



MINUTE of MEETING of the **SCOTTISH BORDERS COMMUNITY HEALTH AND CARE PARTNERSHIP (CHCP) BOARD** held in the Council Chamber, SBC Headquarters, on 24<sup>th</sup> March 2014 from 4.00pm to 5.00pm

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- Present:- Sandy Aitchison, Councillor, SBC  
Pat Alexander, Non-Executive Director, NHS Borders  
Catriona Bhatia, Councillor, SBC (Chair)  
David Davidson, Non-Executive Director, NHS Borders  
Stella Everingham, Acting Head of Social Work, SBC  
John Mitchell, Councillor, SBC  
Frances Renton, Councillor, SBC
- Officers:- Calum Campbell, Chief Executive, NHS Borders  
Jane Davidson, Chief Operating Officer, NHS Borders  
Carol Gillie, Director of Finance, NHS Borders  
John McLaren, Employee Director, NHS Borders  
David Robertson, Finance Director, SBC  
Elaine Torrance, Integration Programme Manager
- In Attendance:- Tim Cameron, Secretariat Michael Curran, Change Fund Programme Manager (item 4).

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1. **APOLOGIES, ANNOUNCEMENTS & INTRODUCTIONS / WELCOME**  
Apologies were received from David Parker, John Raine and Glen Rodger
2. **MINUTE OF PREVIOUS MEETING – 23<sup>rd</sup> SEPTEMBER 2013**  
Minutes of the meeting held on 23<sup>rd</sup> September 2013 were previously circulated. Mr J Mitchell requested an amendment to the minutes under section 1, he requested that the note be changed from 'Cllr J Mitchell had submitted last minute apologies' to 'Cllr J Mitchell had been asked to substitute for Council Leader D Parker at a meeting of COSLA so would not be attending today's meeting'.

**DECISION**

- a) **The Board agreed that the reference should be changed and confirmed the accuracy of the rest of the record.**

3. **MATTERS ARISING AND ACTION TRACKER**

There were no matters arising from the minutes. The Action Tracker was previously circulated.

Action Tracker:

Action 31 and Action 42 were both on the agenda.

**DECISION**

- a) **The CHCP Board accepted the updates in the action tracker.**

**4. CHANGE FUND – EXIT STRATEGY**

The Change Fund – Exit Strategy was previously circulated. Mr M Curran explained that at the November and December Reshaping Care Board meetings all of the Change Fund Projects were reviewed and an agreement was made regarding which ones would continue with funding. Mr M Curran was then tasked with looking at the projects which required a managed exit strategy.

There were several major groupings of projects categorised as follows:

1. Those projects that have been successful and require mainstreaming
2. Those projects that have not performed as expected and have or will be closed down
3. Those projects that have been agreed in principle but will not be initiated
4. Those projects that will receive funding from the Change Fund for the next year

Mr M Curran added that at the beginning of the Change Fund process projects were tasked with considering an exit strategy all of which have been reviewed.

Mr M Curran explained that Table 1 in the paper identifies the projects that require mainstreaming and which organisation has responsibility for this, Table 2 identifies the projects that need to be closed. The tables on the following page are a standard risk matrix which records operational, financial and statutory considerations. There are 3 projects classified in the red (Major/Likely) risk category.

Cllr C Bhatia opened the paper up for questions.

Mr D Robertson advised that he was puzzled with the finance information given the levels of risk allocated to SBC. Mr M Curran explained that they were indicative 2013/14 costs and may change depending on mitigation. Mr D Robertson added that we need absolute clarity on the risks associated with closing down or mainstreaming these projects.

Mr C Campbell queried why there was a financial risk associated with the projects being mainstreamed if they have, as they were supposed to have delivered the return on investment.

Mrs E Torrance responded that the biggest risk is around Housing with Care as there was an anticipated reduction in beds that would compensate for the costs of this service. Work is currently ongoing to see how this can be managed.

