



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 21 September 2022** at **10am** via Microsoft Teams

Present:

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

Mr C Myers, Chief Officer
Dr K Buchan GP
Ms L Gallacher, Borders Carers Centre
Ms V McPherson, Partnership Representative NHS
Mr N Istephan, Chief Executive Eildon Housing
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Ms L Jackson, LGBTQ+
Dr L McCallum, Medical Director
Mrs J Smith, Borders Care Voice
Ms J Amaral, BAVs

In Attendance:

Miss I Bishop, Board Secretary
Mrs J Stacey, Internal Auditor
Mr R Roberts, Chief Executive, NHS Borders
Mrs H Robertson, Chief Financial Officer
Mrs J Smyth, Director of Planning & Performance
Mr A Bone, Director of Finance
Ms J Glen, Head of Operations, SBCares
Ms C Lyall, Planning & Performance Officer
Dr K Allan, Associate Director of Public Health
Mrs F Doig, Strategic Lead ADP
Mrs S Elliot, ADP
Mrs C Oliver, Head of Communications & Engagement
Ms S Flower, Chief Nurse Health & Social Care Partnership
Mrs C Wilson, General Manager P&CS
Mrs J Holland, Director of Strategic Commissioning & Partnerships
Mr A Medley, Scottish Borders Council
Mr D Knox, BBC Scotland
Mr A McGilvray, Radio Borders

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Mr David Bell, Staff Side Scottish Borders Council.

1.2 The Chair to welcomed a range of attendees to the meeting including the public and media.

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 an interest in item 5.4 on the agenda, Appendix-2022-26 Direction Update: Care Village Development – Hawick Outline Business Case Initial Assessment, as Eildon Housing owned one of the premises mentioned in the report.

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

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the Extraordinary meeting of the Health & Social Care Integration Joint Board held on 17 August 2022 were approved.

4. MATTERS ARISING

4.1 **Action 2021-6:** Mr Myers provided an update to the action and reported that the Court of Session had issued a legal challenge in regard to the closure of the Hawick Day Services during the pandemic on the premise of a lack of a legally compliant process. The Carers Workstream had undertaken a needs assessment and were meeting the following week to consider the way forward.

4.2 **Action 2022-3 PCIP:** The Chair noted that there was a substantive paper on the agenda at Item 6.1.

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

5. DIRECTION: DEVELOPING A HOSPITAL AT HOME SERVICE

5.1 Mrs Cathy Wilson provided an overview of the content of the direction.

5.2 Cllr David Parker commented that an extensive discussion had taken place at the Strategic Planning Group who were supportive of the Direction.

5.3 Dr Lynn McCallum commented that Dr Tricia Cantly had been an excellent addition to the Geriatric Team in the Borders and she had committed to 2 years with Borders before she retired. Dr McCallum advised that Dr Cantly had been brought on board specifically to look at developing a hospital at home service and had already made an impact from a clinical perspective. It was evident to Dr McCallum that the challenges in the acute sector could potentially lead to harm for patients.

- 5.4 Mrs Harriet Campbell enquired if Eildon was the right place given the challenging geography of Borders.
- 5.5 Mrs Sarah Horan expressed support for the initiative and suggested it was the way to think of transforming care in the Borders. From her perspective the success of the initiative would also have an impact on nursing, carers and unpaid carers availability to support people in their own homes.
- 5.6 Mrs Wilson commented in regard to distance Eildon had been chosen and the net cast across Lauder to Clovenfords and out to Tweedbank to ensure a good set of patients who fitted the criteria would be captured. When the initiative progressed from scoping to testing, distance would be tested.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the Scottish Borders should explore the option of developing a Hospital at Home service locally.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the further exploration of the model which included working with Healthcare Improvement Scotland – recognising their extensive experience in the field in both urban and rural areas.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed NHS Borders to scope and develop a business case on the development of a Hospital at Home (H@H) model in Scottish Borders as a transformation initiative in line with the 2022/23 IJB Commissioning Plan.

