

## Borders NHS Board



Meeting Date: 24 June 2021

<b>Approved by:</b>	Iris Bishop, Board Secretary
<b>Author:</b>	Iris Bishop, Board Secretary
<b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD MINUTES 17.02.2021, 24.03.2021</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to share the approved minutes of the Health & Social Care Integration Joint Board with the Board.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the minutes.	
<b>Approval Pathways:</b>	
This report has been prepared specifically for the Board.	
<b>Executive Summary:</b>	
The minutes are presented to the Board for information given NHS Borders is part of the Integration Joint Board and has delegated both functions and resources to the IJB.	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	Public Bodies (Joint Working) (Scotland) Act 2014
<b>Patient Safety/Clinical Impact</b>	As may be identified within the minutes.
<b>Staffing/Workforce</b>	As may be identified within the minutes.
<b>Finance/Resources</b>	As may be identified within the minutes.
<b>Risk Implications</b>	As may be identified within the minutes.
<b>Equality and Diversity</b>	Not Applicable.
<b>Consultation</b>	Not Applicable.
<b>Glossary</b>	IJB – Integration Joint Board



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 17 February 2021** at **10am** via Microsoft Teams

**Present:**

(v) Cllr D Parker (Chair)	(v) Ms S Lam, Non Executive
(v) Cllr J Greenwell	(v) Mr M Dickson, Non Executive
(v) Cllr S Haslam	(v) Mrs K Hamilton, Non Executive
(v) Cllr T Weatherston	(v) Mr J McLaren, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive

Mr R McCulloch-Graham, Chief Officer  
Dr K Buchan, GP  
Dr L McCallum, Medical Director NHS  
Mrs N Berry, Director of Nursing, Midwifery & Operations NHS  
Mrs J Smith, Borders Care Voice  
Mrs Morag Low, User Rep  
Ms Lynn Gallacher, Borders Carers Centre  
Ms Linda Jackson, LGBT Plus  
Ms V MacPherson, Partnership Representative NHS  
Mr N Istephan, Chief Executive Eildon Housing

**In Attendance:** Miss I Bishop, Board Secretary  
Mrs J Stacey, Internal Auditor  
Mr Ralph Roberts, Chief Executive NHS  
Mr D Robertson, Chief Financial Officer SBC  
Mr G McMurdo, Programme Manager SBC  
Mr P Lunts, General Manager NHS  
Dr Anne Hendry, Consultant  
Mr Chris Myers, General Manager P&CS NHS  
Mr Simon Burt, General Manager, MH&LD  
Mr P McMenemy, Finance Business Partner NHS  
Mrs Lucy O'Leary, Non Executive NHS  
Mrs June Smyth, Director of Planning & Performance NHS  
Ms J Holland, Chief Operating Officer SBCares  
Mr Paul Williams, Associate Director of AHPs NHS  
Ms S Bell, Communications Manager SBC  
Mrs L Lang, Communications Officer NHS  
Mr A McGilvray (Press)

## 1. APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Stuart Easingwood, Chief Social Work and Public Protection Officer, Mr Andrew Bone, Director of Finance, NHS Borders, and Mr David Bell, Staff Officer, Scottish Borders Council.

The Chair welcomed Ms Linda Jackson from the LGBTPlus Group to her first meeting of the Board as a non-voting member.

The Chair confirmed the meeting was quorate.

The Chair welcomed guest speakers and members of the press 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 THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 16 December 2020 were approved.

## **4. MATTERS ARISING**

**4.1 Minute 12: Borders Primary Care Improvement Plan:** Dr Kevin Buchan confirmed that work on the Health Inequalities Impact Analysis (HIIA) had commenced and he would bring back an update to a future meeting.

**4.2 Minutes 11: Quarterly Performance Report:** Ms Linda Gallacher clarified that in regard to the issue raised by Jenny Smith at the last meeting, the reason that the Borders Carers Centre still made a difference was because it had been able to operate seamlessly throughout the pandemic. In January there had been a 40% increase in carers plans for that month so the Carers Centre were still acting to their full extent as well as carers.

