

Borders NHS Board**STATUTORY AND OTHER COMMITTEE MINUTES****Aim**

To raise awareness of the Board on the range of matters being discussed by various statutory and other committees.

Background

The Board receives the approved minutes from a range of governance and partnership committees.

Summary

Committee minutes attached are:-

- Clinical Governance Committee: 14.06.17
- Area Clinical Forum: 04.04.17
- Health & Social Care Integration Joint Board: 27.03.17

Recommendation

The Board is asked to **note** the various committee minutes.

Policy/Strategy Implications	As detailed within the individual minutes.
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	As detailed within the individual minutes.
Compliance with Board Policy requirements on Equality and Diversity	As detailed within the individual minutes.
Resource/Staffing Implications	As detailed within the individual minutes.

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 14th June 2017 at 2pm in the Lecture Theatre, Education Centre.

Present: Dr Stephen Mather (Chair) David Davidson
Alison Wilson (arrived 14.15)

In Attendance: Ros Gray Dr David Love
Robin Brydon (left 15.00) Caroline Wylie (left 14.25)
Sam Whiting (left 14.20) Dr Cliff Sharp (arrived 14.25)
Peter Lerpiniere (arrived 14.25) Dr Janet Bennison (arrived 14.25)

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Jane Davidson, Claire Pearce, Sheila MacDougall, Phillip Lunts, Irene Bonnar, Laura Jones and Dr Tim Patterson.

The Chair welcomed Caroline Wylie who was in attendance to speak to item 5.2 and also Robin Brydon who is deputising for Sheila MacDougall.

2. DECLARATIONS OF INTEREST

The **CLINICAL GOVERNANCE COMMITTEE** noted there were none.

3. Minutes of the Previous Meeting

The minutes of the previous meeting of the Clinical Governance Committee held on the 29th March 2017 were amended at:

- Page 2 (third paragraph) add “legislation” after Human Rights.

After that the minutes were approved.

4. MATTERS ARISING

The **CLINICAL GOVERNANCE COMMITTEE** updated and noted the Action Tracker accordingly.

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting informed the Committee that since the paper written the Surgical Site Infection (SSI) Group met and reviewed in detail the Orthopaedic cases in 2016. The outcome was specific improvement work and targeting:

1. Weight management;
2. Patient dressing; and
3. Key wounds following surgery

In terms of cases this year, since January there have been 2 orthopaedic SSI's, 3 Colorectal SSI's and no Caesarean section SSI's.

David Davidson asked about the *Staphylococcus aureus* Bacteraemias (SAB) Health Efficiency Access and Treatment (HEAT) targets and concerned over Community figures. Sam Whiting advised that the definition of Community is a person coming from no healthcare provider, this is a National definition. Treatment Rooms are included in Healthcare associate figures.

ACTION: Sam Whiting to provide drilled down figures for SAB HEAT targets and include learning.

Sam Whiting advised that they are looking at different ways of intervention, for example, drug users discharge themselves from hospital before the 14 day IV antibiotics finish.

The Chair asked about page 3 about the reviews of deaths. Sam Whiting advised that the reviews are still underway. There is a meeting scheduled next week.

ACTION: Sam Whiting to update the Committee regarding the death reviews.

Sam Whiting advised that there was a deep dive in SSI's and this will be ongoing.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.2 Adverse Event Overview & Thematic Report

Caroline Wylie advised that the wrong report was circulated to the Committee.

ACTION: The updated Adverse Events Overview and Thematic Report be brought to the next meeting (July).

David Davidson was concerned over falls and pressure damage and looking for more clarity within the report.

ACTION: Food, Fluid & Nutrition will be included as an item on the next meeting (July).

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.3 Very High Risk Management Report

Robin Brydon advised the Committee that since the last report there have been no new very high risks identified. Two are out with the risk appetite and actions are being undertaken to resolve this.

There are currently over 100 risks in waiting and this will change as Clinical Executive Operational Group (CE Ops) have asked that the gaps in risk assessments are addressed.

