



Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 26 May 2021** at **10am** via Microsoft Teams

Present:

(v) Cllr D Parker (Chair)	(v) Mrs L O'Leary, 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

Cllr J Linehan
Mr R McCulloch-Graham, Chief Officer
Dr K Buchan, GP
Dr Lynn McCallum, Medical Director
Mrs L Gallacher, Borders Carers Centre
Mrs J Smith, Borders Care Voice
Ms Linda Jackson, LGBTPlus
Mr S Easingwood, Chief Social Work Officer
Mr D Bell, Staff Side SBC
Ms G Russell, Partnership Chair NHS
Mr N Istephan, Chief Executive Eildon Housing

In Attendance: Miss I Bishop, Board Secretary
Mrs J Stacey, Internal Auditor
Mr Ralph Roberts, Chief Executive NHS
Mr D Robertson, Chief Financial Officer SBC
Mr A Bone, Director of Finance NHS
Mr P McMenamin, Deputy Director of Finance NHS
Mr G McMurdo, Programme Manager SBC
Mrs S Horan, Deputy Director of Nursing & Midwifery
Dr Keith Allan, Associate Director of Public Health
Mr Chris Myers, General Manager P&CS NHS
Ms S Pratt, Executive Lead PCIP
Mr B Paris, SBC
Ms J Holland, Chief Operating Officer SBCares
Mr A McGilvray (Press)
Ms J Amaral

1. APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mrs Morag Low, Service User Rep, Mrs Nicky Berry, Director of Nursing, Midwifery & Operations and Dr Tim Patterson, Director of Public Health.

The Chair noted that this meeting was the last meeting for Nicky Berry who moved to the post of Director of Operations for NHS Borders from 1 June 2021.

The Chair welcomed Sarah Horan who would take up the role of Director of Nursing, Midwifery and AHPs for NHS Borders on 1 June 2021.

The Chair welcomed Dr Keith Allan, Associate Director of Public Health who was deputising 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 previous meeting of the Health & Social Care Integration Joint Board held on 17 February 2021 were approved.

The minutes of the Extra Ordinary meeting of the Health & Social Care Integration Joint Board held on 24 March 2021 were approved. Two minor amendments had already been made to the minutes: Linda Jackson was present as the LGBT Rep; the spelling of the word “de minimis” has been corrected on page 3 paragraph 5.

4. MATTERS ARISING

4.1 Action 8: Mr Rob McCulloch-Graham assured the Board that a new approach was being taken to co-production by amalgamating the efforts of the IJB, NHS and SBC. The action on the action tracker would be subsumed into that new approach and he suggested it be removed from the action tracker.

Mr Tris Taylor sought assurance that the coproduction model would include long-term conditions in the development and delivery of community treatment & care services. Mrs Jenny Smith commented that since the onset of the COVID-19 Pandemic many developments in coproduction had been taken forward in the third sector and she welcomed an all encompassing approach to co-production.

4.2 Action 3: Mr Tris Taylor sought a timeline for the review of the Scheme of Integration. Mr Rob McCulloch-Graham confirmed that the Strategic Commissioning Plan (SCP) would be reviewed by April 2022 and the Scheme of Integration (Sol) target date would be after that date. He explained that the review of the SCP may impact on the Sol and therefore it would make sense to complete the Sol after the SCP review had completed. He further commented that there may be changes to the Sol required as a consequence of the Derek Feeley recommendations being accepted by the Scottish Government. To date those recommendations remained with the Scottish Government for consideration.

4.3 Action 4: The item would be completed that day as it was a matter for discussion on the meeting agenda.

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

5. BORDERS PRIMARY CARE IMPROVEMENT PLAN: UPDATE REPORT

Mrs Sandra Pratt provided an overview of the content of the report and updated the Board on the workstreams progress to date.

Cllr John Greenwell thanked Mrs Pratt for her comprehensive report and enquired if there were any risk assessments undertaken in regard to additional funding not being received. Mrs Pratt commented that there was a risk assessment undertaken for the full programme of work and she would be happy to share that with the Board in the next PCIP update.

Cllr Shona Haslam commented that in terms of funding, there would not be enough funding to do everything, so she enquired what would not be done. She further commented that the demand on mental health services was likely to increase as the pandemic abated and she enquired if support would remain available locally for people or if services would be centralised.

Dr Kevin Buchan commented that currently there were some 300 to 320 appointments a week for community mental health services which were being filled. There was further work to be finalised in regard to appointments moving to face to face meetings in the community with video appointments being carried out centrally, when COVID-19 restrictions were lifted.

Mrs Pratt commented that the work that was not being done related to community treatment and care and vaccination programmes. The CTAC workstream was complex and contained a variety of different things that it was addressing in bite size chunks.

Mrs Lucy O'Leary enquired if there was scope for integrated health and social care roles as well as mobilising services like the breast screening mobile unit instead of relying on fixed buildings. Mrs Pratt advised that there were different models for different workstreams so not all were centralised. Due to economies of scale and COVID-19 pandemic limitations a centralised hub way of working had been developed. There were also limitations on the space in general practices. In terms of mobile units they had been used previously and tended to be expensive however they were in the mix for discussion as possible solutions.

Further discussion focused on: model specialist; confirmation that HR and vacancy processes in both NHS Borders and Scottish Borders Council were completed; partnership colleagues had been invited to attend vaccination workshops; a need for bespoke governance for the amount of staff and transformative work being undertaken; the assets available in communities were often overlooked in planning the role out of partnership services; and we should do work to better understand the totality of the assets available and the opportunities to collocate and therefore improve access.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress of PCIP to date and supported the submission of the PCIP Implementation Tracker and associated documents to Scottish Government in accordance with their regular reporting

6. OLDER PEOPLE'S PATHWAYS DELIVERY GROUP

Mr Chris Myers provided an overview of the content of the report through a presentation.