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

## **5. STRATEGIC PLANNING GROUP REVISED TERMS OF REFERENCE**

Mr Rob McCulloch-Graham commented that there had just been 2 additional people added to the Group membership, who were Ms Wendy Henderson of Scottish Care and Mr Alastair McLean, Vice Chair of a new group to represent Independent Care Providers.

Mrs Karen Hamilton enquired if there were any outliers not signing up to the Independent Care Providers group. Mr McCulloch-Graham advised that at the onset of the pandemic weekly meetings had been arranged with Independent Sector Care Homes and Care at Home Private Providers. Those meetings now took place on a monthly basis and would be maintained as they covered a variety of issues and were a valuable strategic level resource.

Ms Linda Jackson enquired if there were any guidelines on how groups could receive feedback from consultations. Mr McCulloch-Graham advised that the consultation process that had been previously used had been revised and a different approach was being adopted in regard to engagement, via MS Teams, local media and locality meetings. The first

engagement session would be a live debate with the Integration Joint Board (IJB) leadership team via MS Teams to answer any questions raised by the public. The first session would focus on the strategic plan and public expectations of the Derek Feeley report.

Mr Tris Taylor suggested it was an opportunity to revise engagement with the local population and third sector. He suggested if the IJB was being an effective Board it ought to note that it didn't appear to have a coherent approach to engagement that would operate to the satisfaction of the community and suggested some actions be formulated and taken forward.

Mr McCulloch-Graham accepted Mr Taylor's suggestion and commented that lessons had been learnt from previous engagement attempts and the new approach via MS Teams would be exercised and reviewed and feed into a more meaningful formal strategy on engagement.

Mr Taylor suggested there should be quantitative targets set on what was expected in regard to engagement activity as it was important to show the population and third sector that the IJB was delivering change to its plans as a consequence of being guided by and listening to its communities. He suggested the engagement strategy come back to the IJB for review and that it should contain quantitative targets and measures.

Mrs Lynn Gallacher echoed Mr Taylor's comments and suggested it looked likely that the majority of the Feeley report recommendations would be accepted. She suggested it would underpin what the IJB should be working towards and whatever way the new social care agenda was driven the third sector, carers and service users should all be at the heart of it.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised Terms of Reference for the Strategic Planning Group with the 2 additions to the membership of Wendy Henderson and Alastair McLean.

## **6. HEALTH & SOCIAL CARE PARTNERSHIP STRATEGIC COMMISSIONING PLAN**

Mr Rob McCulloch-Graham introduced the report and Mr Graeme McMurdo provided an indepth analysis of the content of the report picking up on the previous discussion on timing and effects of the pandemic. He specifically highlighted sections 1.1, 1.2, 1.4, 1.6, 1.7 and referred to the need to review the content of the Feeley report.

Mr Nile Istephan commented that he saw the logic in what was suggested and enquired if there were any thoughts about the impact and implications of a delay and whether it would be a one year hiatus or other commissioning decisions needed to happen in the interim. Mr McCulloch-Graham commented that the Strategic Plan although it would be out of date, still provided direction and vision, it would be missing the detailed commissioning plan. He assured the Board that there were aspects of commissioning that would continue in the next financial year and the work on levels of care and acute bed numbers would continue. As the Scottish Government considered the Feeley Report recommendations, potentially structures and lines of accountability could change. It would be preferable to take cognisance of what might change to ensure there was a clear picture on what to engage on.

Mr Tris Taylor enquired if there was any risk in terms of legislative requirements by not doing the refresh. He further suggested the Board should be clear on the reason for a deferral not just because of policy change nationally, but about the adequacy of engagement and

consultation due to capacity during a pandemic and whether the Board was content with the risks posed by that suggestion. Whilst he was open to deferral he commented that it was important that the Board be absolutely clear on what basis the deferral was being sought. Mr McCulloch-Graham reminded the Board of the restructure of the management function paper shared with the Board in December 2020. He commented that the restructure had not yet been completed and it was that capacity in the restructure that was missing to enable good engagement and consultation to take place

Ms Sonya Lam agreed with the deferral and was keen that the Board had early sight of the plan from now into the next year along with a projection of activity. Mr McCulloch-Graham agreed to provide that documentation.

