



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 1 February 2023** at **2pm** 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) Mrs F Sandford, Non Executive

Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Mrs J Smith, Borders Care Voice
Mrs L Gallacher, Borders Carers Centre
Mr D Bell, Staff Side, SBC
Mr N Istephan, Chief Executive Eildon Housing
Dr R Mollart GP
Dr L McCallum, Medical Director

In Attendance:

Miss I Bishop, Board Secretary
Mrs J Stacey, Chief Internal Auditor
Mrs J Holland, Director of Strategic Commissioning & Partnerships
Dr S Bhatti, Director of Public Health
Mrs L Jones, Director of Quality & Improvement, NHS Borders
Mrs S Bell, Communications Officer, SBC
Mrs S Flower, Chief Nurse Health & Social Care Partnership
Mrs H Jacks, Planning & Performance Officer, NHS Borders
Mr P Kelly, Local Democracy Reporter
Mr A McGilvray, Southern Reporter

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr D Parker, Elected Member, Cllr N Richards, Elected Member, Mrs S Horan, Director of Nursing, Midwifery & AHPs, Ms L Jackson, LGBTQ+, Ms J Amaral, BAVs, Mr S Easingwood, Chief Social Work Officer, Mr D Robertson, Acting Chief Executive, SBC, Mr R Roberts, Chief Executive, NHS Borders, Mr A Bone, Director of Finance, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mr B Davies, Chief Officer – Strategic Commissioning & Performance, SBC.
- 1.2 The Chair welcomed Cllr Neil Richards to the meeting who had been nominated by Scottish Borders Council to replace Cllr Jane Cox as a member of the Integration Joint Board.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the change in voting membership.

- 1.3 The Chair welcomed a range of attendees and members of the public and press to the meeting.
- 1.4 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 agenda item 5.1 given Eildon Housing had an interest in the Care Village development.
- 2.3 Mr Chris Myers declared an interest in agenda item 5.1 given he was the project sponsor for the Care Village programme.

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

3. MINUTES OF THE PREVIOUS MEETING

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 21 December 2022 were approved.

4. MATTERS ARISING

- 4.1 **Action 2022-4:** Mrs Hazel Robertson advised that the matter was being discussed at the Carers Workstream and an update would be provided for the next meeting.
- 4.2 **Action 2022-5:** Mr Chris Myers confirmed that GPs and the Carers Centre had been approached in regard to membership of the UUCPB.

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

5. DIRECTION: CARE VILLAGE DEVELOPMENT – HAWICK OUTLINE BUSINESS CASE

- 5.1 Mrs Jen Holland provided a presentation to the Board which covered several areas including: financial appraisal; bed analysis; equalities impact assessment; non-financial appraisal; revenue implications; and Scottish Borders Council recommendations. She emphasised that the role of the IJB was to commission the service provision of health and social care and the business case was the work to support that provision of service and the Direction asked that SBC proceed with that work to the next stage in the process.

