



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 28 July 2021** at **10am** via Microsoft Teams

Present:

(v) Cllr D Parker (Chair)	(v) Mrs L O'Leary, Non Executive
(v) Cllr T Weatherston	(v) Mr M Dickson, Non Executive
Dr K Buchan GP	(v) Mrs K Hamilton, Non Executive
Dr L McCallum, Medical Director	(v) Mr J McLaren, Non Executive
Mr D Bell, Staff Officer SBC	(v) Mr T Taylor, Non Executive
Mr R McCulloch-Graham, Chief Officer	
Mr N Istephan, Chief Executive, Eildon Housing	
Ms V McPherson, Partnership Chair NHS	
Dr T Patterson, Director of Public Health	
Mrs L Gallacher, Borders Carers	
Mrs J Smith, Borders Care Voice	
Mr S Easingwood, Chief Social Work and Public Protection Officer	
Ms L Jackson, LGBTPlus	

In Attendance:

Miss I Bishop, Board Secretary
Mr R Roberts, Chief Executive NHS
Mrs N Meadows, Chief Executive SBC
Mr D Robertson, Chief Financial Officer SBC
Mr A Bone, Director of Finance NHS
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 S Flower, Chief Nurse Health & Social Care Partnership
Mrs L Jones, Head of Quality & Clinical Governance NHS
Ms S Holmes, Principal Internal Auditor SBC
Mr C Myers, General Manager Primary & Community Services NHS
Ms M Baird, Programme Manager NHS

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Cllr Shona Haslam, Cllr Elaine Thornton-Nicol, Cllr J Linehan, Mrs Morag Low, Service User Rep, Mrs Sarah Horan, Director of Nursing, Midwifery & AHPs and Mrs Jill Stacey, Chief Internal Auditor.

1.2 The Chair welcomed Mrs Sue Holmes, Principal Internal Auditor who was deputising for Mrs Jill Stacey.

1.3 The Chair welcomed Mrs Susie Flower, Chief Nurse Health & Social Care Partnership who was deputising for Mrs Sarah Horan.

1.4 The Chair welcomed guest speakers to the meeting including Mr Chris Myers and Mr Graeme McMurdo.

1.5 The Chair confirmed that Cllr John Greenwell had stood down as a voting member of the Integration Joint Board (IJB) and had been replaced by Cllr Jenny Linehan.

1.6 The Chair formally recorded Mr Malcolm Dickson, Non Executive and Vice Chair of the IJB would stand down from the IJB on the conclusion of his appointment as a Non Executive with NHS Borders on 31 July 2021. The Chair recorded the thanks of the IJB to Mr Dickson for his tenure on the IJB and chairmanship of the Strategic Planning Group and wished him a long and happy retirement.

1.7 The Chair confirmed that the Health Board at its meeting on 1 April 2021 had agreed that Mrs Lucy O'Leary, Non Executive would replace Mrs Sonya Lam as a voting member of the IJB and the IJB Audit Committee and would also be nominated as the Vice Chair of the IJB as per the Scheme of Integration on Mr Dickson's appointment conclusion. The Chair welcomed Mrs O'Leary to the meeting.

1.8 The Chair commented that the Health Board would make a further Non Executive appointment to the IJB in due course.

1.9 The Chair announced that Mrs Morag Low, Service User Rep had decided to step down from the IJB as she has decided to return to work as part of the immunisation team as a vaccinator. He recorded his congratulations to her on going back to work on the front line and wished her well for the future.

1.10 The Chair announced that Mr Rob McCulloch-Graham had decided to retire from his post as Chief Officer in the autumn and a recruitment process had been launched for a new appointment to be made.

1.11 The Chair confirmed that the meeting was not quorate and therefore no formal decisions could be made by the IJB at the meeting.

2. DECLARATIONS OF INTEREST

2.1 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 declared.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 26 May 2021 were amended to record the apologies of Mrs Netta Meadows.

The minutes would be resubmitted to the next meeting of the IJB for formal approval.

4. MATTERS ARISING

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

5. SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE ANNUAL REPORT 2020/21

5.1 Mrs Karen Hamilton provided an overview of the content of the report which outlined the activity of the IJB Audit Committee over the course of the past year.

5.2 Mr Tris Taylor enquired if the Audit Committee had looked at care and quality issues. Mrs Hamilton confirmed that the Audit Committee was an assurance body to review and examine audit reports and had cognisance of quality and care but would not have any direct impact.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred approval of the IJB Audit Committee Annual Report 2020/21 until the next formal IJB meeting.

6. ANNUAL PERFORMANCE REPORT 2019/20

6.1 Mr Rob McCulloch-Graham recorded his thanks to Mr Graeme McMurdo for producing such a major piece of work.

6.2 Mr McMurdo provided an overview of the content of the report and highlighted that publication would take place in November and the content of the report was set by legislation as it was a report to the Scottish Government and had to include performance data. He commented that narrative had been included on the response of services during the pandemic and he had included examples at each spotlight objective.

