



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 2 March 2022** at **9am** via Microsoft Teams

Present:

(v) Cllr D Parker (Chair)	(v) Mrs L O'Leary, Non Executive
(v) Cllr S Haslam	(v) Mrs H Campbell, Non Executive
(v) Cllr T Weatherston	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr J McLaren, Non Executive
	(v) Mr T Taylor, Non Executive

Mr C Myers, Chief Officer
Mrs J Smith, Borders Care Voice
Ms V MacPherson, Partnership Representative NHS
Mr D Bell, Staff Side SBC
Mr N Istephan, Chief Executive Eildon Housing
Mr S Easingwood, Chief Social Work and Public Protection Officer
Ms L Jackson, LGBTQ+
Dr L McCallum, Medical Director

In Attendance: Miss I Bishop, Board Secretary
Mrs J Stacey, Internal Auditor
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 Borders
Dr T Patterson, Director of Public Health
Mr S Burt, General Manager MH&LD
Mrs C Oliver, Head of Communications & Engagement NHS
Mr P McMEnamin, Deputy Director of Finance NHS
Mr G Samson, Audit Scotland
Ms S Flower, Chief Nurse Health & Social Care Partnership
Ms N Austin-Hunt, Chief Executive Third Sector Dumfries & Galloway

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Jenny Linehan, Mrs Sarah Horan, Director of Nursing, Midwifery & AHPs, NHS, Dr Kevin Buchan GP, Ms Juliana Amaral, BAVs, Mrs Jen Holland, Director of Strategic Commissioning and Partnerships SBC, Mrs Lynn Gallacher, Borders Carers Centre.
- 1.2 The Chair welcomed a range of attendees including, Norma Austin Hart, Chief Executive, Third Sector Dumfries & Galloway, Simon Burt, General Manager, Mental Health & Learning Disabilities service and Paul McMEnamin, Deputy Director of Finance, NHS

1.3 The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

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

2.2 Mr Nile Istephan declared that Eildon Housing had a financial interest in item 5.3 on the agenda.

2.3 Cllr Elaine Thornton-Nicol declared that she was a potential party to the lease of the property at item 5.3 on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declarations made.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 15 December 2021 were approved.

4. MATTERS ARISING

4.1 **Action 2020-3:** Mr Chris Myers advised the review of the Scheme of Integration had been taken forward by Scottish Borders Council and NHS Borders and consulted on with the general public through Citizen Space. The consultation had concluded on 28 February 2022 and the results were being reviewed.

4.2 **Action 2021-5:** Mr Chris Myers advised that the Joint Needs Assessment would enable meaningful engagement with unpaid carers across the Borders and their influence of the IJB Strategic Commissioning Plan and directions.

4.3 **Action 2021-7:** The monitoring of the direction would take place through the IJB Audit Committee. The action would be marked as complete if the direction was agreed by the IJB.

4.4 **Action 2021-8:** The monitoring of the direction would take place through the IJB Audit Committee. The action would be marked as complete if the direction was agreed by the IJB.

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

5. HEALTH, SOCIAL CARE AND ADULT SOCIAL WORK PRESSURES AND LEVELS OF RISK

5.1 Mrs Suzie Flower provided an overview of the pressures within health, social care and the care home setting over her previous 18 months. She highlighted several challenges including: recruitment; short and long term sickness; transfers of patients to

residential care beds; increasing pressures on community hospitals and in the acute setting; and more deconditioned patients at admission. In terms of progress there was closer working between health and social care through the provision of mutual aid in social care and increasing capacity in the Home First service. The wellbeing of staff was paramount given the challenges in recruitment and a whole social care and health approach to staff wellbeing was being taken to ensure patients received the right level of care.