Cllr John Greenwell commented that in section 1.8 it highlighted the risk of a delay and he suggested a full account of the risks in delaying would have been helpful in the discussion.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved a 12-month delay in the update and refresh of the Scottish Borders HSCP Integration Strategic Commissioning Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that work to update and refresh the plan uses the Health Improvement Scotland strategic planning: good practice framework as its basis.

## **7. MONITORING AND FORECAST OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET 2020/21 AT 31 DECEMBER 2020**

Mr David Robertson provided an overview of the Finance report and highlighted the projected breakeven position at month 9 after accounting for additional resources provided by central government associated with the pandemic and the large hospital budget. He commented that the pandemic had impacted significantly on the proposed change programme and associated savings for both the NHS and Local Authority. Additional costs were being reported to the Scottish Government on a regular basis through remobilisation plans. He further highlighted sections 6.6 and 3.7 of the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the projected breakeven position for the Partnership for the year to 31 March 2021 based on available information

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast position now includes additional Scottish Government funding allocations for 2020/21

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the position includes additional funding vired to the Health and Social Care Partnership during the first 9 months by Scottish Borders Council in order to meet previously reported pressures across social care functions from managed forecast efficiency savings within other non-delegated local authority services

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any adverse movement in projected outturn position between now and the end of the financial year

resulting in expenditure in excess of delegated budgets in 2020/21 will require to be funded by additional contributions from the partners in line with the approved Scheme of Integration.

## **8. FORMATIVE EVALUATION OF THE DISCHARGE PROGRAMME**

Mr Philip Lunts provided a presentation on the formative evaluation of the discharge programme. During the presentation he highlighted several key elements including: local and national strategic fit; bed base; discharge to assess pathway; Waverley; Garden View; Home First; cost; and commissioning for best value.

Dr Anne Hendry spoke of the services that had been established as non-recurring funded projects and the need to bring them together.

Mr Malcolm Dickson welcomed the report and reminded the Board that although good progress had been made, the starting position had been a high point. He enquired if sometimes in the intermediate care areas there may be some risk averse behaviour leading to the over prescribing of care. Mr Lunts commented that the main issue had been in regard to occupancy around Waverly and Garden View and an analysis was yet to be completed. Services were designed on what was thought to be required and then a review would be undertaken of usage and a refinement of services would be pursued. It was suggested that both facilities would fit into Garden View at its fullest extent, however more work was required to be done to see if that was correct.

Cllr Shona Haslam welcomed the evaluation report and commented that it provided all of the information required to be able to make a decision. As the data was available and it was clear that progress had been made, it was now time for the knitting together of services as described by Dr Hendry.

Ms Sonya Lam sought clarification in terms of mainstreaming as there was more work to do on strategic design and commissioning. Mr Lunts advised that in terms of mainstreaming there were 3 key elements, a full needs assessment, determination of need, and current service provision.

Mr Nile Istephan declared an interest in the item, in that Eildon Housing owned an interest in Garden View and also managed the Borders Care and Repair Service.

Mr Istephan commented that he was intrigued by the move away from a bed based model and suggested that in order to do that Home First, packages of care and physical home environment adaptations would be a key driver. He suggested there would be additional work to be done on physical adaptations, packages of care and pathways to get people home quickly and safely.

Mr Lunts agreed it was a valid point and the commissioning of pathways and the services within those would need to be clarified.

Mrs Karen Hamilton welcomed the report and suggested there could be a tension created between the provision of services provided by the Community Hospitals, Waverley and Garden View. She further commented that she was concerned about the possibility of

localisation and the referral process being conditional on looking at where a patient would wish to go as opposed to referring them to the right place for the services they required.

Mr Lunts commented that Community Hospitals had not been included in the evaluation and recognised the validity of the point that had been made. The pathway for people outwith central Borders to Community Hospitals did not intimate that people would receive the same care. He suggested if the role of bed based community care was defined through Waverley and Garden View then that model would need to be tested in different locations and the community hospitals would be a part of that testing.

Dr Hendry commented that testing that model would highlight what was lacking in central Borders by it not having a Community Hospital. She further commented that the strategic plan to engage with localities about available assets and population health needs would provide a platform for redesign.

