



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

Present:

(v) Cllr T Weatherston	(v) Mrs L O'Leary, Non Executive (Chair)
(v) Cllr R Tatler	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive
(V) Cllr D Parker	(v) Mrs F Sandford, Non Executive

Mrs H Robertson, Chief Financial Officer
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Mrs J Smith, Borders Care Voice
Mrs L Gallacher, Borders Carers Centre
Mr S Easingwood, Chief Social Work Officer
Mr D Bell, Staff Side, SBC
Ms G Russell, Partnership, NHS Borders
Ms L Jackson, LGBTQ+
Mr N Istephan, Chief Executive Eildon Housing
Mrs J Amaral, BAVs
Dr R Manson GP

In Attendance:

Miss I Bishop, Board Secretary
Mrs J Stacey, Chief Internal Auditor
Mr R Roberts, Chief Executive, NHS Borders
Mr D Robertson, Acting Chief Executive, SBC
Mrs J Holland, Director of Strategic Commissioning & Partnerships
Dr S Bhatti, Director of Public Health
Mrs J Smyth, Director of Planning & Performance, NHS Borders
Mrs L Jones, Director of Quality & Improvement, NHS Borders
Mr P Williams, Associate Director AHPs, NHS Borders
Mrs C Oliver, Head of Communications & Engagement, NHS Borders
Mrs F Doig, Strategic Lead ADP, NHS Borders
Mrs S Elliott, ADP Co-ordinator, NHS Borders

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Jane Cox, Elected Member, Mr John McLaren, Non Executive, Mr Chris Myers, Chief Officer Health & Social Care, Dr Lynn McCallum, Medical Director, Dr Rachel Mollart GP and Mr Andrew Bone, Director of Finance, NHS Borders.
- 1.2 The Chair welcomed Dr Robert Mason GP who deputised for Dr Mollart and Mrs Fiona Doig who would present item 6.5 on the agenda.
- 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.

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

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of meeting of the Health & Social Care Integration Joint Board held on 16 November 2022 were approved.

3.2 The minutes of the Extraordinary meeting of the Health & Social Care Integration Joint Board held on 30 November 2022 were approved.

4. MATTERS ARISING

4.1 **EO Minutes 30.11.22: Minute 4.4:** Mr Tris Taylor asked that a breakdown of the the Carers Act Funding be provided showing how it was being spent and how that compared to what it was intended for. He asked that the matter be included on the Action Tracker.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to include a request for a breakdown of Carers Act Funding on the Action Tracker.

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

5. IJB AUDIT COMMITTEE ANNUAL REPORT 2021/22

5.1 Mrs Karen Hamilton provided a brief overview of the content of the report. She highlighted: the self assessment and knowledge and skills framework; and synergy of Chairs of the Audit Committees of the partners to meet to ensure all are working effectively.

5.2 Mrs Jill Stacey spoke to the questions posed by Mr Tris Taylor ahead of the meeting and explained that she has sent a full response to Mr Taylor but highlighted the answers she had provided to the Board which were: the guidance in regard to the nature and scope of the annual report was as described at point 1.2 in the cover paper; exceptional items referred to the IJB included the Audit Committee Annual Report, External Audit Annual Report and unaudited Annual Accounts; in accordance with governance arrangements the approval of the annual accounts was given by the IJB therefore the audit committee was able to recommend their approval to the IJB although the Audit Committee had not been quorate; in terms of skills and knowledge the framework provided in CIPFA guidance had been utilised; due to personal circumstances the lay member of the Audit Committee had been unable to be part of the committee's self assessment process; and in terms of good practice principles a copy of the self assessment checklist and effectiveness toolkit considered by the Audit Committee in December 2021 were forwarded to Mr Taylor.

5.3 Mr Taylor thanked Mrs Stacey for her clarification of the issues he had raised and commented that he had been keen to dig into the detail to understand more about how risk was managed and performance was audited and scrutinised in the context that the IJB had some issues around the judicial review and in the context of

continued financial overspend and the role of the IJB in bringing that back into balance. He suggested the narrative around exceptional matters being referred to the IJB was rather ambiguous. In terms of the lay member attendance he commented that a self assessment without their input seemed to be risking the balance that was to be achieved by having a lay member on the committee and in regard to skills and knowledge he was pleased to see that it would be referenced in future reports.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the IJB Audit Committee Annual Report 2021/22 (Appendix 1) which sets out the performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose and the assurances therein.

6. RESERVES POLICY

- 6.1 Mrs Hazel Robertson provided an overview of the content of the policy and highlighted that the current level of reserve was in the region of £10m. the policy had been considered by the Audit Committee in detail earlier in the week and was recommended by that Committee for approval by the IJB. She further commented that in approving the policy it would provide the IJB with some additional flexibility around how it identified reserves and held them in the IJB accounts. In regard to the current reserve it was entirely comprised of ear marked funds from allocations from NHS Scotland and the policy would allow the IJB to set aside up to £8m of ear marked reserves from other sources.
- 6.2 Mrs Fiona Sandford enquired why such high levels of reserves were held. Mrs Robertson advised that the primary reason for the reserves was the late notification of allocations in the last financial year from the Scottish Government in regard to COVID-19 and the reserve was drawn down against for in year costs related to COVID-19. There would still be an in year balance to be carried forward in regard to COVID-19 funding unless the Scottish Government sought its return. The remaining amounts were much smaller and related to other programmes of work.
- 6.3 Mrs Robertson advised that she intended amending the financial reports format to provide the IJB with more clarity and visibility of what was in the reserves account.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised Reserves Policy.