There are KPI's in place and these are reviewed in Performance Reviews and during these KPI's that are not being met are raised and managed. The Chair commented that the due dates are not being updated. The Service Managers and General Managers are responsible for these.

There has been agreement from CE Ops that the Risk and Safety Team are now able to review the risk assessments of OH&S and if they do not meet the legal requirement, the risk will be pushed back into the holding area to be reviewed again.

ACTION: To remind General Manager's for assurance that these risks are being addressed.

ACTION: To include the action plans with the next report for the very high risks.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.4 Claims Update

Robin Brydon highlighted there is a new legal protocol around safety claims and it sets out a new timetable. For non-clinical claims we are given three weeks to acknowledge the claim and then three months to investigate. This protocol also includes different timescales in clinical claims below £50,000. This will have an implication on the resources and will require support from clinical colleagues.

Last year there were more claims than expected and currently there is a claims policy in development but due to the new protocols these will need to be amended. This included lessons learned.

David Davidson asked why the protocols changed and Robin Brydon confirmed it came from the Scottish Government and the aim was to remove lengthy claims and provide an easier route to allow both parties to mediate without going to court.

The Chair asked about page 3, last year there were no clinical procedure claims and this year there are 5. Dr Janet Bennison advised there is not a theme to these.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.5 Hospital Standard Mortality Rate (HSMR) Update

Dr David Love advised that in relation to the HSMR trend work had been done with HIS to remove the palliative care in-patients from the statistics. This produced a reduction in HSMR from 0.92 (all BGH patients) to 0.78 (against a Scotland HSMR of 0.94). NHS Borders is relatively unique in that our palliative care in-patients fall within the acute service in-patient population and therefore will influence HSMR more than in other Boards. Our palliative care team also provides a significant outreach service within BGH wards. However it is also noted that, although removing palliative care patients from the cohort used for HSMR calculation reduces our HSMR significantly, our HSMR trend remains relatively flat. Dr David Love confirmed he was unable to advise whether Healthcare Improvement Scotland (HIS) can provide this adjusted figure on an ongoing basis.

Dr David Love has asked George Ironside to do some work in relation to coding. This is key in recording an accurate HSMR.

HIS recently produced figures showing that NHS Borders has been an outlier with respect to recording in-patient venous thromboembolic diagnostic codes from 2012 – 2016. However from 2016 onwards an ambulatory care facility has been introduced for these patients, similar to that used by other Boards and it is expected that subsequent data for these codes will show a reduction.

David Davidson asked about re-admission rates on page 2 of the report and what assurances are in place to reduce this. Ros Gray advised that Joint Executive Team (JET) review data on a weekly basis. It is linked with doing more improvement work rather than auditing work.

Ros Gray spoke to a Data Analyst at HIS and he could not suggest anything else to assist in reducing the HSMR figure. David Davidson advised that the Borders has a larger proportion of older people who live here compared to other areas.

David Davidson advised that we are hearing more and more about falls and not being told what is being done to address them. Peter Lerpiniere has advised that there is a lot of work ongoing regarding falls, e.g. Baywatch modelling in Ward 12, development of Person Centred Falls bundle, enhanced engagement work with Christine Proudfoot and psychological interventions post-falls.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.6 Venous Thromboembolism (VTE) Improvement Project Final Report

Ros Gray advised this project has now been terminated and it has used classic methodology. The results on two pilot wards achieved the project objective and are being kept going. We need to embed this successful work into procedure and rolled out to other wards.

ACTION: Bring updated VTE paper in 6 months time.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Ros Gray advised that there are not many SPSO's ongoing at the moment. There is tracking system in place so that these provide lessons which can be learnt.

Dr Cliff Sharp wondered if SPSO summaries could be sent to Heads of Services, Associate Directors of Nursing and those involved in Leadership Walkrounds (including SPSO reports from other Boards).