- 5.2 Mr Stuart Easingwood spoke of the mitigations and collaborative work being taken forward to address the various pressures across the provision of health and social care services which had enabled innovations and flexibility to be taken across the whole system. He further highlighted caseload allocations and the percentage of work that had increased with particular pressures with adult social work. The Scottish Government had recognised the increase in workload and need for further resource which they had supplied and work was underway to use that additional resource to bolster the workforce and maximise the benefits across the whole system to improve outcomes for people.
- 5.3 Mr Easingwood reassured the Board that it was a national situation and work was progressing to mitigate risks and promote innovation in challenging circumstances.
- 5.4 Mrs Karen Hamilton enquired if there were examples of good practice that could be transferred to Borders. Mr Easingwood commented that good practice was already being seen in terms of keeping people in their communities and patients at the centre of their care. Innovation, best practice and how to do things differently was being sought out in various networks both regionally and nationally.
- 5.5 Mr Tris Taylor enquired about the context of the update to the Board, any consequential risks to the Board and a quantification of the scale of the challenge. Mr Easingwood commented that the update had been provided to the Board to keep it abreast of what was happening on the front line for health and social care services. If required he would be happy to return to the Board with a metrics to provide assurance on the mitigations of risk, quantification of work and performance.
- 5.6 Mr Chris Myers commented that he was keen that the Board as commissioners of services were sighted on the pressures and challenges faced across the whole system, in the context of the outcomes being sought by the Integration Joint Board.
- 5.7 Mr Ralph Roberts commented that the outcomes and delivery of services sat with the parties to the Integration Joint Board and it was helpful to share those in the joint space. In terms of assurance he commented that the Board should be assured in terms of partnership working. In relation to health outcomes it was important that the Board understood the delivery of unscheduled care, elective care and planned care was not as it should be, often due to flow through the whole system and in effect that lead to harm for people and collectively none of the whole system organisations were comfortable with that position.

- 5.8 Cllr Tom Weatherston commented that the past 18 months had been a huge challenge for the provision of care in the community and he congratulated staff for being agile and continuing to deliver services during that time.
- 5.9 Ms Linda Jackson commented that she accepted the unprecedented pressures on staff across the whole system and highlighted that parent carers and dementia carers were exhausted due to a lack of capacity, availability of staff, some requiring building based services and others seeing their packages of care being reduced. She suggested it was helpful to be engaged with to understand the issues and what could be done to help carers and reduce unnecessary hospital admissions.
- 5.10 Mr Easingwood commented that opportunities were being explored to meet the needs of the whole health and social care system through working with communities and carers and those with lived experience to enhance working together to identify the best options available. He was committed to finding opportunities to meet unmet need and reduce the current pressures on families.
- 5.11 Mr Taylor suggested it was vital that unmet need was quantified as it would be a key element of the metrics moving forward.

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

6. COMMUNITIES MENTAL HEALTH AND WELLBEING FUND UPDATE

- 6.1 Ms Norma Austin Hart, provided a presentation and update on the community mental health and wellbeing fund and highlighted: the fund was administered for Dumfries and Galloway and the Scottish Borders; the process followed and the results of the first round for Scottish Borders: the lessons learned and a heads up on key decisions; the role of the Steering Group and governance processes; application form and scoring criteria; and the next round of bids would commence in April for 2022/23.
- 6.2 Mr John McLaren sought clarification that the 10 projects in the lowest group did not receive funding. Ms Austin Hart commented that of the 22 projects received there were 10 projects that did not exceed the quality threshold and in order to preserve the integrity of the process any projects below the quality threshold did not receive funding.
- 6.3 Mrs Lucy O'Leary enquired if there were lessons learned on how to encourage and stimulate smaller organisations to apply or for organisations to apply for smaller amounts. Ms Austin Hart commented that the main barrier for organisations had been the short timescale for applications and the lack of time to prepare the application, develop the idea and concept. She suggested it would be addressed in the next round of bids where the plan was to take several months to work through the third sector interface with local communities and resilience groups to develop their capacity and capability.
- 6.4 Mr Chris Myers commented that it was a clear demonstration of the power of the third sector and the impact of the fund across local communities would support the

partnership to deliver against the outcomes outlined in the strategic commissioning plan.

- 6.5 Dr Lynn McCallum welcomed the opportunities that were included in the fund and highlighted that the one thing the pandemic had highlighted had been the inequalities within the south of Scotland region and she enquired if deprivation had been taken into account when assessing applications. Ms Austin Hart commented that it had been considered for any groups at risk, for those living in poverty and for any project that addressed mental health inequality.
- 6.6 Cllr Elaine Thornton-Nicol enquired if there was a risk of repeating work that was already being undertaken. Ms Austin Hart commented that the steering group had asked the scoring panel to produce a portfolio of projects that would strike a balance in terms of geographic spread, diversity of applicants and benefits.
- 6.7 Ms Austin Hart commented that in summary the key decisions were taken by the steering group, a process was agreed for allocating underspends and considerations were given to maximum amounts of grants to be applied. The timescale for the next round of applications would commence in April through to July. The fund would be opened in August and the results of the applications would be known in November with funds being committed the following March.

