



Scottish Borders  
Health and Social Care  
PARTNERSHIP

Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 16 December 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	(v) Mr T Taylor, Non Executive

Mr R McCulloch-Graham, Chief Officer  
Mr D Bell, Staff Officer SBC  
Dr K Buchan, GP  
Mrs J Smith, Borders Care Voice  
Mr K Allan, Associate Director of Public Health  
Mrs N Berry, Director of Nursing, Midwifery & Operations

**In Attendance:**

Miss I Bishop, Board Secretary  
Mr D Robertson, Chief Financial Officer SBC  
Mr A Bone, Director of Finance NHS  
Ms J Holland, Chief Operating Officer SBCares  
Mr N Istephan, Chief Executive Eildon Housing  
Mrs J Stacey, Internal Auditor  
Ms S Bell, Communications Manager SBC  
Mrs L Lang, Communications Officer NHS  
Mr G McMurdo, Programme Manager SBC  
Ms G Russell, Medical Labs Assistant, NHS  
Mr C McClelland, Audit Scotland  
Ms L Prebble, PA to Chief Officer  
Mr P Lunts, General Manager NHS  
Ms S Pratt, Strategic Lead PCIP  
Ms F Doig, Strategic Lead ADP  
Mr A McGillivray (Press)

## 1. APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Dr Lynn McCallum, Medical Director, Mrs Morag Low, User Rep, Ms Lynn Gallacher, Borders Carers Centre, Ms Linda Jackson, Borders Carers Centre, Mr Ralph Roberts, Chief Executive NHS Borders, Dr Tim Patterson, Joint Director of Public Health and Mr S Easingwood, Chief Social Work and Public Protection Officer.

Mr Keith Allan deputised for Dr Tim Patterson.

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.

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

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

The minutes of the Extra Ordinary meeting of the Health & Social Care Integration Joint Board held on 21 October 2020 were approved.

## **4. MATTERS ARISING**

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

## **5. IJB BUSINESS PLAN AND MEETING CYCLE 2021**

Miss Iris Bishop provided an overview of the content of the paper.

Discussion focused on the business plan and the elements of budget planning and self-assessment.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the business plan and meeting cycle for 2021.

## **6. REPRESENTATION ON THE IJB**

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

Mr Tris Taylor sought clarification if the appointment was for the group or the individual. Mr McCulloch-Graham confirmed that it was to appoint a representative from the LGBT Plus (Lesbian, Gay, Bisexual, Transgender) sector for an initial period of 1 year.

Ms Sonya Lam sought clarification on the term “all” when referred to as “all groups” on page 13. Mr McCulloch-Graham advised that the intention was to hear the views from all groups via those appointed to the Board whilst maintaining a manageable membership size.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the appointment of Linda Jackson as a non-voting member of the Integration Joint Board of Scottish Borders.

## **7. SCOTTISH BORDERS HEALTH & SOCIAL CARE PARTNERSHIP COMMISSIONING AND STRATEGY FUNCTION**

Mr Rob McCulloch-Graham provided an overview of the content of the paper. He recognised that whilst it was a management decision, he was keen to share the paper with the Board to provide assurance that the shift in structure, by increasing capacity and leadership, would

assist the Board to direct the £200m plus budget with sufficient information to enable it to make informed high level decisions and issue directions.

Mrs Karen Hamilton enquired if the appointment of Ms Jen Holland as the Integration Joint Board (IJB) Acting Chief Financial Officer (CFO) was a formal appointment. Mr McCulloch-Graham advised that it had been agreed by both SBC's Corporate Management Team and NHS Borders' Board Executive Team.

Cllr Shona Haslam commented that she was supportive of the direction of travel as the new structure should drive forward the IJB to achieve its purpose. She suggested the team should be co-located onto a single site to enable positive joint working, when office based working was available.

Further discussion focused on: appointment to vacant positions and expansion of functions; the changes would be contained within the existing budget and in future would be funded through the joint financial budget; split in roles for Chief Social Work Officer and Adult Social Care; Chief Operating Officer role and Chief Financial Officer role potential conflict of interest; and return on investment in the new structure seen through outcomes in terms of scale of change and redirection of the budget.

Mr Nile Istephan commented that he was supportive of the strengthening of the commissioning role and noted the interesting points made in regard to measuring success. He suggested there was a balance to the proposals given the costs of not doing anything compared to the costs of current arrangements and highlighted that often the relationship between commissioning, procurement and contracts could be challenging. He enquired how that commissioning, procurement and contracts process would be smoothed as much as possible moving forward.

Mr McCulloch-Graham commented that workstreams would be developed which would improve the partnership working of the existing joint groups and provide more capacity.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the changes in reporting lines within the senior management team, outlined within the paper, to strengthen the "Strategic Commissioning" function of the Integration Joint Board.