Mr Nile Istephan enquired what was not included and if enough attention was paid to pathway zero. Mr Brian Paris commented that it was a complicated and wide process when the approach taken was integrated with co-production involving stakeholders. He gave assurance that the programmes of work and workstreams sat in the localities and were connected and speaking to each other. A line had been drawn on those things that were in scope of pathway zero and a timeline had been agreed to ensure progress was made.

Mr Tris Taylor enquired about the reference to building on the findings accepted by the informative evaluation, the lessons were around the approach to what was delivered and around the systems and processes employed in setting up projects and programmes. He sought a quantification of expected benefits and suggested the same exercise were carried out as had been for the outcomes and outputs, as unless a starting point was identified there would be no baseline against which to track progress. He welcomed the presentation content of the public engagement intent.

Cllr Tom Weatherston agreed that it was a great piece of work. In terms of public engagement he commented that it had to be done correctly, potentially with a launch day and campaign to ensure the public understood it.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the approach being taken to progress with the continued development of the Older People's Pathway following on from the approval of the 'Formative Evaluation of the Discharge Programme' at the IJB's February 2021 meeting.

7. QUARTERLY PERFORMANCE REPORT, MAY 2021

Mr Graeme McMurdo presented the report and commented that concerns had been raised on the usefulness of the report as much of the data in the report was often out of date due to timelags with validated national comparison data. He drew the attention of the Board to Section 2 of the report which set out future reporting arrangements.

Cllr Shona Haslam commented that sections 4.2 and 4.3 were the same and enquired if that was an error. Mr McMurdo confirmed that it was.

Cllr Haslam enquired what the 2 strategic objectives were. Mr McMurdo commented that objective 1 was correct. Objective 2 was to make sure that when people had a health need identified, that they were diagnosed and triaged quickly and given access to the appropriate health input. If that involved hospital input they would be admitted and then discharged promptly.

Mr McMurdo commented that the regular report had been updated over the previous quarter to include extra social care measures. He also advised the Board that it had become difficult to look at performance improvement given the impact of the COVID-19 Pandemic.

Ms Lynn Gallacher commented that it was a useful report and highlighted in regard to carers, that they had managed to continue with carers support plans and to receive outcomes. However carers were becoming exhausted with the lack of access to social care and respite care. She was also aware of a reduction in packages of care being available and a longer waiting time for packages of care to be allocated. She suggested

that information on social care provisions was required. Mr McMurdo welcomed the suggestion of more information to be provided in specific areas.

Cllr Haslam agreed that the data was not inclusive of social care. She further commented that it appeared to be hospital admission focussed and not about improving the health of the population. She suggested including data on oncology, diabetes and obesity would give the Board a broad view of how population health could be improved. She further sought data on Discharge to Assess.

Mr Rob McCulloch-Graham commented that a shortage of social care indicators had been identified around pathway zero. He suggested deep dives on social care indicators; short term packages of care; allocation of packages of care; discharge to assess; discharge through Home First; and being risk averse and prescribing too much care.

Mr Tris Taylor suggested setting targets, objectives and metrics. In terms of objective 1 he suggested a need to quantify health production in the community and formulating a metrics to capture unpaid health production to assist in measuring the health of the population. In terms of objective 3 he suggested an analysis of current community capacity against a baseline was required and an understanding of whole system assets. He further commented that in terms of delayed discharge performance, it was not improving and he questioned if the choices policy was being implemented and if the strategy that was in place was being delivered and if it was, was it actually correct.

Ms Jen Holland commented that there was a performance board in Scottish Borders Council around the health & social care partnership which looked at the breadth of social work and social care performance. A piece of work on social care performance indicators should conclude in the summer and would then be brought to the IJB for consideration and inclusion in performance reports going forward.

Mr McCulloch-Graham commented that in regard to respite care, the Scottish Government were aware of difficulties with respite care provision across Scotland and he anticipated that a funding stream might be made available. Meantime further work would be taken forward through the appropriate workstream.

Mr McMurdo thanked the Board for their input to changes to the report and emphasised the need for social care measures to be included and supplementing the report with what the IJB required in order for them to make fully informed decisions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the regular high-level quarterly performance report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the proposed changes to quarterly performance reporting (i.e.) to supplement the regular high-level quarterly performance report with more detailed and specific reporting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to ensure, in collaboration with the Chief Officer Health and Social Care Integration, that resource is identified for the production of performance reporting.

8. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET

Mr David Robertson provided a verbal update on the budget position as it was too early in the financial year to be able to provide the usual monitoring report. He confirmed that the outturn position was in line with the information previously provided to the Board with the requirement for additional resources to be provided by both NHS Borders and Scottish Borders Council.

Mr Robertson confirmed that the process of completion of the final accounts was proceeding and report would be received by the IJB Audit Committee in due course.

Mr Robertson commented that financial reporting to the IJB in future would be through quarterly updates. They would be less retrospective and more forward looking in terms of transformational activity, delivery of savings and shifting the balance of care.

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

9. ANY OTHER BUSINESS

9.1 Risk Strategy: Mr Rob McCulloch-Graham commented that there was an intention to bring a Risk Strategy paper to the next meeting of the IJB.

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

10. 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 28 July 2021, from 10am to 12noon, via Microsoft Teams.

The meeting concluded at 12.03.

Signature:
Chair