7. SCOTTISH GOVERNMENT MULTI-DISCIPLINARY TEAM FUNDING

- 7.1 Mrs Hazel Robertson provided an overview of the content of the report. She explained that the allocation had been taken to the Urgent and Unscheduled Care Programme Board (UUCPB) for consideration and 2 projects had been identified, the community equipment store (CES) and the rapid assessment and discharge (RAD) service. There were potential projects identified for the remaining £205k for consideration by the UUCPB.
- 7.2 Mrs Fiona Sandford enquired if there would be difficulties in recruiting to the RAD service. Mr Paul Williams commented that in regard to the RAD workforce the majority of staff were on fixed term contracts and the investment into the service would enable permanent contracts to be issued and would also provide for stability

and consistency within the service. He did not have concerns in regard to recruitment to that service.

- 7.3 Mr Nile Istephan enquired if minor adaptations would be part of the CES service. Mr Williams commented that the CES utilised an MDT approach to assess what people needed to return home or remain in their home and that could be minor adaptations or significant pieces of equipment.
- 7.4 Mr Tris Taylor commented that the funding was specifically about funding posts and enquired if the funding of the CES was an appropriate use of funds. Mr Williams commented that whilst the equipment in the CES sat in one place it was accessed through an MDT approach with the end goal of benefits to the entire team by the improvement in the independence or ability that people had to stay in their own homes and increasing the capacity of the MDT.
- 7.5 The Chair commented that the UUCPB had not included wider stakeholders such as GPs and carers, in its membership and she enquired how they would be involved in looking at the remainder of the funding. Mrs Robertson confirmed that Mr Chris Myers was in dialogue with the GP executive in regard to GP involvement in the UUCPB and he would also be picking up the inclusion of carers.
- 7.6 Mr David Robertson supported the recommendations to fund the CES and RAD service and spoke of their effect on the whole system in addressing: prevention to admission; ensuring people could stay in or return to their own homes or the community; support to reduce delayed discharges; and supporting the flow of patients through the whole system.
- 7.7 Mr Taylor commented that he was keen to understand how the funding would be spent to build capacity for the third sector and also suggested an inclusion in the performance report to indicate performance against the 3 metrics.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the new recurrent funding allocation, its scope and desired impacts.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the process undertaken to rapidly review potential initiatives.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the limitations outlined to the process within the paper.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed in principle to the earmarking of £312k recurrent funding from the allocation for the Community Equipment Store (£159k), and the Rapid Assessment and Discharge Service (£153k), pending further review by the Integration Joint Board's Strategic Planning Group. The Strategic Planning Group would also review associated directions.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the approach of prioritising the £205k remaining MDT funding following further engagement at the Urgent and Unscheduled Care Programme Board with key stakeholders including GPs and carers.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** asked that Mr Chris Myers clarify that GPs and carers had been granted membership of the UUCPB.

8. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET

- 8.1 Mrs Hazel Robertson provided an overview of the content of the report and advised that there was a projected outturn adverse variant of £6.7m which was a slight improvement compared to the same period the previous year. She commented that there had been little progress on savings targets in the partnership and the forecast position included projections for COVID-19. Any remaining unspent COVID-19 funding would be carried forward in the reserves with the caveat that the Scottish Government might ask for its return. In practice if at the end of the year the partnership was in an overspent situation then additional contributions would be sought from the partner bodies in line with the Scheme of Integration.
- 8.2 Mrs Robertson further advised that the set aside budgets remained under pressure and the annual audit from 2021/22 had highlighted that the partnership were not complying with the guidance on how to deal with set aside budgets. Discussions were being held with NHS Borders on how to implement that guidance more fully.
- 8.3 In regard to the financial position Mrs Robertson advised that she would be using a programme budgeting marginal analysis methodology in the future to look at individual pieces of investment and make comparisons to identify those that would provide the most benefit to the partnership in terms of the strategic planning approach.
- 8.4 The Chair enquired about a timescale for the new approach to be taken and Mrs Robertson commented that it would be taken forward as part of the strategic commissioning planning process to cover that 3 year period.
- 8.5 Mr Tris Taylor welcomed the refresh of the report that would make it more meaningful and engaging and he welcomed a more explicit visibility of carers act funds and also enquired if the risk was recorded that the partners might expect repayment of any additional monies they might have to provide to the IJB. Mrs Robertson advised that the Scheme of Integration was clear that any additional monies provide by the partner bodies could be subject to payback and that was a risk that was carried until such point as the partnership operated within its funding limits.
- 8.6 In regard to the carers funds, Mrs Robertson advised that she was pulling together a presentation for the next Carers Group meeting to show how the Carers Act funding had been utilised over the past number of years and she would subsequently share that with the IJB for information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£6.740m) for the H&SCP delegated services for the year to 31 March 2023 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the forecast position includes costs relating to mobilising and remobilising in respect of Covid-19, and assumes that all such costs will be funded via Scottish Government monies held in the earmarked reserve.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a recovery plan is in development and that any expenditure in excess of delegated budgets in 2022/23 will require to be funded by additional contributions from the partners in line with the Scheme of Integration. Previously, additional contributions have not been repayable.