Mr D Davidson advised that he was not satisfied that the only angle the paper was covering was financial, he also expected to see what the mitigation plans are to allow things like the Housing with Care to continue without the Change Fund monies.

Mrs P Alexander added that it would be good to see the non-financial implications of for example the 'Prevention of Falls' project, she queried how this could be brought into the paper.

Mrs J Davidson responded that in relation to specifically the falls project that this would be taken forward by the Allied Health Professional (AHP). There will be a number of different initiatives used to take this forward such as the up-skilling of nurses.

Mr D Robertson stated that Board can't just note the paper, with the financial risks then just being worked into the budget process. Cllr C Bhatia commented that the paper doesn't actually confirm what the exit strategy is and asked the Board what further information do they require.

Mr C Campbell stated that we need to be very clear around criteria for return on investment, so if we cannot find a substitution or return we need to stick to the rules that were set out for the Change Fund.

Mr D Davidson added that the paper needs to come back with a narrative which actually references the mitigation and not just monetary issues, for example effects on other services. Cllr C Bhatia added that we also need to link to the impacts on other budgets for example what impact does the falls project have on the Orthopaedic budgets.

Cllr Aitchison queried if it was correct that the Housing with Care project is actually a 3 year project rather than 4 years. Mr M Curran explained that it was as funding had been re-focussed on Continuing Care so we needed to think about mainstreaming earlier.

Mrs E Torrance advised that we need a more detailed plan on funding. Mrs J Davidson asked if Mrs E Torrance was saying that if the Housing for Care project had an extra years funding they would deliver the required 3:1 return on investment. Mrs E Torrance clarified that she was.

Cllr Bhatia summarised by requesting a paper that included the mitigation plans, details of where savings had been released to support budgetary pressures plus information on the effect the projects have had on other services (as raised by Mrs P Alexander).

#### **DECISION**

- a) **The CHCP Board agreed that a further paper will need to be brought back with details of mitigation plans, information on where savings have been released and what the impact has been on other services. M Curran**

#### **5. CHILDREN'S CHANGE FUND**

The Children's Change Fund report had been previously circulated. Mrs S Everingham advised that a paper had been to NHS Borders and Scottish Borders Council regarding how to use monies to progress the agendas of the Early Years Strategy.

The paper looked at the models for Early Years Centres considering the capital works required for each. Progress on the Early Years Centres has been reported back through the Early Years Leadership Group.

Cllr C Bhatia stated that her understanding was that the priorities for the Early Years Centres were Langlee and Burnfoot then Philiphaugh and Eyemouth. She queried why Philiphaugh was not now the priority.

Mrs S Everingham responded by explaining that the premises at Philiphaugh are the most suitable of the all the locations so we were able to progress quickly. It's easier to progress the capital works so that is why it has been adjusted.

Mrs P Alexander asked if the outreach services would be provided in the centres or if the outreach services came from the centres. Mrs S Everingham advised that it would be a bit of both, some clinics would be delivered in the centres for example Health Visitor Clinics which will also be delivered outside (using the spokes model). What we are trying to do is develop centres of excellence; however it won't be possible to do everywhere.

Mr C Campbell stated that the Health Board is trying to develop a Child Development Centre and advised that we must be careful in terms of our language and description of this and the Early Years Centres to as to avoid causing any confusion. They must be branded as complimentary but different.

Mr D Davidson advised that there was a project in Hawick with the Road House and queried if there had been consideration to joining up with the Early Years Centres work. Mr S

Everingham advised that we were still working out what will be built in and need to be careful about what is included in both projects.

**Decision**

**a) The CHCP Board noted the Children's Change Fund Update**

**6. JOINT FINANCE REPORT**

The Joint Finance report had been previously circulated. Mr D Robertson advised that the key point in the paper was that there was a projected year end breakeven position however this was only after SBC having to put £580,000 in to support pressures on the Learning Disability Service.