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

7. 2022/23 JOINT FINANCIAL PLAN

- 7.1 Mr Andrew Bone provided a presentation on the draft financial plan and highlighted the work being taken forward to clarify detail and the content of the allocation letter.
- 7.2 Cllr Shona Haslam commented that it would be helpful to be able to set the budget before the commencement of the financial year. Mr Bone commented that both he and Mr David Robertson were disappointed that they had been unable to present a budget to the Board for sign off ahead of the next financial year due to the amount of uncertainty in terms of level of detail and funding allocations to be provided to local authorities and health boards. He advised that the recruitment process for a Chief Financial Officer for the Integration Joint Board was underway and part of their remit would be to develop a timetable and approach to financial planning in order to settle the budget before the next financial year and then amend it moving forward in light of late allocations.
- 7.3 Cllr Haslam noted that the additional money this year meant the IJB could offset the savings target for this year. In terms of the COVID funding for one year, she enquired if it would lead to increased pressures for a further year. Mr Bone commented that in relation to COVID expenditure a level of resource had been confirmed to be sufficient to offset COVID expenditure to be incurred in the coming year.
- 7.4 Mr David Robertson commented that the savings that Scottish Borders Council had brought forward were in the region of £1.3m and in setting the budget, the IJB had

clarity on what they were looking at in terms of individual savings packages. He suggested the level of savings required would be set out in the final budget paper for the IJB to approve and the areas to be targeted for those savings would be clarified along with any residual gap that might exist.

- 7.5 Cllr Haslam reminded the Board that a period of purdah for councillors would be entered into in mid March and enquired when the budget paper would be brought to the IJB to ensure the meeting would be quorate. Mr Robertson confirmed that routine business, such as agreeing the budget, could continue during the period of purdah.
- 7.6 Cllr David Parker noted that the next meeting of the IJB was scheduled for 20 April however he was concerned that it might not be quorate.

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

8. NEEDS ASSESSMENT: ORAL HEALTH AND DENTAL SERVICES

- 8.1 The item was deferred to the next meeting.

9. MILLAR HOUSE

Mr Nile Istephan had declared an interest in the item.

Cllr Elaine Thornton-Nicol had declared an interest in the item.

- 9.1 Mr Simon Burt provided an overview of the content of the report and highlighted: the core services provided by the rehab service; the provision of inpatient beds both within NHS Borders and external providers; unsuitability of the current provision of accommodation for long term clients; efficiency savings; working through a business case; and repatriation of clients currently outwith Borders in line with national guidance.
- 9.2 Mrs Netta Meadows enquired if the risk sharing of failing would be equally split across the partnership. Mr Burt commented that 4 efficiency savings had been identified which were RAG rated. Mr Burt advised that the financial model had been discussed and the largest risk was in terms of efficiencies. It was a 77%/23% balance in funding and was mirrored in the new model.
- 9.3 Mr Ralph Roberts commented that he thought it was the right thing to do and noted that there was a risk issue in not being able to guarantee there were not other clients coming forward who would need external provision. The reality was that one of those clients was funded outwith the budget and that was a cost pressure on the service. The intention was that the nature of the service would give flexibility to minimise the risk. The other issue was the split of risk and it was set out as it was currently split and a piece of work needed to be taken forward jointly on joint funding also on getting better at managing risk shares and working through that without any prejudged assumptions on what the impact would be for each partner.