## **8. PROPOSED EVALUATION PROCESS**

Mr Philip Lunts provided an informative presentation on a proposed evaluation process.

Cllr Shona Haslam commented that she was content with the presentation and sought assurance the baseline data would be in place in terms of what was happening before the projects came into place. She also commented that patient impact should be at the centre of the strategy.

Mr Tris Taylor welcomed the theory of change and programme evaluation as a whole approach. He commented that non financial benefits should be included from the start.

Mr Taylor further enquired if the logic of the baseline argument was clear in evaluating the successive and not just the end project or programme. He was keen the evaluation should

offer a real improved set of management information by extrapolation. Assurance information on delayed discharges could then lead to the beginnings of a model setting out the contributing factors to delays and modification of inter-dependencies. He was keen to build on the evaluation to get to that kind of model which could potentially help support decision making for managers.

Mr Lunts commented that there was an implicit and explicit theory of what the project had been set up for. It had been set up retrospectively and not as a programme and the question remained was it justified for the assumption in the first place and that was what it would be assessed against. For delayed discharges the evaluation would flush out the project areas, those that were not being addressed, the impact on the client of areas addressed and not addressed, and identification of service gaps and how to get a whole service approach.

Mr Lunts commented that as far as possible he was keen to have qualitative information on the impact on individuals as well as the financial and service implications, however the constraint to that aim was time.

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

#### **9. SCENE SETTING - IJB FINANCIAL PLAN APPROACH AND TIMETABLE, PROGRESS FROM LAST YEAR.**

Mr David Robertson advised that development of the revenue budget for 2021/22 had commenced. The Local Government settlement had been delayed and was expected towards the end of January 2021. He further advised that opportunities for savings were being jointly assessed as well as areas of pressure such as pay awards, price inflation, demographic growth and pressures through the COVID-19 pandemic. He assured the Board that a paper would be presented to them in due course on the joint financial assumptions of the budget, pressures, savings opportunities for 2021/22 and how to bring the partnership back into financial balance.

Mr Andrew Bone commented that NHS Borders was also awaiting its financial allocation and would normally prepare a 3 year budget however, it was required to prepare a 1 year budget and the COVID-19 pandemic costs and assumptions would be a substantial element of uncertainty within the budget. He assured the Board that he and Mr Robertson would continue to work closely together on the partnership budget.

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

#### **10. MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2020/21 AT 30 SEPTEMBER 2020**

Mr Andrew Bone presented the finance monitoring report to the end of September and highlighted the forecast positions for NHS Borders and SBC as well as COVID-19 costs. He also drew the attention of the Board to paragraph 3.12 and the actions to be progressed.

Cllr Shona Haslam enquired if the NHS budget position would have achieved its savings targets if COVID-19 had not happened. Mr Bone commented that the NHS financial plan had identified from the start a total health savings requirement across the system of £18m.

However it had only identified £11m of deliverable savings. A discussion had therefore taken place with the Scottish Government and a brokerage requirement of £8m had been agreed. Due to COVID-19 savings schemes had slipped in the current financial year, however he was confident progress on savings would be made in future years.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£5.525m) 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 now includes Scottish Government funding allocations representing the IJB's share of a £50m tranche of funding to support immediate challenges in the Social Care sector and the first tranche of funding allocated to Health Boards from the national resource envelope of £1.1bn. Further funding allocations from the Scottish Government have been assumed in respect of the additional costs incurred responding to the Covid-19 situation for the remainder of the year, noting potential shortfalls of £1.720m in delegated functions and £0.29m in large hospital functions retained. No funding has been assumed currently however to mitigate the impact on the Partnership's ability to deliver agreed Financial Plan savings

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the position includes additional funding vired to the Health and Social Care Partnership during the first quarter by Scottish Borders Council of £3.164m to meet previously reported pressures across social care functions from managed forecast efficiency savings within other non-delegated local authority services. It also includes other miscellaneous budget adjustments across delegated and set-aside functions.

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

## **11. QUARTERLY PERFORMANCE REPORT, NOVEMBER 2020**

Mr Graeme McMurdo provided an indepth overview of the content of the report and highlighted several elements including: emergency hospital admissions; percentage of budget spent on emergency hospital stays; older people receiving a package of homecare of less than 10 hours and those whose long term care needs had decreased; emergency admission occupied bed days; bed days associated with delayed discharges; patient satisfaction rates; discharges to permanent residential care beds without an opportunity for short term recovery; emergency readmissions within 28 days of discharge; end of life care; carer support plans; and people who required long term care after a period of short term reablement/rehabilitation.