Cllr S Aitchison queried why in the Alcohol and Drug Partnership base budget it is stated as £1.763 million and the projected outcome is £1.428 million. Mr D Robertson advised that this was to do with an arranged carry forward for next year.

**Decision**

**a) The CHCP Board noted the Joint Finance Report**

**7. ANY OTHER BUSINESS**

Cllr C Bhatia advised that the CHCP Board members had been contacted by BLISS with an offer to come and deliver a presentation about the BLISS Services and the Scottish Governments See /Hear Strategy. She advised that the Board probably isn't the appropriate place for this. Mr C Campbell agreed with the Cllr C Bhatia's assessment and stated that if the presentation was to include a request for funding we should advise BLISS that they were welcome to submit a Business Case for submission.

**Decision**

**a) The CHCP Board agreed that a letter should be sent back to BLISS explaining the outcome of the discussion.**

Mrs E Torrance fed back to the group that a report on Health and Social Care Integration had been discussed at the Pathfinder Board. She referred to Section 2.6 in the terms of Reference included with the paper which outlines the CHCP Board would be subsumed into the Shadow Integration Board and asked if everyone was comfortable with this.

Mrs J Davidson asked Mrs E Torrance what would happen with the Children's agenda. Mrs E Torrance stated that all of the CHCP functions will come under the Shadow Board; however they won't be included in the budgets. Mrs J Davidson asked if items like the Children's agenda and Housing could sit on a specific part of the agenda so we do not lose sight of them.

Cllr J Mitchell suggested having the Children and Housing as standing items on the Shadow Board agenda in the first instance.

Cllr S Aitchison asked if this change was taking effect as off today. Mrs E Torrance confirmed it was. Mr C Campbell clarified that this is just a shadow Boards so the respective NHS Borders and SBC Boards still have a big role to play.

**Decision**

**a) The CHCP Board agreed acknowledged the Shadow Board would now be taking over the business of the CHCP Board.**

**b) The CHCP Board agreed that Children and Housing should be standing items on the Shadow Board Agenda.**

**8. DATE AND TIME OF NEXT MEETING**

The Shadow Integration Board will meet:  
28<sup>th</sup> April 2014  
2.00pm  
Boardroom, Newstead

**SCOTTISH BORDERS COUNCIL**  
**NHS BORDERS**

MINUTE of MEETING of the HEALTH AND SOCIAL CARE PATHFINDER BOARD held at Council Chamber, Council Headquarters, Newtown St Boswells 24 March 2014 at 2.30 pm.

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- Present:- Councillor C. Bhatia (Chairman - SBC Depute Leader - Health Service), Mr D. Davidson (NHS Borders Board Member), Ms E. Fleck (Director of Nursing and Midwifery), Dr S. MacDonald (NHS Borders Medical Director), Ms K. McNicol (NHS Board Member), Councillor J. Mitchell (SBC Depute Leader – Finance), Councillor D. Parker, (SBC Leader), Councillor F. Renton (SBC Executive Member for Social Work).
- Apologies:- Mr J. Raine (Chairman of NHS Borders), Ms T Logan (SBC Chief Executive).
- In Attendance:- Dr E. Bajjal (Joint Director of Public Health for NHS Borders and SBC), Mr C. Campbell (NHS Borders Chief Executive), Ms J. Davidson (NHS Borders Chief Operating Officer), Mr J. Lamb (SBC, Programme Manager), Mr J. McLaren (NHS Employee Director of Area Partnership Forum), Mr D. Robertson (SBC Chief Financial Officer), Ms E. Torrance (Programme Director for Health & Social Care Integration), Ms J. Wilkinson (SBC Clerk to the Council), Ms K. Mason (SBC Democratic Services Officer).
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**ORDER OF BUSINESS**

1. The Chairman advised that there was an additional item of business for the Board to consider and finance reports would be tabled at the meeting by the Chief Financial Officer. This Minute reflects the order in which items were considered at the meeting.