- 9.4 Mrs Jenny Smith welcomed the efficient use of the estate that had become available. She noted that Carr Gom were positive about the process and she welcomed the reference to working with lived experience and carers. She enquired if the reference in the direction to quantitative should have been qualitative. Mr Myers confirmed that it should have been qualitative feedback and not quantitative.
- 9.5 Cllr Haslam enquired what consultation had taken place with the families involved and how they would be supported through the transition. Mr Burt advised that discussions and questionnaires had been completed with all the tenants to be impacted by the change. It was a coproduced project and would continue to be coproduced as it moved to the implementation stage. The transition plan would be progressed with those with lived experience. Carr Gom would continue to be the provider for a period of time as the transition took place. The community rehab team would work closely with the client group and provide some enhanced health support to the new accommodation. Mr Burt assured the Board that there had been consultation and each transfer would be individually designed to meet the needs of each individual.
- 9.6 Cllr Haslam enquired about the level of consultation. Mr Burt confirmed that consultation had taken place before the project had reached the current point. Mrs Smith commented that consultation had taken place through the provision of questionnaires, involvement of carers representatives and the involvement of those with lived experience through BIAS. It had taken into account where possible the challenges with the unknowns in terms of raising the expectations of a vulnerable client group. She was content with the consultation process undertaken. Cllr Haslam commented that following Mrs Smith's clarification she was also content with the process undertaken.
- 9.7 Mr Tris Taylor enquired about the verification of the opinion of service users and carers and sought to understand in what way the proposal had changed due to the involvement of those with lived experience and carers. He further enquired if the proposal was a major service change. Mr Burt advised that it was not a major service change as it was a reprovision of a service with an enhancement.
- 9.8 Mr Taylor enquired about the governance route for the proposal. Mr Burt advised that it had been presented to the Health & Social Care Senior Leadership Team, the NHS Operational Planning Group, the NHS Board Executive Team and the IJB Strategic Planning Group. Both informal and formal discussions with the Finance teams in both partner organisations had taken place and the final body to present to would be the Housing provider at their meeting in April. He assured the Board that both the Chief Executives of NHS Borders and Scottish Borders Council and their senior teams were in support of the proposal.
- 9.9 Mr Taylor suggested it was important to understand the appropriate location for the scrutiny of services and changes to those services that affected the population and the discharge of the duties of the deliverers.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the Business Case and the draft IJB Directions set out below:

“The IJB are being asked to Direct NHS Borders and Scottish Borders Council to Commission the Community Rehabilitation Service set out in the Millar House Business Case submitted on 2nd March 2022 (subject to Eildon HA Board approval to lease the Millar House site and accommodation to the commissioned service provider Carr Gom).”

10. DIRECTIONS

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the directions as set out below:-

10.1 Direction: HSCP Integrated Workforce Plan

To continue to progress the development of a Scottish Borders Health and Social Care Partnership Integrated Workforce Plan in line with the national timescales set out below, ensuring that the plan takes into account:

- Scottish Government integrated workforce planning expectations
- The immediate workforce sustainability issues faced by the HSCP, including existing workforce gaps and any service shortfalls, the increased risks of workforce, internal and partner supplier failure and future market for care (Strategic Risks: IJB003, IJB006 and IJB007), and how to promptly resolve these challenges locally
- Future workforce needs, based on meeting need, including additional demand and any backlogs associated to Covid-19
- Plans for sustainable integrated workforce models across health and social care
- Improved training, development, recruitment and retention across health and social care
- Affordability in the context of the financial constraints across the IJB, NHS Borders and Scottish Borders Council

As part of this process, it is expected that:

- There will be full and appropriate consultation and engagement with all stakeholders, including (but not exclusively) appropriate staff, partnership; professional, independent sector, educational institutions (e.g. Borders College, NES, Universities), partner reference groups, the IJB Joint Staff Forum and the Strategic Planning Group
- The HSCP Integrated Workforce Plan will be considered for final approval at the Integration Joint Board prior to submission to the Scottish Government

Out of scope: The development of a plan for Unpaid Carers will be undertaken in the IJB's Carers Workstream, and as such should be considered as out of scope of the Integrated Workforce Plan.

10.2 Direction: Strategic Commissioning Plan

To provide planning, performance, communications and public engagement support for the development of the Strategic Commissioning Plan. This includes support for:

- The design and production of a Strategic Joint Needs Assessment
 - o Population / Public Health Needs Assessment (NHS Borders)
 - o Performance and data support (NHS Borders and Scottish Borders Council)
 - o Communications support (NHS Borders and Scottish Borders Council)
 - o Full and appropriate consultation and engagement with stakeholders, staff and partners (NHS Borders and Scottish Borders Council)

- The production of a Strategic Commissioning Plan based on the priorities identified by the Strategic Joint Needs Assessment
 - o Planning and Project Management support (NHS Borders and Scottish Borders Council)
 - o Liaison between finance teams, IJB Chief Finance Officer and IJB Chief Officer (NHS Borders and Scottish Borders Council)
 - o Full and appropriate consultation and engagement with stakeholders, staff and partners (NHS Borders and Scottish Borders Council)
- Communications support (NHS Borders and Scottish Borders Council)