- 5.2 In regard to revenue expenditure Mrs Holland advised that it was part of the discussion around the model of care to happen in and around the Hawick care village. She was keen that the IJB understood that it was being asked to note the business case for capital and issue a direction to SBC to proceed with work on the service model.
- 5.3 Dr Sohail Bhatti sought clarity on the capital allocation given Housing Associations had access to private sector funds. Mrs Holland advised that the care village would be funded by the capital from Scottish Borders Council allocation of capital build and in terms of the care village it was more complex. Mr Nile Istephan commented that the care village would be made up entirely of different elements and parts would be funded through SBC resources and extra care housing co-located to the site and owned and managed by Eildon Housing. He advised that Eildon Housing would have access to housing grants from the Scottish Government as well as other commercial borrowing and the Scottish Government capital investment would enable the extra care element of the care village proposals.
- 5.4 Dr Lynn McCallum commented that those who would live in the facility were likely to be highly co-morbid, potentially frail and have significant health requirements and she was reflective of the impact that would have on community services in relation to the build. She was pleased to hear that there would be further consultation and enquired of the consultation with the local GPs to date. Mrs Holland confirmed that local GPs had been consulted with and in moving forward with the development further consultation would be required.
- 5.5 Dr Rachel Mollart commented that it was well recognised in primary care services that care facilities contained high acuity patients and Hawick already had a high number of high acuity beds and were overly care home bedded compared to other GP Practice areas. She suggested further consultation take place via the GP Sub Committee where a representation of GPs from across the Borders was present and could give a more rounded generalised view of what GPs concerns would be.
- 5.6 The Chair enquired about the practicalities of working on the health and social care service model for the whole development. Mr Chris Myers commented that the care village needed to meet the needs of everybody involved and then the associated service delivery models around it and in meeting that need there would be a requirement for more workforce from primary care and community health.
- 5.7 Mr Tris Taylor commented that he had a number of concerns and from an IJB perspective suggested the Board should take actual assurance on evidence to meet the standards necessary and cited the judicial review into Teviot Day Services as an example. He enquired if there was an alternative to the care village model? He enquired if the NDTI consultation was about the replacement of Deanfield or on a model of care as a whole and he further enquired about a breakdown of the 113 people who had responded. He suggested the scoring matrix user criteria was on the delivery of services from a single site but could not be read across to the NDTI report as it referred to delivery from multiple sites. From a commissioning point of view he suggested it was difficult to take actions on revenue without understanding the full provision of care village funding.

- 5.8 The Chair suggested the Impact Assessment should have a version control and contain numbered pages and there was a non-sequitur between pages 2-3 that might miss out evidence of engagement events.
- 5.9 Mrs Lynn Gallacher enquired why there wasn't a projection for respite beds given there were none at all in the Borders and there should be data around the number of people waiting for respite beds.
- 5.10 Mr Myers commented that in regard to the Impact Assessment (IA) work was taking place to clarify the numbers of people engaged with and not just the numbers of people per group. Stage 2 of the IA was a live document and was being continually updated and would inform the development of the full business case. Stage 3 would involve the completion of the IA and the full business case.
- 5.11 Mr Myers detailed the consultation process that had been undertaken and the holistic sense of different health and care services across Hawick such as extra care housing, sheltered housing, retirement housing, 24 hour residential care, care services and access to services linked to the wider community and the outcome of a care village being more appealing to people than a replacement for Deanfield. In terms of respite he agreed that it was a critical provision required across the Borders and suggested respite bed modelling would be included in the full business case.
- 5.12 The Chair suggested there should be 2 directions from the IJB. The first one would be the business case for capital for SBC to work on. The second one would be to request a business case for the delivery of what the IJB would commission in the care village and that should be directed to both NHS Borders and SBC.
- 5.13 Mr Taylor enquired how much of the money was within the gift of the IJB to commission and he queried the quality value of each bed and suggested the funding might be better spent on preventative services. He suggested through the engagement process the question of how best to spend £4.7m should have been asked and had not been asked.
- 5.14 Cllr Elaine Thornton-Nicol suggested the IJB note the outline business case which was solely on capital expenditure and solely in the gift of SBC and then consider issuing a direction to SBC to consider the development of a service model and the revenue implications associated with it and to formulate a full business case for Hawick and Tweedbank.
- 5.15 Mr Myers advised of the engagement sessions he had attended in Hawick and the provision of need in that area. He commented that the direction reflected the next step in the process to develop a realistic service model.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Outline Business Case (Appendix 1) and the preferred option of the Scottish Borders Council for a new build in partnership with Eildon Housing Association on their Stirches site.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked that a revised direction be brought to the next meeting to clearly direct both Scottish Borders Council and NHS Borders to work up a service model business case for the Care Villages.

