remarkable that there were no readmissions and asked that data be extrapolated to show a data comparison of pre CHAT and post CHAT.

Mr Dickson enquired if the private sector care homes would contribute anything to the transition service in terms of the provision of training being supplied by the partnership to their staff. Mrs Thomson advised that a financial contribution was not expected from care homes as the purpose had been to up-skill staff to ensure care homes were confident to accept dementia patients on a longer term basis.

Mr Ralph Roberts enquired if there had been any impact from COVID-19 on the way the service had been delivered. Ms Reid commented that whilst COVID-19 had impacted on the service, a more creative way of working had been introduced whereby: care homes were largely supported through telephone calls instead of on-site face to face meetings; link workers were in place and established contact with care homes once or twice a week; and the feedback received from care homes was that they were appreciative of the link worker role and their continual support.

Mrs Thomson commented that each member of the CHAT was tested weekly for COVID-19 and visited a limited number of care homes at a time.

Cllr Shona Haslam commented that the presentation had been a helpful update and had not been an evaluation of the service as described in the recommendation. She sought confirmation that data would be collected to ensure a full evaluation could be carried out. In the meantime she declined to note the report as per the recommendation, as it was incorrect.

Mr Rob McCulloch-Graham confirmed that the service had been operating since September 2019, it had impacted on other professions and had enabled the sustained closure of a ward in the Borders General Hospital (BGH). With the impact of COVID-19 in the early part of the year there had not been enough data collected to undertake a proper evaluation. He accepted the report was an update on the service being delivered and not an evaluation of it and he committed to bring back a proper evaluation report in due course.

Mrs Thomson commented that the baseline data over the previous 5 year period which would be required to undertake an evaluation was not available in terms of admissions to the BGH as that data was captured via postcode.

Cllr Haslam commented that the IJB needed to understand the issue it was trying to resolve, which would be clear if baseline data were available to enable a full evaluation of the programme to take place. She further commented that there was much work to be done around evaluation at the start, middle and end of the project to understand the differences being made to individual patients. She accepted it was a useful report but again reiterated that it was not an evaluation report.

Mrs Nicky Berry welcomed the presentation and commented that the health service had several complex patients who were delayed discharges within the community hospitals that required specific placements for dementia care. The CHAT service allowed those complex patients to be fully supported in care home placements for the long term. She agreed with Cllr Haslam that the IJB should be mindful of the need for a proper evaluation of the service given the finite budget that was available to the partnership.

Cllr Elaine Thornton-Nicol commented that as a Dementia champion she found the CHAT service to be an incredibly welcome initiative. She highlighted that one of the biggest issues for patients was the constant movement back and forth between health care and care home settings and being able to place a patient in a care home long term reduced the stress on the patient. She also welcomed the weekly COVID-19 testing of staff. She recognised that IT support to care homes required attention to enable them to embrace the "Near Me" facility. She further suggested the report be noted as an update report.

Ms Sonya Lam enquired about sustainability and risks. Ms Reid commented that the intention was to provide sustainability through the building up of capacity to provide training alongside the national programme for training, it would enable the up-skilling of staff in care homes and in turn expand capacity.

Ms Lam enquired if the third sector had been included. Ms Thomson commented that the third sector were not included at present given the limited resources available. The main focus was on the up-skilling of a broad range of care staff.

Mr John McLaren welcomed the presentation and suggested admission data was only one part of the evaluation and suggested the movement of people to the right place should also be included. He further confirmed that he was content to accept the suggestion that the report be noted as an update report instead of an evaluation report.

Mrs Thomson also advised that in terms of patient experience it was more positive given the reduction in multiple moves for patients.

Mr McCulloch-Graham took cognisance of the need for a full evaluation report and agreed that the report should be taken as an update report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** is asked to noted the update on the CHAT service.

Cllr Shona Haslam recorded her dissent from the decision.

## **8. STRATEGIC PLANNING GROUP (SPG) UPDATE**

Mr Rob McCulloch-Graham provided a short update to the meeting and commented that Jane Douglas, Chair of Scottish Care Homes and Chief Executive of Queens House had joined the SPG. He further commented that the SPG had: been fundamental in reshaping reporting on a quarterly basis, given feedback received had suggested an imbalance on the key performance indicators being used; discussed the priorities that the IJB had agreed at its Development session in August; reviewed the 10 workstreams identified within the SIP; and recognised the need for greater inclusion of independent sector care homes.

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

## **9. JOINT STAFF FORUM – TERMS OF REFERENCE**

Mr Rob McCulloch-Graham advised that the intention in asking the Joint Staff Forum (JSF) to review its terms of reference was to enable it to be more fundamental in the strategy development of the partnership.

Further discussion focused on: membership and commitment to the JSF; workforce project development remit; project development; and submission of the revised terms of reference to the SPG for discussion ahead of submission to the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the existing Terms of Reference for the Joint Staff Forum.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** sought a review of the present terms of reference and membership.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked that a revised terms of reference document be brought to the Strategic Planning Group for discussion, and that it then be progressed to a future IJB for approval.

## **10. ANY OTHER BUSINESS**

No further items of business were raised.

## **11. DATE AND TIME OF NEXT MEETING**

The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 18 November 2020, from 10am to 12noon, via Microsoft Teams.

The meeting concluded at 11.47am.

Signature: .....  
Chair