Cllr Tom Weatherston supported the paper and agreed that the direction of travel as set out should be progressed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the findings of the Discharge Programme Evaluation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered and agreed the recommendations:-

- Home First should be the default and should better align with What Matters locality hubs and services to increase the balance of step up IC and enable closer working with local Housing providers and Third sector support
- Bed based IC should be streamlined as a single pathway for older people with post-acute reablement / rehab / nursing care needs that cannot be met by Home First, particularly for residents in Central Borders
- The service budget for these projects should now be mainstreamed to enable strategic commissioning, substantive recruitment and workforce development as part of a comprehensive framework for integrated intermediate care in each locality.
- This will need to be maintained within the existing Transformation Fund limit of £2.2M, and will be included within the overall budget for IJB delegated services, to be agreed for 2021 to 2022. A further report will be provided for the IJB within the first quarter of the year, setting out recommendations for the way in which these budgets will be mainstreamed. Any resource implications arising from changes to staff contracts as a result of this proposal will be addressed through review of IJB budget as required.

Critical to delivering these actions is the need to mainstream the operation and funding of these services to allow the strategic developments outlined in the recommendations.

## **9. INDEPENDENT REVIEW OF ADULT SOCIAL CARE IN SCOTLAND REPORT**

Mr Rob McCulloch-Graham provided a presentation on the Independent Review of Adult Social Care in Scotland Report

Cllr Shona Haslam commented that COSLA had discussed the report and were unanimous in welcoming the focus on carers, unpaid carers, additional monies and the human rights approach. They also had concerns in regard to the removal of accountability and the creation of a structure to divert funds away from frontline services to create a national care service. The report had been debated in the Scottish Parliament the previous day and it remained unclear which elements of the report might be accepted.

Mr Ralph Roberts thanked Cllr Haslam for providing the COSLA position on the report and he commented that NHS Scotland Health Board Chief Executives had also discussed the report and sent in comments to the Scottish Government. Health Board Chief Executives had been keen to tease out some of the understanding better and the reasons for the recommendations did appear to be clear. Like COSLA the Health Board Chief Executives also welcomed the focus on carers and the human rights approach and were concerned about the structural elements.

Mr Malcolm Dickson welcomed the feedback from Cllr Haslam and Mr Roberts and commented that he had reservations about the centralisation of something that needed to be as local as possible for people. Whilst there were huge advantages in centralisation, local people still needed some kind of democratic control over budgets and policies.

Mrs Karen Hamilton commented that it was a large and far reaching report that was aspirational. The NHS Scotland Health Board Chairs had also read the report and made representations to the Scottish Government. Reading through the report one of her observations had been the criticism of eligibility criteria and how people were admitted and discharged from services and that had seemed to have been glossed over. She suggested there would be a need to bring together all agencies and the IJB to discuss views and share ideas to work out what would work best for the people of the Borders.

The Chair commented that there were a number of unknowns in regard to the content of the report and the suggestion of a focused session or workshop on the report would be worthwhile. He suggested it was likely to be the summer before more clarity was known on how much of the report was likely to be accepted a workshop at that point would be helpful.

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

## **8. SHARED LIVES UPDATE**

Mr Rob McCulloch-Graham provided an overview of the content of the report. He commented that there were 6 families approved for shared lives arrangements. The care arrangements were expensive however they focused on continuing existing relationships as individuals transitioned from foster care into adulthood.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress to date with regards to the set up of the new service and noted that the first Shared Lives Carers were approved at panel.



The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Health and Social Care Leadership team would be asked to determine the demand for Shared Lives for other client groups in years 4-5 and indicate priorities to enable planning to begin in year 3.

## **8. STRATEGIC PLANNING GROUP MINUTES**

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

## **9. CATEGORY 1 RESPONDER**

Mr Rob McCulloch-Graham provided background to the item by explaining that some partnerships had felt excluded from COVID-19 Pandemic Committees (Gold Command structures) and he emphasised that he had always been included in the Borders gold command structures.

Mrs Karen Hamilton enquired what the status actually meant for the IJB given it did not directly deliver any services.