ACTION: Ros Gray agreed to circulate the summary SPSO reports on a routinely basis to those mentioned.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

6.2 Feedback & Complaints Annual Report 2016/17

The Chair asked about the leadership walkrounds that have been cancelled at late notice. Ros Gray confirmed this was an error specifically related to Non Executive Board Members engagement and that this has been highlighted and rectified.

Dr Cliff Sharp reminded the Clinical Governance Committee that there is a new National complaints procedure. Track 1 is a new step and aimed at calling the complainant early in the process in an attempt to capture issues before they escalate and if it still cannot be resolved then to move to Track 2 by investigating and following the traditional route to responses.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7. EFFECTIVENESS

7.1 Clinical Board Update (BGH, Primary & Community Services)

Dr Janet Bennison was available for comments. David Davidson advised on page 2 there is are lot of actions awaiting review and asked what can be done to move these forward. Dr Janet Bennison advised that the Operational Managers check on a daily basis and the number that are overdue are being reduced.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.2 Clinical Board Update (Mental Health)

Peter Lerpiniere included the mental health strategy as they will have a large influence on Clinical Governance.

The Chair asked about DNA rates and whether people could be telephoned in addition to being sent a text message. Dr Cliff Sharp advised that the text service is an automated system which is not time consuming to staff. These DNA rates are lower than in other Boards.

The Chair asked about waiting times of Psychological Services and what could be done to improve the situation. Peter Lerpiniere advised that the Head of Psychological Services has retired, but they are working with the service to improve the waiting times.

David Davidson feels that we are not on top of safe administration of medication across the whole organisation and how are we going to ensure medication in the community are administered correctly. Alison Wilson advised we have received funding to fund a pharmacy technician and a project manager to screen medicine issues and highlight this back to the GP surgeries.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.3 Clinical Board Update (Learning Disabilities (LD) Services)

Peter Lerpiniere is asking to integrate both the Mental Health and Learning Disabilities Clinical Board Update. The members of the Committee agreed to this course of action.

ACTION: To amalgamate Mental Health & Learning Disabilities Clinical Board Update.

There has been the publication Duty of Candour which is out to consultation and will be a key item.

The Chair asked about the ongoing issue of Learning Disability patients being homed out with the Borders. Peter advised there is no further movement and there are further ongoing negotiations with NHS Lothian.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.4 Suicide Annual Update

Peter Lerpiniere advised that suicide is a significant risk and we have made progress within training. The updated Scottish National Prevention Strategy has been postponed to next year. We try and promote resilience as an organisation.

HIS will no longer accept suicide reports from across Scotland nor will they disseminate the learning points. Peter Lerpiniere has engaged in discussions with Dumfries and Galloway to share learning and review each other's cases, but will establish grounds for such a relationship through the Mental Health Clinical Governance Group.

David Davidson wanted to know how we engage with the Council. Peter Lerpiniere confirmed the Local Mental Health Strategy support working with the Council to highlight suicide prevention.

The Committee want to know how to progress this report and that Public Health should also be involved. Peter Lerpiniere noted that Allyson McCollam, Associate Director of Public Health, leads on suicide prevention.

ACTION: Dr Cliff Sharp to provide a verbal update on Suicide Prevention at the next meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.5 End of Life Care

ACTION: This is to be moved to the next meeting and Dr Annabel Howell to be invited.

8 ITEMS FOR NOTING

9.1 Minutes

The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Public Governance Committee
- BGH Clinical Governance
- Primary and Community Services Clinical Governance
- Learning Disabilities Clinical Governance
- Mental Health Clinical Governance
- Public Health Clinical Governance

David Davidson wants clarification about staffing levels and dietician support over the weekend and whether these risks are to be clarified.

Dr Janet Bennison clarified that there is work ongoing on staffing levels and nursing support for ward rounds. The professional tools are being used. There is a process in place.

David Davidson asked about the Community palliative staffing levels that Dr Annabel Howell was going to discuss with Evelyn Rodger.

ACTION: To bring the two documents (BGH & PACS Clinical Governance papers) to next meeting to clarify.

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

9 ANY OTHER BUSINESS

No any other business.

10 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 19th July 2017 at 2pm in the BGH Committee Room.