6.3 Discussion focused on: understanding if the level of need for chronic conditions had been met and at what level; strengthening input from public health to get the needs assessment done for the next chapter; were the targets ambitious enough; page 46 tables needed amending; strengthening the “What we did section” in terms of carers, respite, older peoples survey, dementia and maternity; page 8 show “shifting the balance of care” as a movement over time; as a public facing document it required communications input to make it more short and snappy; lack of benchmarking information; what we said we would do, what we did and what we didn’t do appeared to be all mixed together leading to confusing statements; page 33 on last years’ priorities for carers support and progress made, could be strengthened; should it have a collaborative statement to show it had been coproduced by partners; and the inclusion of benchmarking data should allow a greater transparency of reporting.

6.4 Mr McMurdo commented that he would amend the tables on page 46; would work with Lynn Gallacher on the “What we did section”; as the document was a legislative requirement it did not lend itself to being easily digestible in the public domain and a short executive summary public facing document would help that; in terms of benchmarking information he agreed that it would be helpful to have benchmarking data in order to set targets and see

progress over time. He advised that the format of the report could be changed but the indicators shown had to be included and he welcomed the support to form a baseline of data.

6.5 Cllr Weatherston suggested more emphasis was given to healthy lifestyles.

6.6 Mrs Lynn Gallacher suggested more emphasis also be given to the third sector role in being a quality partner supporting the partnership to achieve its strategic aims.

6.7 Mr McCulloch-Graham commented that he was keen that comparisons in data were included in the report and more of the progress against the benchmarking data for the whole of Scotland would be emphasised. He further commented that the Annual Report was focused on the past year and the Commissioning Strategy would be the document that would focus on future years.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** discussed the draft Annual Performance Report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** wished to suggest the APR be demitted to the Strategic Planning Group and would make a formal decision on that at the next quorate meeting.

7. PRIMARY CARE IMPROVEMENT PLAN UPDATE

7.1 Mr Chris Myers presented the Primary Care Improvement Plan update to appraise the Board on the high level progress made on the implementation of the plan, progress of workstreams and a number of associated risks including financial risks.

7.2 Dr Kevin Buchan advised that services had been delivered that were helpful to GPs and highlighted physiotherapy services as an example. In terms of the Renew service he advised that there would be more people being medicated without that service and the development of the PCIP allowed GPs to get to a certain level to deliver complex care locally.

7.3 Discussion focused on: equality issues; patient experience; significant amount of underspend; and potential impact of long Covid.

7.4 Mr Myers confirmed that a Health Inequality Assessment had been undertaken for the whole programme and the individual workstreams had yet to complete them. However the Vaccination workstream given its advanced state had completed an HAI. In terms of patient feedback there had not been much received and that area would be looked at in the future. With regard to underspend the uncommitted line showed £346k uncommitted for the current financial year and the following financial year was likely to be a recurrent gap of £2.4m when the assumed £500k vaccination funding was taken off, so there was not a significant underspend for uncommitted funding. As carry forwards were not permitted all funding would be committed.

7.5 Dr Buchan commented that long Covid would revert back to GPs given it was a complex group of symptoms that GPs were best placed to recognise and advise on and the support from the PCIP would allow GPs to elevate to the Medical General experts that they were.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report, the risks, and actions being undertaken to reduce the risks.

Ms Linda Jackson left the meeting.

8. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET 2020/21

8.1 Mr David Robertson presented the formalised position as outlined at the previous meeting which reflected the financial performance of the IJB to 31 March 2021. He highlighted the financial bottom line which was wholly attributable to ring fenced funding carried forward, with the position realised after significant contributions were made to the IJB by the partners throughout the year. He further drew the attention of the Board to sections 3.3 and 3.4 of the report, set aside budget and the overall balance held by the IJB.

8.2 Mrs Lynn Gallacher noted that costs appeared to be lower than had been expected and she enquired how funding had been used and sought a breakdown of the £1.56m additional monies to the Borders for the implementation of the Carers Act. Mr Robertson confirmed that he would share the breakdown of the carers fund money and the use of the additional funding with Board members for absolute clarity of funding streams.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the final outturn position for the Partnership for the year to 31 March 2021;

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the Health and Social Care partnership under-spent by £6.236m during the financial year relating entirely to slippage in the use of ring-fenced funding and planned investments, in addition to unutilised funding allocations for Covid-19 costs and that this has been carried forward to 2021/22 as part of the IJB earmarked reserve;

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the outturn position includes additional funding vired to the Health and Social Care Partnership during the financial year in order to meet previously reported pressures across health and social care functions from managed efficiency savings within other non-delegated health board and local authority services.

9. CLINICAL & CARE GOVERNANCE REPORT 2020/21

9.1 Mrs Laura Jones introduced the report and highlighted that the report sat alongside the Chief Social Work Officer report. The significant theme through the report was clinical prioritisation of services and the need to distribute professional groups across a wide range of services to support the response to the pandemic. She drew the attention of the Board to the remobilisation of services and the pressure points that remained in the system which included emergency access systems, elective pressures, community services pressures, and staffing pressures. She also highlighted the inspection of Hay Lodge and the recommendations and actions that had been progressed on the back of the inspection report.