Mr Ralph Roberts commented that it was important for the IJB to be mindful that it was responsible for strategy and the operational delivery of services was through the Local Authority and NHS Board under the partnership umbrella. The point in the IJB becoming a category 1 responder was as part of its' responsibility for commissioning and planning services that needed to be delivered and able to respond to incidents, in essence ensuring any commissioning decisions in the future considered the fact that those services may need to respond to an emergency incident and that was the point for the IJB to focus on.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the letter from the Cabinet Secretary for Health & Sport, dated January 2021, in regard to inclusion as a category 1 responder

## **10. ANY OTHER BUSINESS**

**Remobilisation Plan Update:** Mr Ralph Roberts provided an update to the Board on the status of the draft Remobilisation Plan. He commented that the draft would be shared with the IJB and feedback on the content would be welcomed. In terms of development he advised that the draft remobilisation plan was being produced through the remobilisation planning group which involved members of the health and social care partnership and elements of it would require contributions from the Chief Officer.

Mr Roberts advised that it would be effectively a standstill report to describe where we were at a point in time and how we would remobilise for the following year as well as being an operational plan to decide what was required. The timeline for the plan was to have it finalised by the beginning of April 2021.

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

## **11. DATE AND TIME OF NEXT MEETING**

The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 21 April 2021, from 10am to 12noon, via Microsoft Teams.

The meeting concluded at 12.11.

Signature: .....  
Chair



Minutes of an Extra Ordinary meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 24 March 2021** at **10am** via Microsoft Teams

**Present:**

(v) Cllr D Parker (Chair)	(v) Mrs K Hamilton, Non Executive
(v) Cllr J Greenwell	(v) Mr M Dickson, Non Executive
(v) Cllr S Haslam	(v) Mr T Taylor, Non Executive
(v) Cllr T Weatherston	(v) Mr J McLaren, Non Executive
(v) Cllr E Thornton-Nicol	

Mr R McCulloch-Graham, Chief Officer  
Dr K Buchan, GP  
Mrs N Berry, Director of Nursing, Midwifery & Operations NHS  
Ms Lynn Gallacher, Borders Carers Centre  
Ms Linda Jackson, LGBT Plus  
Ms V MacPherson, Partnership Representative NHS  
Mr N Istephan, Chief Executive Eildon Housing

**In Attendance:** Miss I Bishop, Board Secretary  
Mr D Robertson, Chief Financial Officer SBC  
Mr A Bone, Director of Finance, NHS  
Mrs N Meadows, Chief Executive, SBC  
Mrs Lucy O'Leary, Non Executive NHS  
Ms J Holland, Chief Operating Officer SBCares  
Ms S Bell, Communications Manager SBC  
Mrs C Oliver, Head of Communications NHS

## 1. APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Ms Sonya Lam, Non Executive, Mrs Morag Low, Service User Rep, Mrs Jenny Smith, Borders Care Voice, Dr Lynn McCallum, Medical Director and Mr Ralph Roberts, Chief Executive.

The Chair welcomed Mrs Netta Meadows, Chief Executive, Scottish Borders Council to the meeting.

The Chair confirmed the meeting was quorate.

## 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. INTEGRATION JOINT BOARD 2021/22 FINANCIAL PLAN

Mr David Robertson provided an overview of the content of the report and highlighted that Scottish Borders Council had approved their budget resource to the Integration Joint Board (IJB) on 19 March 2021 and NHS Borders had approved an indicative level of resource to the IJB on 4 March 2021. He further explained the key aspects of the Scottish Government budget announcements and their implications for NHS Borders and Scottish Borders Council in regard to financial allocations to the IJB.

Mr Robertson commented that the impact of known and expected costs and pressures had been modelled across the partner's services to identify the level of funding the IJB required for 2021/22 to fully fund commissioned services. He then drew the attention of the Board to paragraph 4.2 which explained the financial implications of additional costs and pressures included in the plan and their comparison to the resources NHS Borders and Scottish Borders Council had provided for 2021/22.

Mr Robertson further drew the attention of the Board to section 5 Assumptions Underpinning Delivery of Financial Balance, and section 6 Risk, of the report.

Mrs Karen Hamilton thanked Mr Robertson for the comprehensive report and the description of the process followed. Mrs Hamilton enquired if the total funding transferred from the health portfolio to support health and social care integration of £883.6m in 2021/22 was a national figure. Mr Robertson confirmed that it was.

Mr John McLaren enquired in regard to the living wage if the IJB encountered local groups who were unable to be financially supported in terms of providing the living wage could the monies be diverted to those groups or if it was ring-fenced for Scottish Borders Council contracts.