ACTION: To increase the next Clinical Governance Committee from 2 hours to 3 hours due to the amount of agenda items.

The meeting concluded at 16.21

NHS Borders - Area Clinical Forum

MINUTE of meeting held on

Tuesday 4th April 2017 – 17:00-18:30

Committee Room, Borders General Hospital



Present Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
 Nicky Hall (Area Ophthalmic Committee) (NH)
 Helen Clinkscale (Head of Training & Prof Dev; BANMAC) (HC)
 Dr Cliff Sharp (Medical Director) (CS)
 Dr Chris Richard (Senior Medical Staff Committee/Area Medical Committee) (CR)
 Mrs Fiona Black, Minute Secretary (FB)

In Attendance June Smyth- Item 4
 Kirk Lakie- Item 4

Not present: Elaine Torrance (Interim Chief Officer – Health & Social Care Integration) (ET)
 Gerhard Laker (Area Dental Advisory Committee) (GL)
 Austin Ramage (Medical Scientists) (AR)
 John McLaren (Employee Director) (JMCL)
 Alice Millar (Principal Dentist, Duns Dental Practice) (AM)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from the Associate Director of Allied Health Professionals (previously Anne Livingstone); April Quigley (Consultant Clinical Psychologist; Mental Health Services) (AQ); Dr Tim Young (GP; GP Sub Committee) (TY)

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest expressed

2 DRAFT MINUTE OF PREVIOUS MEETING 21.02.17

The Minute of the previous meeting, held on 21st February 2017, was read and approved as a correct record

3 MATTERS ARISING/ACTION TRACKER

Action Tracker updates:-

#19 Still to be discussed by AW and AR. Revised timeline - 27th June 2017.

#28 AW indicated that some had been received and asked those who had not yet sent their meeting dates to send them asap to Kate.

#31 AW reported that this had been discussed and that there are 3 doctors involved in the process. It was agreed that this item is now complete.

#38 AW informed the group that the ACF committee brief is now in draft form and this would be circulated following the meeting.

4. PRESENTATION – THE LOCAL DELIVERY PLAN

June Smyth and Kirk Lakie attended the meeting to present the Local Delivery Plan to ACF members. A copy of the presentation will be circulated with the minute for information. It was noted that the situation for the foreseeable future is extremely challenging for NHS Borders and we need to focus on all of the areas that are within our control.

With regard to Capability & Capacity around Project Management skills, HC reported that there is currently a block to Prince2 training. She asked if we need to think about some kind of training needs analysis? JS explained that there is already a team of skilled project managers available (currently within IM&T) and that we are also looking to recruit additional support from external sources.

Before leaving the meeting, J Smyth indicated that she would be more than happy to come back to a future meeting or receive any comments or have individual discussions outwith the meeting if required.

June Smyth and Kirk Lakie left the meeting.

5 APPOINTMENT OF ACF VICE-CHAIR

Following a short discussion around the requirements of Vice Chair, CR volunteered to take on the role. This was seconded by CS.

6 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by AW: Nothing controversial. NSS figures for Venous thromboembolism were high whereas those for BGH are not. We think that our figures are correct but this is being looked at. There is work ongoing around hospital mortality rates as the figures for NHS Borders include the Margaret Kerr unit whereas other areas do not include hospices etc.

ACF noted the feedback from the Clinical Governance Committee

ACTION:

7 PUBLIC GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by NH: Eildon Housing had given a presentation re housing and how it affects healthcare. There had also been an update on Equality Outcomes given by Warwick Shaw and this had been followed by a discussion on Health Literacy. The Chair of this Committee has now completed her tenure and a new Chair will be elected in due course.

ACF noted the feedback from the Public Governance Committee

ACTION:

8 NATIONAL ACF: FEEDBACK

AW reported that she had missed the last meeting, held on 1st March 2017, but would circulate minute when received.

ACF noted the feedback from the National Area Clinical Forum meeting

ACTION: AW to circulate minutes of last meeting when received.