**MINUTE**

2. There had been circulated copies of the Minute of the meeting held on 16 December 2013.

**DECISION**

**AGREED to approve the Minute for signature by the Chairman.**

**MEMBERS**

Dr S. McDonald and Ms. E. Fleck joined the meeting at difference times during discussion of the following item.

**HEALTH AND SOCIAL CARE INTEGRATION LEGISLATION**

3. There had been circulated copies of a power point presentation relating to the Health and Social Care Integration Public Bodies (Joint Working (Scotland) Bill. Mrs Isles, SBC Legal and Licensing Services Manager, presented information relating to the Bill which dealt with a variety of possible Integration Authority formats, namely:- (a) corporate body joint board; (b) lead agency; (c) Councils and Health Boards with coterminous boundaries; and (d) Councils and Health Boards who did not share co-terminous boundaries. She advised that the Bill was peppered with provisions giving Ministers powers to make Regulations, Orders, Schemes, Guidelines and Directions. There was a duty to provide an Integration Scheme, with Scottish Ministers having default powers if the Council and NHS Borders failed to submit the Integration Scheme. The Strategic Plan was the next major piece of work but until Regulations came out it was only possible to look at matters in principle at this stage. Members also considered where Health and Social Care Integration sat with Community Planning.

## **DECISION**

**NOTED the presentation.**

### **INTEGRATION PROGRAMME BOARD UPDATE**

4. There had been circulated copies of a Briefing Paper by Elaine Torrance, Joint Programme Director for Health & Social Care Integration/Chief Social Work Officer, advising on progress with the Integration Programme for Health & Social Care and identifying the key issues and risks for the programme. The Public Bodies (Scotland) Act was due to receive Royal Assent in April 2014 and work was underway at national level to develop and consult on regulations and guidance which would need to be kept under review by the Partnership as it developed. The Pathfinder Board had previously considered a high level programme plan identifying the key timescales for the establishment of an Integration Body operating fully within the legislation by April 2015. The Programme Manager, Mr Lamb, advised that the programme plan identified a number of key stages and timescales which were broken down as follows: (a) the development of the Shadow Board by April 2014; (b) the production of the Integration Plan by February 2015 which would need to detail the Governance arrangements for the partnership including membership of the Integration Body and Terms of Reference; and (c) the production of the Strategic Plan for the partnership by 2015 which would set out the strategic outcomes and priorities for the partnership including proposals for service development and budget spend. The Scottish Government had announced funding of £7m across Scotland to assist with the preparation for the implementation of the Act during 2014/15 and it was noted that a bid for £654,000 was being submitted. A copy of the bid was circulated at the meeting. Members discussed the tight timetables, the requirement for IT systems to be compatible, and the need to start focussing on existing strategies and deliverables going forward. The Chief Financial Officer advised that based on population, the Scottish Borders share of the budget available from the Scottish Government would be £140k and Members agreed to progress along those lines.

## **DECISION**

**(a) NOTED the report.**

**(b) AGREED to progress matters on the basis of a minimum additional budget allocation of £140k from Scottish Government.**

### **URGENT BUSINESS**

5. Under Section 50B(4)(b) of the Local Government (Scotland) Act 1973, the Chairman was of the opinion that the item dealt with in the following paragraph should be considered at the meeting as a matter of urgency, in view of the need to keep Members informed.

### **FINANCE REPORTS**

6. There had been tabled at the meeting copies of details of the establishment of the financial management arrangements for the shadow year and a draft shadow budget management report. The Chief Financial Officer highlighted the main areas in relation to the establishment of financial management arrangements which were (a) the creation of an aligned financial plan for the shadow year; and (b) budget monitoring and management report and governance responsibilities for managing the budget. He also presented information relating to the draft shadow budget management report. Monitoring reports would be based on the spreadsheets issued.