6. DIRECTION: SCOTTISH BORDERS HOMECARE REABLEMENT APPROACH

- 6.1 Mrs Julie Glen provided an overview of the content of the paper.
- 6.2 The Chair enquired of the status of a para-professional and Mrs Glen advised that it was someone who was not a fully qualified social worker.
- 6.3 Cllr David Parker commented that the Strategic Planning Group were supportive of the proposal and had suggested it had good potential in relation to integration with SBCares and Home First and better resilience outcomes for individuals.
- 6.4 Dr Lynn McCallum commented that clinically it was the right thing to do and would produce better outcomes for people. She questioned how it would be accessed and rolled out across the Borders given Home First were operating at full capacity. She also enquired if it would be a gradual process of moving from a focus of permanent care for people to reablement or a process associated with it.
- 6.5 Mrs Glen commented that the pathfinder was underway and would be scored separately to Home First. Early conversations had commenced with Mr Paul Williams in terms of potential scoping and involvement of a project team from Scottish Borders Council and NHS Borders. She further commented that currently to access SBCares reablement the approach was through START and they would refer and do an assessment and determine if there were rehab goals to go to home care. When the

system was integrated it was expected that a further scope out of the actual pathway would be required.

- 6.6 Dr McCallum enquired given the exceptional pressures in START if there were any people who were medically fit and able to go home that needed to be captured before 10 days down the line, as it took up to 10 days to allocate a social worker for the review and the deconditioning of those people was significant in that timeframe. She suggested consideration needed to be given to access and how to make it slicker for Home First and not to rely on START specifically who were overwhelmed. Mrs Glen echoed Dr McCallum comments. She suggested that the scoping exercise would assist in identifying future gaps.
- 6.7 Mr John McLaren enquired about levels of engagement on the Homecare Reablement approach. He sought assurance that appropriate engagement had taken place and would continue to take place as the proposal progressed. He further suggested that the Joint Staff Forum be engaged with on the proposal prior to its submission to the Strategic Planning Group. Mrs Glen commented that there would be challenges for the project groups and there would be HR and Trade Union representation on the groups. In terms of staff engagement that had not yet happened as the proposal at the current stage was for a pathfinder project, however she assured the Board that full engagement would take place on any proposal to be progressed from the findings of the pathfinder.
- 6.8 Mr Tris Taylor commented that he fully understood that the direction was to look at a pilot, however he was concerned at the quality of the paper given it contained some inconsistencies in regard to legislative requirements especially in regard to conducting a full impact assessment (IA). He enquired how the night service that was to be decommissioned was outwith the scope of the Reablement project. He suggested IA guidance did not appear to have been followed in the sense of providing clear evidence and the involvement of people representative of equality groups.
- 6.9 The Chair commented that a further IA would be required to be completed as part of the next stage of the pathfinder and she asked that the comments raised by Mr Taylor be taken into account when that further IA was progressed.
- 6.10 Mrs Glen commented that a pathfinder was being taken forward in Peebles to decommission the night support service and transfer the staff into the reablement service. That pathfinder was due to be evaluated at the end of September and once concluded and if evaluated positively it would then be rolled out across all of the localities and all night service staff would be realigned to the reablement service. At that stage a full IA would be produced.
- 6.11 The Chair commented that there appeared to be 2 separate issues, the completion of the IA and the decommissioning of the night service and she asked that both be addressed.
- 6.12 Mrs Lynn Gallacher suggested that both would impact on unpaid carers both positively and negatively and she asked that a carers representative be included so that the voice of carers and the impact on carers would be heard and fully understood. The

Chair asked that Mrs Cathy Wilson and Mrs Glen look at additional ways to engage with carers on the proposals.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Reablement work by NHS Borders and SBCares that was already underway and the benefits of the approach.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a further business case would be submitted for discussion following the completion of the Reablement Pathfinder, its subsequent evaluation and discussions on a future Borders wide operating model.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the progression of the scoping of one integrated SB Cares / Home First service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to a future proposal being submitted later in the year with an outline approach for an Integrated Reablement Service with SB Cares and Home First.

7. DIRECTION: REVIEW OF PALLIATIVE CARE SERVICES ACROSS THE SCOTTISH BORDERS

7.1 Mrs Suzie Flower provided an overview of the content of the paper.

7.2 Cllr David Parker commented that the Strategic Planning Group (SPG) had noted the challenges with unpaid carers support and accessing respite care. The SPG had been keen to ensure unpaid cares would be engaged with.

7.3 Dr Lynn McCallum commented that she was supportive of the direction and in terms of a clinical perspective she was aware of a rise in the number of deaths in hospital since the pandemic, who would have normally passed away at home. She suggested there was a significant issue on the ability to be able to deliver palliative and end of life care in a variety of settings across the Borders and it was imperative that it was looked at through an external lense instead of internally.

7.4 Mrs Harriet Campbell commented that she was supportive of the direction, but questioned where the funding would be taken from to commission the review. The Chair suggested it was a matter for the Chief Financial Officer to address.