9 NHS BOARD PAPERS: DISCUSSION

AW asked if anyone had any items that they wished raised at the forthcoming Board meeting. There were no concerns raised.

ACTION:

CS LEFT THE MEETING.

10 CLINICAL STRATEGY UPDATE

June gave a brief update, explaining that the current strategic principles need to be more detailed. The Group is currently in the process of putting together a final document which will go to Board in June. It was noted that a Clinical Strategy update paper had been included with this months' Board Papers.

ACF noted the update on the Clinical Strategy

ACTION:

11 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (AL) – AW reported that SBARs had been received from the various components that make up AHP. These are available to members of the ACF on the shared drive.

11(b) Area Dental Advisory Committee – AW reported that the current ADC representative has now move out of the Borders area and a new rep is being sought, The new representative will be advised in due course.

11(c) Area Medical Committee – CR reported that there had been an IT presentation from Jackie Stephen and the Committee had voiced their concerns at how shaky the IT systems are within NHS Borders. Other area of concern that were discussed were around patient flow and winter pressures.

11(d) Area Ophthalmic Committee – NH reported that Jeff Mason has take over the role of Chair of the Area Ophthalmic Committee as Holmes Wilson has now given up.

11(e) Area Pharmaceutical Committee – AW reported that current key areas for the Area Pharmacy Committee are 1. Quality & Partnership Working (mainly around decriminalising dispensing errors – change in current legislation). 2. Medicine Review Service – The Area Pharmacy Committee is encouraging pharmacists to identify any of their patients that suffer from pain and are on particular analgesics.

11(f) BANMAC (HC) – HC reported that she would circulate a brief summary of her update following the meeting.

11(g) Medical Scientists – In the absence of a medical scientist representative, there was no update.

11 (h) Psychology (AQ) – In the absence of a psychology representative, there was no update.

ACF noted the verbal updates and thanked the committee representatives present for their input.

ACTION:

12 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

AW to take comments from the verbal updates to the Board meeting, including:

- Push investment into IM&T
- Transforming Nursing Roles Agenda – Phase I and phase II. HC undertook to forward the necessary information to AW.

13 PHARMACEUTICAL CARE SERVICES PLAN 2017/18

The Pharmaceutical Care Services Plan 2017/18 has been brought to Area Clinical Forum for noting prior to being presented to the Board in April 2017. The plan provides an overview of the current service provision for Community Pharmacy and includes demographic information, services available, challenges, opportunities and recommendations.

ACF noted the Pharmaceutical Care Services Plan.

ACTION: Any comments back to AW by the end of the week.

14 WORK PLAN

The aim of the work plan is help pull together meeting agendas and ensures that relevant topics and presentations are included. The Clinical Strategy, as an ongoing piece of work, has now been included in the updated work plan and will be added to future agendas.

ACF noted the Work Plan

ACTION:

15 ANY OTHER BUSINESS

1. NH asked for clarification on what SBAR means – This was given by CR. Situation, Background, Assessment, Recommendation.

2. HC reported that she will only be at one more BANMAC meeting (May) following which she will be retiring. A new BANMAC representative will be advised in due course. AW thanked HC for her input to the ACF and wished her well for the future.

16 DATE OF NEXT MEETING

The next meeting is scheduled for Tuesday 27th June 2017 at 17:00 in the Committee Room, Borders General Hospital



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 27 March 2017 at 2.00pm in the Committee Room 2, Scottish Borders Council.

Present:	(v) Cllr J Mitchell	(v) Mrs P Alexander (Chair)
	(v) Cllr G Garvie	(v) Mr J Raine
	(v) Cllr S Aitchison	(v) Mr D Davidson
	Mrs E Torrance	(v) Dr S Mather
	Mr M Leys	(v) Mrs K Hamilton
	Mr D Bell	Ms T Ball
	Mrs J Smith	Dr A McVean
	Mrs E Rodger	Mrs A Trueman
	Ms L Gallagher	

In Attendance:	Miss I Bishop	Mrs J Davidson
	Mr P McMenamin	Mrs T Logan
	Mrs J Stacey	Ms M Smith

1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Cllr Frances Renton, Dr Cliff Sharp, Mr John McLaren and Mrs Carol Gillie.