9.2 Mrs Lucy O’Leary enquired how the pressure points could feed into the future commissioning strategy of the IJB and as a general reader she found the report difficult to navigate and would appreciate paragraph numbering in future.

9.3 Mrs Jones commented that she would be happy to change the format of the report in future. She advised in terms of the pressure points that a detailed review of the Child, Adolescent Mental Health service (CAMHS) and Psychological Therapies service had been undertaken. A long term business plan was required and would be routed through the IJB.

9.4 Mr Rob McCulloch-Graham commented that the commissioning of services around CAMHS to prevent the flow into CAMHS would assist. He suggested that could potentially be achieved by commissioning more resource into the Renew service, which currently focused on adults but could then deal with Adolescents and Children and would then reduce the impact on CAMHS. So it would be about how the IJB commissioned differently instead of doing more of the same.

9.5 Mr Malcolm Dickson enquired about the funding arrangements for support into care homes. Mrs Suzie Flower highlighted that funding was non recurrent, however there had been a commitment to support the team long term to work with care homes and support residents.

9.6 Mrs Lynn Gallacher enquired about the term “deteriorating patients”, given some carers were reporting that people were being discharged from hospital with more cognitive decline than when they were admitted. Mrs Jones clarified that “deteriorating patients” referred to the state of the patient on admission to hospital as patients were more acutely ill with the need for either life saving intervention or treatment for end of life care. Patient acuity was monitored through the NEWS system which was run in all inpatient areas. Also as part of the clinical improvement work it was apparent that patients were presenting in a more deconditioned state to hospital and on discharge. It was a trend across NHS Scotland as well as increase in falls and the impact of the pandemic on patient deterioration on admission was unclear at present.

9.7 Dr Lynn McCallum welcomed the point and suggested it reinforced the need to shift the balance of care from the secondary care hospital based model into the community to get people home as quickly as possible and to provide rehabilitation in their own home.

9.10 Mr Ralph Roberts flagged to the Board that some of the issues in the report were extremely significant in terms of current service pressures on the whole system. In the context of the IJB being that whole system it was important that members understood it was the most significant pressure on the system ever seen in a summer. It was important to think about in terms of strategic commissioning going forward and also in terms of operational oversight.

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

10. COLDINGHAM BRANCH SURGERY

10.1 Mr Chris Myers provided an overview of the content of the report.

10.2 Dr Lynn McCallum commented that she had spent the previous afternoon in Eyemouth at the Medical Practice and had an in-depth conversation with the GPs about the Coldingham Branch Surgery. She commented that it was evident that there had been a lot of soul searching amongst the GP partners who had worked to the best of their ability to maintain the service for as long as possible. They had been disheartened by the feedback they had received given they were working long days and missing out on family time in order to keep the branch surgery open.

10.3 The Chair commented that it could not have been an easy decision for GPs to make to withdraw from the branch surgery.

10.4 Mr Nile Istephan enquired if similar pressures existed across all Medical Practices across the region and what that would mean for the provision of services Borders wide. He also commented that he was mindful that where additional housing provision was made there was a direct read across to associated services for the population.

10.5 Mr Myers confirmed that the situation was not unique to Eyemouth and other GP practices faced other challenges such as recruitment of GPs.

10.6 Dr McCallum commented that whilst there were a number of larger GP Practices there were a significant number of smaller practices with only 3-4 GPs and if one was unwell or retired it had a massive impact on the remaining GPs and could derail those Practices. Sustainability and the current climate and workload the GPs were operating in were phenomenal and could not be underestimated. The PCIP would go some way to mitigating some areas such as assisting with workload, but there was further work to be done on retirement options, recruitment and career options.

10.7 Dr Buchan commented that currently the Borders were down by 10 partner GPs which equated to about 10% and made GP Practices fragile. GPs had been blindsided by the change in the GMS contract which made the central belt more attractive to GPs and caused difficulties with rural GP recruitment. The main key for Borders was the quality of life and work life balance that it offered. Although the language during discussion had been predominantly negative with the support of the PCIP there was still a huge positivity on where GPs were and what they could do in the future.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the current situation relating to the sustainability concerns of the Coldingham Branch Surgery.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a Short Life Working Group had been established with the aim of ensuring the safe and sustainable delivery of medical and pharmaceutical service that meets the needs of Scottish Borders Population in the area. In order to do this, we will ensure that the medical and pharmaceutical needs of the population are met using a combination of reviewing the:

- a. current sustainability risks;
- b. current staffing levels;
- c. accessibility of alternative provision of Dispensing Services including the access to the closest dispensing branch; and
- d. alternative delivery models.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a public consultation was currently being undertaken and was due to close on 9th August 2021. All patients registered with Eyemouth Medical Practice had been sent a letter informing them of the situation and to invite responses to the consultation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that an update paper would be drafted for a future Board meeting that would make recommendations on the future provision of services in Coldingham Branch Surgery.

11. STRATEGIC PLANNING GROUP MINUTES

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

12. ANY OTHER BUSINESS

12.1 No further items of business were raised.

13. DATE AND TIME OF NEXT MEETING

13.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 22 September 2021, from 10am to 12noon, via Microsoft Teams.