Mr Malcolm Dickson welcomed the report and noted there would be caveats on performance due to COVID-19. He sought clarification that the occupied bed days for emergency admissions in the over 75s age group had been reducing prior to COVID-19, given there was a wealth of baseline data for that performance indicator. Mr McMurdo confirmed that had been the case and also commented that there was a wealth of baseline data available on a monthly, quarterly and yearly basis which would support Mr Lunts' evaluation process as described earlier in the meeting.

Mrs Karen Hamilton enquired if there were any findings from the audit report into delayed discharges that should be incorporated into the performance report. Mr McMurdo commented that he would be reflecting on the audit report and would probably evolve the performance report further.

Mrs Nicky Berry updated the Board in regard to the emergency access standard performance and spoke of the challenges in the Emergency Department due to its size and how patients were to be handled given COVID-19 requirements such as testing and PPE. She further highlighted the progress made with delayed discharges, the introduction of the Borders minor injury unit, direct access to ambulatory care, that more patients would be assessed in their own homes, the expansion of the Home First service and ensuring AHPs were available to support patients to complete their reablement.

Mr Tris Taylor enquired about the purpose of the report and in the context of COVID-19 what the relevant and reliable indicators were that should be focused on. He was aware that some data was 6 months old and enquired how the Board might support the right range of indicators and data to be presented. Mr McMurdo commented that the report was based on where things could be measured and where data could be compared nationally, however national data had to undertake a validation process that was often lengthy. The purpose of the report was to provide information to the Board on where performance was good and where it required attention so that the Board could make informed collective decisions. He suggested he reflect on how much local data was used and if the addition of national data was helpful.

Mrs Jenny Smith commented that she was surprised at the positive trend in outcomes for carers given the conversations she was aware of with groups of carers and carers centre staff in terms of the extra pressures on unpaid carers. She was keen to ensure the carers indicators were as accurate as possible.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that Cllr David Parker, Rob McCulloch-Graham and Graeme McMurdo would discuss the format of the performance report outwith the meeting.

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 the challenges and to mitigate risk.

## **12. BORDERS PRIMARY CARE IMPROVEMENT PLAN - UPDATE REPORT AND NEXT STEPS**

Dr Kevin Buchan GP and Ms Sandra Pratt provided an update on the Primary Care Improvement Plan.

Mr Malcolm Dickson congratulated Dr Buchan and Ms Pratt on the progress that had been made. Dr Buchan commented that there had been improved communications and joint working which had achieved the progress made.

Mr Tris Taylor welcomed the progress made and commented that the Health Inequalities Impact Analysis (HIIA) appeared to fall short of its function. Ms Pratt commented that the HIIA was out of date, as it had been completed prior to the 70 wte posts being identified. She advised that she would revisit it and she was confident that the work of the new service would be accessible to all whatever their characteristics. She further commented that she would welcome the input of Mr Taylor to the revisit of the HIIA.

Dr Buchan commented that the culture and willingness of the IJB to allow the PCIP to develop and flourish had a direct impact on the progress made.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress of PCIP to date and supported the proposal to establish on-going governance once services are mainstreamed.

### **13. ALCOHOL & DRUGS PARTNERSHIP ANNUAL REPORT**

Ms Fiona Doig provided an overview of the content of the ADP Annual Report and highlighted: substance use education; reducing barriers to treatment; and support to children impacted by parental substance use. Ms Doig also updated the Board on the drug death data that had been published the previous day.

Mr Tris Taylor commented that at the IJB held in October 2018 the Board had approved in principle investment into the service and had requested an update report on that. He further enquired in regard to lived/living experience, if the position was to employ from that group what was the positive approach taken, what was the proportion of applications received and what specific data showed progress on it.

Ms Doig commented that the service was small and staff may not have wished to disclose their lived/living experience. She did however provide assurance to the Board that it was normal practice. In terms of proportion of applications, as commissioners of the services ADP Support Team was not involved in recruitment processes.

Cllr John Greenwell commented that as the Convener of the Licensing Board he had been keen to reduce the number of occasions where licences were issued where children were involved, in order to protect them from harm. He was disappointed not to see a substantial reduction in children affected by drugs and alcohol. He enquired if there was an understanding of which was more prevalent, drugs or alcohol.

Ms Doig commented that based on low risk guidelines alcohol was more prevalent with a quarter of adults breaching low risk alcohol guidelines. In regards to drug use it was harder to receive data as drugs were an illicit substance. There was however a study on estimating usage of certain drugs (opiates and benzodiazepines) which looked at 'proxy data' including, for example, social work and crime data. It was estimated that alcohol was the larger problem. Those who used drugs and had associated problems tended to be more visible to services.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Annual Report and Update.

**14. ANY OTHER BUSINESS**

No further items of business were raised.

**15. 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 17 February 2021, from 10am to 12noon, via Microsoft Teams.

Signature: .....  
Chair

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