The Chair welcomed Ms Tracey Ball who was deputising for Mr John McLaren.

The Chair advised that this would be the last Board meeting for both Cllr Catriona Bhatia and herself, as they were both stepping down from their positions at Scottish Borders Council and NHS Borders. The Chair reminded the Board that the Integration Scheme provided for the Chair and Vice Chair positions to alternate on an annual basis with the new chair being provided from NHS Borders. She further advised that the new chair had been identified as Dr Stephen Mather, subject to final approval from NHS Borders on 6 April 2017.

The Chair confirmed the meeting was quorate.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

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 Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 27 February 2017 were approved.

4. Matters Arising

4.1 Minute 15.1: Development Session: Mrs Elaine Torrance confirmed that the Prof John Bolton session had been confirmed for 4 April 2017.

4.2 Minute 8: Health & Social Care Delivery Plan: The Chair suggested adding the Live Borders update to the Action Tracker.

The Chair commented that some items had been on the action tracker for some time and she requested assurance that there would be no further slippages on timescales. Mrs Elaine Torrance provided assurance on timescales.

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

5. Transformational Programme

Mrs Elaine Torrance updated the Board with progress on the transformational programme through a presentation which also set the context for the financial items later on the agenda.

Mr Paul McMenamin set the context for the financial challenges for the partnership for 2017/18 and beyond. He spoke of: initial funding gap; mitigation; £2.6m affordability gap for the partnership for 2017/18 and the need to put in place a medium term transformational plan; seeking efficiencies and savings to contribute to closure of the affordability gap; areas of initial focus included the Prof John Bolton work, care pathways, delayed discharges, sharing buildings, assets, people, IT, data, localities and prescribing.

Mrs Torrance spoke of the shape the transformational programme would take following direction and support from the Executive Management Team. She emphasised that transformation was about pathways, reducing blockages, redesigning flow, improving outcomes, and making services fit for the future to manage increased demand and affordability.

Mrs Torrance advised that the next steps were to develop detailed proposals for the transformational programme, identify resources to manage the programme, identify indicative efficiencies and then bring a report back to the next Board meeting.

Cllr Sandy Aitchison enquired about “realistic medicine”. Dr Angus McVean explained that it was about providing what was needed and no more. He commented that there was a tendency for people to receive more and more interventions and at some point a pause needed to be instigated to review if they really required everything that was being provided.

Cllr Sandy Aitchison enquired if the drug and alcohol partnership should be provided through the public sector. Mrs Torrance commented that services were already commissioned

through the third sector and there was an intention to work together differently, more closely and more efficiently.

Discussion focused on several key areas including: prioritisation; pooling resources and funding; culture change; transfer of funds; affordability; indicative costs; timescales; resources in primary care; delivery against the Strategic Plan; and a redesign of services.

Ms Lynn Gallacher enquired about progress in regard to the Carers Legislation as she was aware that there could potentially be increased demand on the third sector if there was less demand on statutory services. Mrs Torrance advised that further guidance was awaited however a small sum had been set aside to support the formulation of a plan.

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

6. Integrated Care Fund (ICF) Update

Mrs Elaine Torrance gave an overview of the content of the paper and explained each project in turn.

In regard to the GP Clusters proposal, discussion focused on: what could be achieved in 2 hours a week; if the funding level was adequate; good will; intense pressure in GP community services; a move to make the GP a specialist generalist; locum rates; and difficulty in recruiting to GP positions.

Mr John Raine said it was concerning to hear from Dr McVean that there was a general lack of goodwill on the part of GPs. Primary Care was essential to the effective delivery of integrated services and the pressures faced by GPs were well understood. However, the Board needed to take serious note of Dr McVean's statement and ensure action was taken to mitigate the impact. A focus should be put on building and supporting relationships with GP practices.