## **DECISION**

**NOTED the reports.**

### **SHADOW INTEGRATION BOARD – GOVERNANCE**

7. There had been circulated copies of a report by the Chief Executive of Scottish Borders Council on proposed governance arrangements for Health & Social Care, making recommendations to Council/NHS Borders on disbanding the current Health and Social Care Pathfinder Board and replacing this with a Shadow Board until 1 April 2015. A similar report would be considered by NHS Borders Board at its meeting on 3 April 2014. The report explained that the Public Bodies (Joint Working) (Scotland) Act was passed by the Scottish Parliament on 25 February 2014, with a proposed date for implementation of 1 April 2015.

The current Health and Social Care Pathfinder Board consisted of 5 Elected Members and 5 NHS Borders Board members. It was now thought to be appropriate, with the main legislation agreed by the Scottish Parliament, to progress matters beyond the scope of the current Pathfinder Board and move to a Shadow Board to operate in 2014/15, ready for the start of the Joint Integration Board from 1 April 2015. The terms of reference for the proposed Shadow Board, as detailed in Appendix 1 to the report, made it clear that the Shadow Board would have, as far as possible within existing legislation, the same responsibilities for services as the final Joint Integration Board would have when legislation had been fully enacted. Until the new legislation was enacted, any decisions of the Shadow Integration Board would require to be ratified at the next available meetings of both Scottish Borders Council and NHS Borders Board. Details of the initial remit and constitution of the Shadow Board were contained in Appendix 2 to the report. However, the list of functions remitted to the Shadow Board was likely to change during the shadow period as further legislation was enacted and discussions took place between the Council and NHS Borders. There were a number of policy statements by Scottish Government containing areas for inclusion, and approval was being sought to delegate authority to the Chief Executive - in consultation with the Leader and Member for Health Services, and the Chief Executive of NHS Borders - to add, remove or amend any services within the remit of the Shadow Board, as required and in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance. A similar recommendation would be contained in the report to NHS Borders Board. To ensure that both NHS Borders and Scottish Borders Council complied with legislation governing the two bodies, a set of Standing Orders had been drawn up to be used by all members of the Shadow Board and these were contained in Appendix 4 to the report. A dispute resolution process for the Shadow Board had also been drafted and this was included at Appendix 5 to the report. A further report would be brought to Council in early 2015 on the changes required to establish the Joint Integration Board from 1 April 2015. Members noted that in relation to Appendix 4 of the report, paragraph 2.1 the Membership should refer to six elected Members of Scottish Borders Council and six Members of NHS Borders and that paragraph 2.8 should be deleted.

8. It was noted during the discussions that the next meeting was scheduled to be held on 23 June 2014 but it was considered that a meeting of the Shadow Board should be held before then to progress matters and a provisional date was agreed as Monday 28 April 2014 at 2.00 p.m., subject to the Clerk to the Council clarifying with the NHS Borders Board Secretary that this date was acceptable.

#### **DECISION**

**(a) NOTED the following recommendations which would be considered by Council on 27 March 2014:-**

- (i) to note progress with the Integration Programme;**
- (ii) that the Health and Social Care Pathfinder Board be disbanded and the Scheme of Administration be amended accordingly;**
- (iii) that a Health and Social Care Shadow Integration Board be established with effect from 7 April 2014 until 1 April 2015;**
- (iv) to approve the terms of reference of the Shadow Integration Board as detailed in Appendix 1 to the report;**
- (v) to approve the remit and constitution of the Shadow Integration Board as detailed in Appendix 2 to the report and that this be added to the Scheme of Administration;**
- (vi) to note the appointment of the Leader, the two Depute Leaders (Finance and Health Service), the Executive Member for Social Work, and the Executive Member for Education to the Shadow Integration Board;**