Mr Robertson commented that Scottish Borders Council as a wage employer paid the living wage to all staff and the NHS were working towards that also. The Council encouraged all suppliers and contractors to also pay the living wage. The contribution of £34m to the continued delivery of the real living wage was primarily focused on the national care home contract.

Cllr John Greenwell enquired in regard to ring fenced reserves if the allocation of those reserves was done in collaboration by both sides. Mr Robertson confirmed that it was done in collaboration between himself, Andrew Bone and Rob McCulloch-Graham to ensure any usage was in line with the reason for the reserve. There was an expectation that a draw down of reserves would take place in support of both organisations.

Cllr Shona Haslam enquired how the judgement was made in terms of additional funding being required. Mr Robertson clarified that the process was set out in the Scheme of Integration and a recommendation would be brought to the Board to confirm that all reasonable steps had been taken to minimise any impact on the budget and seek approval should further monies be required.

Cllr Haslam enquired about the level of confidence in meeting savings targets. Mr Andrew Bone referred to Section 5 of the report and the description of how that worked in practice and the potential level of support required against the non delivery of savings. He advised that the

mechanism for the delivery of savings for the NHS Borders had been suspended over the last year due to the COVID-19 Pandemic. Work was being taken forward in order to identify a realistic level of savings to be delivered in year.

Cllr Haslam enquired about non recurring brokerage. Mr Bone advised that it was a combination of NHS monies and Scottish Government brokerage. A gap of £5.4m had been identified and discussions with the Scottish Government for support were ongoing.

Mr Malcolm Dickson enquired in regard to the reserves, what was already committed and how it would be used if there were slippages in the savings target. Mr Bone commented that in reality due to the uncertainty of expenditure in the current year, a final figure could not be put on what the reserve would be. However given the impact of COVID-19 he expected the figure to double. He further emphasised that those funds were all directed for investment programmes.

Mr Tris Taylor enquired about any unproductive antagonisms to achieving an agreeable financial position. Mr Robertson commented that there were encouraging signs this year that partners (IJB, NHS, SBC) were moving more effectively together on the construction of the budget and had a common understanding of the challenges faced in 2021/22. Mr Robertson commented that in terms of outcomes if funding was retained by SBC and NHS, in essence that funding would be delegated back to SBC and the NHS through direction from the IJB.

Mr Taylor enquired about the 1.5% transfer. Mr Robertson clarified that in regard to the 1.5%, it was a “de minimis” target set by the Scottish Government to ensure that monies were transferred to the IJB as a minimum amount. He was pleased to be able to report that the allocation to the IJB was in excess of the 1.5% prescribed.

Mr Rob McCulloch-Graham commented that this year had been completely different to previous experiences in formulating the financial plan. Due to the pandemic and different personalities he said he had found it refreshing to pull the financial plan together with Mr Andrew Bone and Mr David Robertson. In terms of culture the difficulties experienced in the past were no longer present. In terms of strategy he suggested the IJB was in an exciting position in looking at a joint strategy across Scottish Borders Council and NHS Borders with the IJB as the catalyst for that joint strategy.

Mrs Karen Hamilton echoed that the joint working over the past year had felt more integrated and congratulated Mr Robertson and Mr Bone for pulling together the financial plan in the absence of an IJB Chief Financial Officer.

Mrs Hamilton enquired if there was any update on the appointment of a Chief Financial Officer for the IJB. Mr McCulloch-Graham commented that appointments were being finalised following the restructure of the commissioning and strategy function.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the budget allocations from NHS Borders (£140.2m) and Scottish Borders Council (£54.2m) for 2021/22.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that in line with the scheme of integration any expenditure in excess of these delegated budgets in 2021/22 will

require to be funded by additional contributions from Partners provided all appropriate steps have been taken to deliver a balanced position.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that Partner bodies expect a financial impact from the work to address Covid-19. This paper assumes these costs will be separately identified and will not impact on the delegated function budgets.

#### **4. ANY OTHER BUSINESS**

There was none.

#### **5. DATE AND TIME OF NEXT MEETING**

The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board would be held on Wednesday 21 April 2021 at 10am to 12noon, via Microsoft Teams.