Mrs Tracey Logan commented that the Executive management Team were supportive of the proposal and of building bridges and relationships with the GP community and were engaging with them.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the utilisation of ICF funding to establish the Cluster Quality Lead posts at 2 hours per week per post and to assess capacity levels against their remit and the outcomes delivered over the initial 12 month period at a cost of circa £50k over one year.

In regard to the Domestic Abuse Service Pathway proposal, discussion focused on: big lottery and match funding; redesign of the pathway; well established and well recognised service in the Scottish Borders; and sharing services more effectively with the third sector.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the request for £120k total funding over 3 years, and a further update on the redesign of the service at the next meeting.

In regard to the Alcohol & Drug Partnership (ADP) Transitional Funding proposal, discussion focused on: redesigned service proposals; reduced expenditure profile; Executive Management Team support for the proposal; future funding requests; and effects on childrens education in closing the attainment gap.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the request for £46k of transitional funding from the Integrated Care Fund to allow further work to be taken forward by the ADP.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the current expenditure position of the Integrated Care Fund.

7. Annual Performance Report 2016/17

Mrs Elaine Torrance presented the draft performance report and sought feedback on the content. She drew attention to pages 51, 52 and 53 which set out the priorities for the next year and commented on the performance data.

Comments received included: good layout; comparison to the scottish average for population; intended audience; acronyms and language; simplified easy read version; photographs of the Board members; and local objectives to the local geographical area or borders wide.

Mrs Torrance confirmed that the timeline for publication was by the end of July and that a final version would be brought to the next meeting of the Board and would include tracked changes and version control.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** commented on the content, structure and format of the draft Annual Performance Report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the timeline for the development and publication of the report.

8. NHS Borders Local Delivery Plan 2017/18

Mrs Elaine Torrance introduced the NHS Borders draft Local Delivery Plan (LDP) and welcomed Ms Meriel Smith who was present to answer any technical questions.

Comments received included: additional information required for the suicide prevention section; public involvement and the community engagement strategy; feedback from the results of the information gathered from patients and carers – published - information on ward boards; difficulties in engaging with the public through the Public Participation Forum (PPF); challenges of engagement with the wider public; attendance at Area Forums; attendance at the PPF; and production of an easy read version.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the draft LDP and provided feedback and comments on the draft.

9. Inspections Update

Mr Murray Leys gave feedback to the Board following the recent joint inspection. He confirmed that the inspectors had provided initial feedback which had focused on anticipated areas of improvement, key processes, and work with communities and localities. Evaluation scores were expected on the 28th April and formal feedback was expected around the 11th May. The final report was expected to be available in late June, early July. He further advised that the final report would be brought to the Board post publication for consideration.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and that the final report would be brought to the Board for consideration.

10. Review of Strategic Planning Group

Mrs Elaine Torrance spoke of the reasons for refocusing the role and function of the Strategic Planning Group (SPG).

Mrs Angela Trueman commented that she was concerned there was only one representative on the SPG as a user of health care and one community council network representative for the whole of the Scottish Borders. She enquired if the membership was prescribed or could be expanded? Mrs Torrance advised that the membership was prescribed in Scottish Government guidance and conversations had taken place in regard to the substantial size of the group.

*Cllr Sandy Aitchison left the room.
The meeting was not quorate.*

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made in reviewing the role, function and membership of the SPG.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the revised Terms of Reference.

11. Monitoring of the Health & Social Care Partnership Budget 2016/17

Mr Paul McMenamin presented the report and highlighted the work that had been undertaken in regard to the NHS Borders recovery plan and the continued work that was underway to deliver financial balance at the year end.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2016/17 revenue budget at 31st January 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the management teams within both organisations as they continue to make every effort to ensure the IJB returns a balanced position for 2016/17.

*Cllr Sandy Aitchison returned to the meeting.
The meeting was quorate.*

12. Scottish Borders Health & Social Care Partnership Financial Plan 2017/18

Mr Paul McMenamin introduced the paper and highlighted the future work required in terms of due diligence, refining how the budget is allocated, savings targets and also presented the provisional budget. He emphasised that both partners had committed to deliver a flat cash budget to the Integration Joint Board and that the transformational programme would be utilised to bring forward other efficiency and savings measures to help address the unmitigated pressures.