7.5 Mrs Hazel Robertson commented that she would be expected to find the resource if the direction was approved.

7.6 Mrs Sarah Horan commented that she was supportive of the direction and reminded the Board that there was an 8 bedded palliative care unit attached to the Borders General Hospital. She further commented that a significant amount of people required specialist palliative care and that it should be provided with equity across the Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction and the commission of an external review.

8. **DIRECTION UPDATE: CARE VILLAGE DEVELOPMENT – HAWICK OUTLINE BUSINESS CASE INITIAL ASSESSMENT**

- 8.1 Mr Nile Istephan withdrew from the discussion as per his declaration of interest.
- 8.2 Mrs Jen Holland provided an overview of the content of the paper.
- 8.3 Cllr David Parker commented that the Strategic Planning Group were supportive of the direction of travel and had noted the approach being taken and welcomed the further engagement to be progressed in Hawick.
- 8.4 Mr Tris Taylor commented that he was concerned that there did not appear to be any endorsement from the involvement work from service users and communities for the Care Village model. Mrs Holland commented that the initial assessment was in regard to the Outline Business Case (OBS) and fuller engagement would be taken forward in 2023.
- 8.5 Mr Taylor challenged that the paper read as though communities had been approached and had fed back that there could be a better way to deliver the outcomes desired but that had not been reflected in the paper.
- 8.6 Mr Chris Myers commented that it was important to provide context and when undertaking the consultation the concerns from the community had been essentially was it enough or was there a need for more care or different care to be provided. It had been focused on the scale of the work required and in regard to the £8m development there were concerns in terms of capacity and funding. An OBC would now need to be developed to define the care village based on demand and what communities saying. The OBC would provide further information and it will ensure what was being scoped would meet the needs of the Hawick for the next 10-20 years.
- 8.7 Mr John McLaren challenged the recommendation to endorse the OBC and suggested the Board should be noting the OBC. The Chair clarified that the Board were being asked to endorse the options in the initial assessment and the engagement and evaluation of those options had not yet taken place.
- 8.8 Mr Ralph Roberts commented that it would be helpful if there was a collective commitment to progress the development at a model level so that as similar projects were progressed in other localities they could be done in a more joined up way.
- 8.9 Cllr Tom Weatherston commented that his feedback form the public in Hawick was that they wanted the care village and were frustrated that it was taking so long to progress.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** endorsed the Outline Business Case (OBC) Initial Assessment set out in Appendix 1.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** noted the current options set out in the OBC Initial Assessment that would be taken forward and appraised within the development of the final OBC for Hawick Care Village provision.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** noted that the final OBC would be submitted to the Integration Joint Board in early 2023.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** noted the findings of the NDTi engagement activity on future care provision in Hawick, as set out in the report at Appendix 2

9. DIRECTION: PRIMARY CARE IMPROVEMENT PLAN

- 9.1 Mrs Hazel Robertson provided an overview of the content of the paper and highlighted several key elements including: the current stage in the process had not gone through due process; the allocation letter lacked clarity on funding for the PCIP; discussions had taken place with the Scottish Government; significant gap in funding and aspirations of the PCIP; implementation of all workstreams and significant risks; the PCIP Executive Group would review the whole programme and reprioritise accordingly, which might mean pulling back from some aspects of the programme; and the guidance on commissioning that had been received in November last year.
- 9.2 Dr Kevin Buchan commented that the PCIP had worked hard on the GMS contract locally and were concerned about how they could move forward with a process that had failed through every step. Whilst good progress had been made locally there was significant failure across the patch. It was likely that there would be design issues for Boards and the likelihood of fines which he commented was a waste of money. There had been a significant amount of disappointment and the Scottish Government were clear in where they were going with the GMS contract. Dr Buchan advised that locally delivery of the contract was in doubt with significant issues around it nationally, especially in regard to terms and conditions. He commented that the Executive Group would maximise what it could and there would need to be a significant review of what was successful and what was not and changes would have to be made to certain areas to enable a focus on what would be helpful for GPs and patients.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the tightening position regarding PCIP funding

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the PCIP direction which entailed reprioritisation of spend patterns.

10. ALCOHOL AND DRUGS PARTNERSHIP (ADP) SELF-ASSESSMENT

- 10.1 Mrs Fiona Doig provided an overview of the content of the report and highlighted the increased scrutiny of ADP performance. She advised that the self assessment was part of the assurance to the Scottish Government on how the ADP performed at a local level, which was good.
- 10.2 Mr Chris Myers commented that discussions had taken place on the linkages between the ADP and the IJB and work was being progressed to ensure there was a governance route for the ADP moving forward. He suggested a paper would be brought to the January 2023 meeting.