6. WINTER SYSTEM PRESSURES UPDATE

- 6.1 The winter system pressures update was provided to the Board as the Board had oversight of all delegated services, and it was important that Board members were aware of the recent pressures across health and social care, and that they were considered in terms of: the impact on our communities and health and wellbeing outcomes; the impact on the levels of risk and the strategic risk register; and the impacts in terms of the annual plan for 2023-24 in line with the new Strategic Framework.
- 6.2 Dr Rachel Mollart provided an insight into a typical working day of a GP and then provided some observations on the update.
- 6.3 Mrs Fiona Sandford commented that whilst she recognised the difficulties in supporting GPs with their clinical workload she was keen to explore what could be done to support GPs with the admin tasks they were required to undertake.
- 6.4 Mrs Karen Hamilton highlighted the need for hard data from primary care to be able to formulate some lobbying of the Scottish Government.
- 6.5 Dr Mollart commented that the new GMS contract was trying to release some of the administration pressures on GPs but that was not materialising given the Scottish Government had pulled the funding of the contract. She advised that data was collected nationally and the reports released were very high level with the lowest aggregate being at Health Board level and not at GP Practice level. She advised that the GP community had undertaken adhoc surveys which showed that pressures continued to be on the increase.
- 6.6 Mrs Susie Flower commented that it was a similar position in community services particularly within District Nursing due to vacancies and sickness absence with some locality areas moving to the provision of priority care for patients only. She advised that there continued to be an increased need for diabetic patients and the data showed an increase in contacts with patients to District Nursing of 340-370 with no additional workforce provision. Treatment rooms were closed and evening services were stretched leading to impacts on other services.
- 6.7 Mrs Jen Holland commented that social care was under constant day to day pressure with vacancies and staff undertaking back to back shifts to keep services operating. There was a significant loss of staff due to people retiring and people leaving for jobs in other sectors as care sector wages were equal to the living wage. A number of beds had been closed for a significant period of time due to an inability to maintain staffing levels to keep the beds open as well as compliance with Care Inspectorate regulations.

A RAG status had been introduced within home care with care being provided to those deemed as Red. Some 60% of the provision of home care was through external providers but that had reduced to 40%. There was a focus on moving people on from hospital and some were waiting in the community for care home places or care at home and there needs were not being met. She drew the attention of the Board to the build up of pressures across all interfaces across the whole system.

- 6.8 Mrs Lynn Gallacher commented that there was also an impact from the winter pressures on the third sector. There was an unprecedented volume of referrals and staff were working above and beyond their normal working hours to support families and unpaid carers. Relationships for carers were breaking down and the main issue was resource in terms of care and it was interesting that it was across the whole system and heavily impacted on unpaid carers.
- 6.9 Dr Mollart commented that unpaid carers did a remarkable job and were frustrated that they could not help out when family members could be cared for at home from a medical point of view.
- 6.10 Dr Lynn McCallum commented that from a secondary care perspective, it remained under immense pressure and it was challenging to support the elective care programme. She spoke of the work of the Kaizen programme and the progress that it had made and the difficulties in sustaining that given the increased winter pressures across the whole system of secondary care, primary care and social care. She advised that secondary care was seeing a significant decline in peoples functions which were leading to a need for higher levels of social care. Work was underway on clinical decision making and a real focus was on values based medicine.
- 6.11 The Chair commented that she recognised the ability to progress things was constricted at present, but she urged the Board to appreciate that it had been given an opportunity to hear honestly from a number of key sectors and as a single audience that had responsibility to look across the whole system, on behalf of the Board, she recorded the Boards' appreciation for what was happening and what people and their teams were delivering on the ground to support patients and the local population with their health and care needs.

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

7. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET (QUARTER 3 REPORT)

- 7.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted that the forecast position remained in line with the previous report with the financial position not deteriorating significantly but being reflective of some of the long standing financial variances.
- 7.2 The Chair enquired about the Learning Disability overspend due to the high cost case and enquired about the actual cost as it appeared to be merged with other costs. Mrs

Robertson advised that it was a 7 figure sum and related to more than one high cost case.