Mr David Davidson advised that if both Chief Executives were satisfied with the content of the paper, then he had confidence in them and would be supportive of the paper.

Cllr Graham Garvie suggested a budget should never be approved unless it was balanced and on the advice of the Finance Officer that the budget was 95% balanced and the other 5% would be worked on he was supportive of the paper.

Mrs Jane Davidson commented that for the Health Board it would provide the resource that it had been asked to provide and could not provide any additional funding. She suggested the challenge would be for the partnership to deliver on the transformational agenda and she assured the Board that partners were working better behind the scenes to reduce the gap.

Mrs Tracey Logan commented that for the Local Authority it would be looking to deliver efficiencies in the same way as the NHS and she expected delivery of transformational change programme to be fundamental to deliver on budgets.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and the provisional 2017/18 Health and Social Care Financial Plan.

13. Social Care: Additional Funding Allocation to Partnerships 2017/18

Mr Paul McMenamin gave a brief presentation which encapsulated an overview of the content of the paper. He highlighted the additional funding from the Scottish Government that had been routed through the NHS to the partnership to support social care and the direction of that funding by the Board during the previous year.

Cllr Sandy Aitchison sought clarification of the additional support to integration authorities. Mr McMenamin explained that the Scottish Government had advised Health Boards that they must provide the same amount of funding to the partnership as they had provided in 2016/17 and that Local Authorities had the ability to reduce their share of funding to the partnership. Mr McMenamin confirmed that the Local Authority had agreed not to reduce its funding to the partnership.

Mr McMenamin explained the social care new commitments and sustainability and advised that COSLA and the Scottish Government had reached agreement with residential care home providers to agree an uplift of 2.6%. As agreement had been reached he was now able to build that into the direction of funding of the living wage. Mr McMenamin further spoke of the pressures on the system of catering for those with complex needs, those transitioning into adulthood and older peoples care requirements.

Karen Hamilton left the meeting.

Mrs Tracey Logan suggested the Board may wish to consider deferring the allocation of funding until further clarity of detail was provided, apart from the uplift to the living wage element which was payable from 1 April 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the uplift in the living wage allocation and deferred any further allocations until the next meeting in June.

Mr John Raine wished to record thanks to the Council for choosing not reduce their financial allocation to the partnership in line with the discretion given to Local Authorities to make reductions.

14. Chief Officer's Report

Mrs Elaine Torrance advised that the Integration Joint Board's Audit Committee had been held earlier that morning and that the Prof John Bolton event had been confirmed for 4 April.

Cllr John Mitchell advised that the Audit Committee had agreed to recommend to the Health & Social Care Integration Joint Board that it issue a direction to both partner organisations to direct them to undertake a refresh of financial regulations across partnership resources.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** issued the direction to partner organisations to undertake a refresh of their financial regulations across the partnership resources.

15. Any Other Business

15.1 Mrs Evelyn Rodger: The Chair advised that this was the last meeting of the Board for Mrs Evelyn Rodger, Director of Nursing, Midwifery and Acute Services, in her capacity as a professional advisor to the partnership. Mrs Rodger was retiring to pursue other interests beyond nursing and the Board wished her well for the future.

15.2 Mrs Pat Alexander: Mr David Davidson thanked Mrs Pat Alexander for chairing her last meeting of the Board and recorded the thanks of the Board to her for being the vice chair for the past two years and wished her well for the future.

15.3 Cllr Catriona Bhatia: Mr David Davidson also recorded the thanks of the Board to Cllr Catriona Bhatia for chairing the Board for the past two years and wished her well for the future.

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

15.4 Health & Social Care Integration Joint Board Development Session: 29 May 2017

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that an alternative date was being sought.

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 26 June at 2.00pm in the Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.06pm.

Signature:
Chair