- (vii) to appoint a further Elected Member to the Shadow Integration Board;
  - (viii) that the Shadow Integration Board evaluates and defines the scope of the functions detailed in Appendix 3 to the report for future consideration;
  - (ix) to approve the Standing Orders to be used by the Shadow Board as detailed in Appendix 4 to the report as amended;
  - (x) to approve the Dispute Resolution process as detailed in Appendix 5 to the report; and
  - (xi) to delegate authority to the Chief Executive - in consultation with the Leader and Member for Health Services, and the Chief Executive of NHS Borders - to add, remove or amend any services within the remit of the Shadow Board, as required and in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
- (b) **AGREED**, subject to the Clerk clarifying with the NHS Borders Board Secretary, that the first meeting of the Shadow Board be held in Council Headquarters on 28 April 2014 at 2.00 p.m. As previously agreed meetings would also be held on 23 June 2014, 22 September 2014, 15 December 2014, 23 March 2015 and 22 June 2015.

#### **MEMBERS**

Ms E. Fleck and Dr S. MacDonald left the meeting.

#### **CHIEF OFFICER APPOINTMENT**

9. The Programme Director advised that the job description for the Health and Social Care Chief Officer had been drafted and was being graded through Scottish Borders Council and NHS Borders processes. It was anticipated that the position would be advertised as soon as possible. Calum Campbell advised that he hoped that the Chief Officer would be appointed in 6 – 8 weeks.

**DECISION  
NOTED.**

#### **COMMUNICATIONS – NEWSLETTER**


10. There had been circulated copies of Issue 1 – February 2014 - Health and Social Care Integration Programme Update. Members discussed the branding noting that no strong steer had been received. The Programme Director referred to the header used in the Newsletter and advised she would contact the virtual group which was looking at engagement and ask them to discuss the branding. Further Newsletters would be issued after each Board meeting.




**DECISION  
AGREED that:**

- (a) the Programme Director would discuss branding with the virtual group which was looking at engagement; and
- (b) further Newsletters would be issued after each Board meeting.

*The meeting concluded at 3.45 p.m.*

**Item No. 4****ACTION TRACKER - ongoing***(Completed actions will be moved to the "completed" action tracker)***Name of Meeting: CHCP Board**

<b>Date of Meeting</b>	<b>Action No</b>	<b>Item / Action</b>	<b>Action to be carried out by</b>	<b>Status</b>	<b>Outcome</b>	<b>Timescale</b>	<b>RAG Status</b>
24.06.13	41	<u>Early Years Collaborative:</u> The CHCP Board noted this paper, with further reports to be brought to future meetings as progress is made.	Amanda Cronin / Jane Davidson	To be placed on June Integration Shadow Board Agenda		Ongoing	
24.03.14	43	<u>Any Other Business</u> The CHCP Board agreed that a letter should be sent back to BLISS explaining the outcome of the discussion.	Tim Cameron/ Calum Campbell	Complete	Sent to by Councillor Bhatia	ASAP	
24.03.14	44	<u>Change Fund Exit Strategy</u> The CHCP Board agreed that a further paper will need to be brought back with details of mitigation plans, information on where savings have been released and what the impact has been on other services.	M Curran			TBC	

KEY:	
	Red Status – Overdue / No Timescale
	Amber Status - <2 weeks to timescale
	Green Status - >2 weeks to timescale
Grey Shading	Complete. Will be removed from action tracker before next meeting.

<b>Project :</b>	Integration of Health and Social Care Programme	<b>Date:</b>	April 2014
<b>Author :</b>	James Lamb	<b>Reporting Period :</b>	21 <sup>st</sup> March – 18 <sup>th</sup> April 2014
<b>Stage :</b>	Initiation	<b>Status:</b>	Amber

**This Reporting Period :**

- Bill has received Royal Assent
- Agreement by NHS and SBC to Shadow Board arrangements.
- Resources bid/plans submitted to Scottish Government
- Chief Officer Job Description finalised and post advertised
- Communications Plan updated
- Paper on the Proposed Integrated Shadow Budget has been prepared and is included on the agenda.