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

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

9. QUARTERLY PERFORMANCE REPORT

- 9.1 Mrs Hazel Robertson highlighted the hospital activity data within the report.
- 9.2 Dr Sohail Bhatti reflected that whilst the report produced overarching data for comparisons across Scotland, there may be benefit in looking into health inequalities and gender through that same lens going forward.
- 9.3 Mrs Fiona Sandford commented that the fact that really good data was available was very encouraging and she enquired about a narrative around the deteriorating position of occupied bed days. The Chair advised that Mr Chris Myers was keen to develop the report further and was currently undertaking a piece of work in regard to length of stay and occupied bed days before they become delayed discharge figures.
- 9.4 Mr Ralph Roberts welcomed the report and commented that emergency admissions to hospital were not at the pre COVID-19 levels however it was clear that length of stay in hospital had increased. Even though more input had been put into social care hours the number of delayed discharges had increased, so there was something within the whole system that had to be multi factorial that was failing. He urged using the data to address the drivers of the pressure that was being seen across the whole partnership.
- 9.5 Dr Robert Manson welcomed the data within the report and commented that in primary care demands and expectations were far exceeding those experienced pre COVID-19. With a 24 hour society where people could order and have deliveries made the following day he surmised the general public were of the expectation that health services operated within the same time sphere. Primary care were the front door for all health services and had reached saturation point which meant people would circumvent NHS24 or GPs and go directly to A&E adding pressure on the hospital system. He emphasised the issues leading to delayed discharges and the knock on effects of patient deterioration and added stress on carers and unpaid carers.
- 9.6 Mr Tris Taylor commented in terms of carers indicators the latest data showed the highest number of completed carers support plans and he enquired if there were numbers for unmet need. He enquired if there was data available to show if the

position as improving or worsening and he sought clarification that the legend on the Y axis was correct for all of the charts and he noticed that there was little shift in terms of how people felt about finance and benefits in regard to carers support plans.

- 9.7 Mrs Lynn Gallacher advised that in regard to carers support plans the data reported was captured through the carers census. There was however further data available that could be included in the report. In terms of waiting lists for carers support plans there was no waiting list as all requests were met quickly with a liaison officer allocated to all referrals on receipt and resources were currently stretched to the limit to cope with the increased demand.

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

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.

10. DRAFT STRATEGIC PLAN PROGRESS UPDATE

- 10.1 Mrs Hazel Robertson updated the Board in regard to the work underway on the strategic commissioning framework and highlighted engagement with the public, staff and other stakeholders and the identification of 6 overarching strategic priorities. The suite of documents would be presented to the Strategic Planning Group before being shared with the IJB by the end of March 2023. In discussions with both SBC and NHS Borders it had been agreed that the plan would be used as a single plan by all those services affected.

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

11. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

- 11.1 Mr Stuart Easingwood provided an overview of the content of the report and highlighted the various elements of the report that related to service quality and performance. He advised that the format of the report was dictated by the Scottish Government and that it was a reduced report compared to that produced pre COVID-19 under the original 2017 regulations, which had been revised.
- 11.2 Dr Sohail Bhatti suggested the report should bear the name of the author and Mr Easingwood agreed to take that suggestion forward for the future.
- 11.3 Cllr Tom Weatherston recorded his thanks to Mr Easingwood and his Team for the great work that they undertook and the Chair echoed those comments.
- 11.4 Mrs Laura Jones suggested the data for referrals to social work teams should be included in the IJB performance report.
- 11.5 Dr Robert Manson commented that as a GP and on behalf of the GP community who worked closely with the social work team, he wished to acknowledge and thank the team for all of their efforts in dealing with many difficult situations and the

positive impact they had on people. He noted that the waiting list figures to the end of March 2022 were 405 and he enquired of the current waiting list figure. Mr Easingwood advised that he would draw down the data and share that with the IJB. He also commented that Mr Chris Myers was pursuing a dashboard to show data for the hospital and community.

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

12. BORDERS ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT 2021-22

- 12.1 Mrs Fiona Doig provided an overview of the content of the report and highlighted the positive performance of services during the period 2021/22 for the first 5 standards and that the next 5 standards were expected to be in place by the end of the 2022/23 reporting year. There had been challenges during the year in terms of funding however all waiting times targets had been maintained.

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

13. STRATEGIC PLANNING GROUP MINUTES: 01.11.22

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

14. ANY OTHER BUSINESS

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

15. DATE AND TIME OF NEXT MEETING

- 15.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 18 January 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.