- 7.3 Cllr Elaine Thornton-Nicol enquired if the narrative could be reworded to be clear it was more than one high cost case. In regard to the summary she noted that the older peoples services budget appeared to be incorrect. Mrs Robertson agreed that it appeared to be incorrect and advised she would review the figures and get back to Cllr Thornton-Nicol outwith the meeting.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£6.250m) for the H&SCP delegated services for the year to 31 March 2023 based on available information, broadly consistent from the period 6 reported estimate at (£6.740m).

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the forecast position includes costs relating to mobilising and remobilising in respect of Covid-19. Government have clawed back funding from period onwards and will do a reconciliation in April 2023. The reserve is therefore considered fully utilised.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted 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 **SCOTTISH BORDERS 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 **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the best value for every pound approach has been launched with a number of service areas taking in part in tests of change.

8. FINANCIAL OUTLOOK UPDATE

- 8.1 Mrs Hazel Robertson explained that she was revising the process to make finance more accessible to people to be able to make decisions. There were a number of areas in the financial arrangements that would be revised in regard to the way financial information was managed and presented to various forums in order to drive best practice in regard to regulations, accountability and visibility. She further spoke of the set aside budget process; the “every pound spent wisely” programme; implementing the financial plan and what that meant for services; COVID reserves and reconciliation at the year end; spend plans and outcomes; participatory budgeting; and the concept of generic services.

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

9. DRAFT STRATEGIC FRAMEWORK

- 9.1 Mr Chris Myers gave an overview of the content of the draft strategic framework and explained that he had discussed it with both management teams in Scottish Borders Council and NHS Borders with the intention that all 3 organisations would adopt it as part of the direction of travel towards a single health and social care strategic framework. He was also keen to share it with planning partners and other partners in terms of care providers and the wider third sector to get everyone working towards the same outcomes. He advised that more accessible versions would be produced to accompany the final framework and in the meantime he was working with communities to seek their views ahead of the final version being produced.
- 9.2 Dr Sohail Bhatti suggested there should be more emphasis on health inequality measures.

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents and progress with the Strategic Framework

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that discussions have occurred with the Scottish Borders Council and NHS Borders Management Teams on its potential adoption for Health and Social Care Services

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the intention is to also have similar discussions with our wider Community Planning Partners

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a final version of the Strategic Framework will be brought back to the Integration Joint Board for consideration by the end of the financial year

10. UPDATE ON NATIONAL CARE SERVICE CORRESPONDENCE

- 10.1 The Chair advised that following the application by the IJB, NHS Borders and Scottish Borders Council to be a pilot for the National Care Service a response had been received.
- 10.2 Mr Chris Myers commented that a discussion had taken place with Scottish Government colleagues earlier in the week on the possibility of being a pilot. The discussion had focused on rurality and a recognition that half the local population lived in rural areas; age profiles and demographics; being the 6th largest health and social care partnership in Scotland; the strategic framework being based on community need; public engagement and developing locality working groups to pick up participatory budgeting; participatory budgeting coproduction with unpaid carers; and relationships with the community planning partnership, third sector, primary care services, NHS Borders and Scottish Borders Council all working closely together. During discussions Mr Myers had enquired about special terms and conditions for a pathfinder and the further work to be done to see what a pathfinder would involve and

Scottish Government had been keen to ensure the partnership could demonstrate a seamless provision and a commitment to that.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the letter and the response

11. DIRECTIONS TRACKER

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the overview of outstanding trackers, which were reviewed by the IJB Audit Committee

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that funding from SG remained insufficient to fully implement the PCIP. That was a significant issue which would require consideration as part of financial planning.

12. STRATEGIC RISK REGISTER UPDATE

12.1 The item was deferred to the next meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting.

13. AUDIT COMMITTEE MINUTES: 28.11.22

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

14. ANY OTHER BUSINESS

Appointment to IJB Audit Committee:

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the appointment of Cllr Neil Richards to the Audit Committee.

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 15 March 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

15.2 The Chair confirmed that the next Scottish Borders Health & Social Care Integration Joint Board Development session would be held on Wednesday 15 February at 10am at Wilkie Gardens, Glenfield Road West, Galashiels, TD1 2UD.