**Key Issues and Risks:**

- Capacity – Limited capacity, particularly in progressing the Strategic Plan, it is requested that the Programme Board be empowered to use up to out pro-rata share of the resources bid for to address these capacity issues
- Strategic Plan – Timescales for the strategic plan appear to allow us to have only a draft plan in place by April 2015 and a latest date for an agreed plan to be in place by April 2016 – timescales in the Programme Plan will need to be amended.
- Bid for additional resources is likely to fall short of the £654K bid for – so prioritisation will be required.
- ICT/Performance – limited progress due to restructuring

**Next Reporting Period :**

- Results of the Bid for additional resources due in early May
- Update Group Remits
- Complete the draft Communications Plan
- 1<sup>st</sup> Stakeholder Analysis
- Planning of pre-drafting consultation (Strategic Plan)
- Meeting of Shadow Board on 28<sup>th</sup> April
- Establish a forward Programme for the Shadow Board
- Progress Outcomes and Performance work
- Appointment of the Chief Officer

<b>Signature :</b>	James Lamb	<b>Date :</b>	15 April 2014
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## **INTEGRATED RESOURCES ADVISORY GROUP PROFESSIONAL GUIDANCE UPDATE**

**Report by the Chair of the Finance Integration Group**

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### **INTEGRATION JOINT SHADOW BOARD**

**18 April 2014**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 **To provide the Integration Joint Shadow Board with a summary of the latest professional guidance from the Integrated Resources Advisory Group (IRAG) on the financial implications of integrating health and social care.**
- 1.2 The IRAG was established by the Scottish Government to consider the financial implications of integrating health and social care, and to help develop professional guidance. The latest guidance was issued on the 28 March 2014 and has considered the following areas:
- The functions which are to be delegated to the Integration Joint Board.
  - Financial management arrangements
  - Reporting arrangements between the Integration Joint Board, Health Board and Local Authority
  - The method for determining the resources to be available to the Integration Joint Board

#### **2 RECOMMENDATIONS**

- 2.1 **It is recommended that the Integration Joint Shadow Board:-**
- (a) **Notes the summary guidance from IRAG.**
  - (b) **Agrees that the Integration Finance working group continues to review the full guidance and will update the agreed integration programme plan with progress at the next meeting covering**
    - a) **Financial governance**
    - b) **Financial assurance and reporting**
    - c) **Financial planning**
    - d) **Capital planning**

### **3 BACKGROUND**

- 3.1 The Public Bodies (Joint Working) (Scotland) Bill was passed by the Scottish Parliament on 25 February 2014. It establishes the framework for the integration of health and social care in Scotland. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to help develop professional guidance. This guidance and advice addresses financial matters and is being issued to assist Health Boards and Local Authorities in preparing for integration. Statutory guidance to support the legislation, on financial and other matters, will be developed during 2014, with stakeholders, to support the implementation of integration. A summary of the key financial issues and recommendations by IRAG are set out in this report.

### **4 DELEGATION TO AN INTEGRATION JOINT BOARD**

- 4.1 The Integration Joint Board, via the process of delegation from the Health Board and Local Authority and its Chief Officer, has responsibility for the planning, resourcing and operational delivery of all integrated services. Decisions on integrated services are joint and integrated, and made by the Integration Joint Board, which produces the Strategic Plan. The Board will give direction and make payment, through the transfer of resources, for the delivery of the services in line with the Strategic Plan. The resources in the Strategic Plan will comprise:
- a) The payment made to the Integration Joint Board by the Local Authority for delegated adult social care services;
  - b) The payment made to the Integration Joint Board by the Health Board for delegated healthcare services; and
  - c) The amount set aside by the Health Board for any delegated services provided in large hospitals for the population of the Integration Joint Board.

The Integration Joint Board will be able to allocate resources between these three components (a) to (c), above in line with the Strategic Plan.