10.3 **Direction: Care Village Provision**

To scope the development of an Outline Business Case for Care Home service provision in Hawick, and progress the development of a Full Business Case for the Tweedbank Care Village. As part of this process, it is expected that:

- There will be full and appropriate consultation and engagement with stakeholders
- The model of services will be needs based

It is recognised that the capital investment needed to deliver the Care developments is included in the Scottish Borders Council's Capital plan. It is expected that both of the Business Cases will be reviewed at the Integration Joint Board for consideration on the revenue spend prior to full sign off by the Scottish Borders Council.

10.4 **Direction: Oral Health Plan. The direction was deferred.**

10.5 **Direction: Millar House**

NHS Borders and the Scottish Borders Council are requested to commission the Community Rehabilitation Service set out in the Millar House Business Case submitted on 2nd March 2022 (subject to Eildon Housing Association Board and the Scottish Housing Regulator's approval to lease the Millar House site and accommodation to the commissioned service provider Carr Gomm).

10.6 **Direction: 2022/23 Budget. The direction was deferred.**

11. MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2021/22 AT 31 DECEMBER 2021

11.1 Mr Paul McMenamin provided an overview of the content of the report.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the combined forecast adverse variance of (£5.523m) for the Partnership for the year to 31 March 2022 based on available information and arrangements in place to partially mitigate this position.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that whilst the forecast position includes direct costs relating to mobilising and remobilising in respect of Covid-19, it also assumes that all such costs will again be funded by the Scottish Government in 2021/22.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the position includes additional funding vired to the Health and Social Care Partnership during the first half of the financial year by Scottish Borders Council to meet reported pressures across social care functions from managed forecast efficiency savings within other non-delegated local authority services and funding brought forward in respect of Covid-19 expenditure.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any residual expenditure in excess of the delegated budgets at the end of 2021/22 will require to be funded by additional contributions from the partners in line with the approved Scheme of Integration.

12. UPDATE ON IMPACT OF INTEGRATION JOINT BOARD REQUIREMENTS AS CATEGORY 1 RESPONDERS UNDER THE CIVIL CONTINGENCIES ACT 2004

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

12.2 Mrs Karen Hamilton assured the Board as the Chair of the IJB Audit Committee that it would welcome the opportunity to take on the review of the on-going arrangements in relation to the Civil Contingencies Act.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered and noted the assessment of the obligations, and assessed requirements for the Integration Joint Board outlined within this update paper in relation to the amendment to The Civil Contingencies Act 2004 (Amendment of List of Responders) (Scotland) Order 2004

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested that the IJB Audit Committee to build in the review of on-going arrangements in relation to the Civil Contingencies Act (Amendment of List of Responders) (Scotland) Order 2004 into their audit cycle to ensure that these obligations are met

13. CHIEF SOCIAL WORK OFFICE ANNUAL REPORT

13.1 Mr Stuart Easingwood provided an overview of the report which pertained to 2020/21 but had been delayed in being presented to the IJB due to demands on the IJB agenda. Mr Easingwood highlighted several elements from within the report including: references throughout the report to the COVID-19 pandemic and how services were delivered; the significant impact of the pandemic on carers, households and communities across the Scottish Borders; the strength and resilience of local communities; the workforce which was a massive asset in the delivery of services to all during the pandemic; recruitment and retaining professionally qualified social work staff; and creating career pathways for existing staff to do professional training.

13.2 Mr Easingwood further commented that currently there were 5 staff who would graduate this summer to allow them to be matched into existing vacancies across the social work and social care landscape.

13.3 Cllr Elaine Thornton-Nicol offered congratulations to the people within the services covered by the report and also thanked Mr Easingwood for his work throughout the pandemic period.

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

14. STRATEGIC PLANNING GROUP MINUTES: 03.11.21

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

15. ANY OTHER BUSINESS

15.1 The Chair advised that there had been no notification of any other business.

16. DATE AND TIME OF NEXT MEETING

16.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 20 April 2022, from 10am to 12noon, via Microsoft Teams.

The meeting concluded at 11.20am.

Signature:
Chair