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

11. APPOINTMENT OF SELECTION COMMITTEE FOR EXTERNAL MEMBER IJB AUDIT COMMITTEE

- 11.1 Mrs Jill Stacey provided an overview of the content of the paper.
- 11.2 Cllr Tom Weatherston, as Chair of the Audit Committee commented that in his opinion an external lay member of the Committee was vital and it was important to ensure they had the right skill set.
- 11.3 Mrs Karen Hamilton enquired about the level of costs given the role was unremunerated. Mrs Stacey advised that the appointee would be reimbursed for out of pocket expenses such as travel and care costs, as had been the case with previous appointments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** appointed a Selection Committee, comprising the Chair of the IJB Audit Committee and two of its Members, excluding the IJB Chair, for the purpose of interviewing, selecting and appointing a person as External Member of the IJB Audit Committee.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the same recruitment advertising process would be utilised as that used by Scottish Borders Council for the External Members of its Audit and Scrutiny Committee.

12. IJB MEETING DATES AND BUSINESS CYCLE 2023

- 12.1 Miss Iris Bishop provided a brief overview of the content of the report and highlighted the proposal of 6 Integration Joint Board (IJB) meetings with 6 Strategic Planning Group (SPG) meetings given the SPG was the enabler of business for the IJB. There would also be 2 IJB Development sessions and 4 IJB Audit Committee meetings. The business plan remained a live document and would be populated further as timelines were formed for business to come to the SPG and agree the formation of directions for the IJB to consider.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the business plan and meeting cycle for 2023.

13. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET

- 13.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted the forecast of £12.39m for the partnership; review of savings and recovery plans; review of the reserves position; and the set aside budget continued to be under significant pressure.
- 13.2 Mrs Robertson further advised that she had completed the Quarter 1 return for the Scottish Government and all of the Integration Joint Board (IJB) reports were collated and made publicly available. She suggested she amend the report in future to ensure the IJB was fully aware of all relevant documentation in the public domain. She further

advised that as the report was the first finance report the next report would contain more projections.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£2.390m) for the H&SCP for the year to 31 March 2023 based on available information

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that whilst the forecast position included costs relating to mobilising and remobilising in respect of Covid-19, and also assumed that all such costs would again be funded by the Scottish Government.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a recovery plan was to be developed and that any expenditure in excess of delegated budgets in 2022/23 would require to be funded by additional contributions from the partners in line with the Scheme of Integration.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that set aside budgets continued to be under significant pressure as a result of activity levels, flow and delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the importance of ensuring that the strategic commissioning and planning process currently in progress was used to identify options for change which could improve the long term financial sustainability of the partnership whilst at the same time addressing need.

14. QUARTERLY PERFORMANCE REPORT

14.1 Mr Chris Myers provided a brief overview of the content the report and highlighted that the report should be looked at through the lense of what the Integration Joint Board (IJB) could do as the commissioner of services. He advised that the current level of system risk and pressures were significant and impacted on access to services across both community hospitals and the acute hospital and the associated outcomes were contained within the data for: social work assessments; unmet care hours; unpaid carers hours; and occupancy and discharge rates. He commented that performance was required to improve and a lot of the challenges were in regard to significant workforce pressures across the whole health and social care system. The commissioning and delivery plan contained a number of actions to improve the situation and the impact of those initiatives would take time to come to fruition.

14.2 Mr Myers advised on the level of risk and the significant amount of work that was on-going through joint working to look at the whole system and what could be done.

14.3 Mr Ralph Roberts commented that in regard to service pressures they needed to be looked at over a number of different timescales, such as the immediate, medium and longer term simultaneously. He emphasised the level of concern in the system with the current level of operational challenges, elective delays, people being carried for in the wrong place and the harm that was potentially being caused to individuals. He advised that the winter period would be extremely challenging unless efforts were made across the whole system by all parties to address their various elements of responsibility and

he urged the IJB to ensure they were doing everything possible within their area of responsibility.

- 14.4 Ms Lynn Gallacher commented that unpaid carers were often the point that picked up the unmet provision and they were at breaking point. She advised that she would be keen to be involved in any planning for the winter period as she had major concerns about the resilience and wellbeing of unpaid carers to get through the winter period.

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.

15. STRATEGIC PLANNING GROUP MINUTES: 04.05.22

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

16. ANY OTHER BUSINESS

- 16.1 There had been no notification of any further business.

17. DATE AND TIME OF NEXT MEETING

- 17.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 16 November 2022, from 10am to 12noon in person.