#### **4.2 Financial Governance**

The Integration Joint Board is required to appoint a Chief Officer and an officer responsible for its financial administration (the Section 95 Officer). This role can be appointed to from the senior finance teams of either the Health Board or the Local Authority. Alternatively, the Chief Officer can be appointed to this role, and should this be the case it is recommended that arrangements are put in place to provide him/her and the Integration Joint Board with financial advice from a suitably qualified person.

The financial officer of the Integration Joint Board is responsible for the administration of the financial resources delegated to it and will discharge this duty by:

- Establishing financial governance systems for the proper use of the delegated resources;
- Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's financial resources; and
- Ensuring that the directions to the Health Board and Local Authority require that the financial resources are spent according to the allocations

in the Strategic Plan.

The Chief officer is accountable to the Local Authority Section 95 Officer and the Health Board Accountable Officer for the use of financial resources.

#### 4.3 **Finance assurance and reporting**

The Integration Joint Board will need to put in place systems to establish good governance arrangements, including proportionate:

- Financial regulations;
- Risk management and insurance provision; and
- Internal audit arrangements.

The Integration Joint Board is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973. This determines that the Integration Joint Board will produce audited accounts, that the external audit will be undertaken by auditors appointed by the Accounts Commission and that the financial statements will be prepared according to the Code of Practice in Local Authority Accounting in the UK.

#### 4.4 **Financial Planning**

The Strategic Plan will incorporate a medium term financial plan for the resources within the scope of the Strategic Plan. The Integration Joint Board will publish an annual financial statement setting out the total resources included in the plan for that year. A process of regular in-year reporting and forecasting needs to be established to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board.

The Chief Officer and the Integration Joint Board Financial Officer will develop a business case for its resources. The resources in the first year should be based on the due diligence carried out during the shadow period.

#### 4.5 **VAT status**

HMRC have confirmed that the Integration Joint Board is not a taxable person under the VAT Act 1994 as it will not provide services directly.

#### 4.6 **Capital and asset management**

In preparing the Strategic Plan the Chief Officer will consider all of the resources which are required to deliver the integration outcomes including the relevant non-current assets owned by the Health Board and Local Authority. It is recommended that the Chief Officer develops business cases for capital investment for consideration as part of their respective capital planning processes.

### 5 **NEXT STEPS**

- 5.1 The Integration Finance Group will carry out a full review of the latest guidance issued from IRAG to inform a project plan to ensure timely implementation of Financial governance, Financial assurance & reporting, Financial planning and Capital planning for both the shadow year then full. This plan will be presented at the next meeting of the Integration Joint Shadow Board.

**Approved by**

David Robertson

**Chair of the Finance Integration Group    Signature .....**

**Author(s)**

Name	Designation and Contact Number
Debbie Collins	Financial Services Manager Telephone 01835 825018 Scottish Borders Council





## **MEMBERSHIP**

### **Aim**

To confirm the membership of the Integration Shadow Board.

### **Background**

NHS Borders and Scottish Borders Council have agreed to a membership of six members each made up of elected members of Scottish Borders Council and members of NHS Borders.

The SBC membership is confirmed as:-

Six Elected Members of Scottish Borders Council being:-

- Leader (Cllr David Parker)
- Depute Leader (Finance) (Cllr John Mitchell)
- Depute Leader (Health Service) (Cllr Catriona Bhatia)
- Executive Member for Social Work (Cllr Frances Renton)
- Executive Member for Education (Cllr Sandy Aitchison)
- Elected Member (Cllr Jim Torrance)

The NHS Borders membership is confirmed as:-

Six Members of NHS Borders being:-

- Non Executive, David Davidson
- Non Executive, Pat Alexander
- Non Executive, Dr Doreen Steele
- Non Executive, Dr Stephen Mather
- Associate Medical Director, Dr Jonathan Kirk
- Consultant Physician, Dr Simon Watkin

### **Summary**

Other key individuals will also be invited to attend the Integration Shadow Board meetings in an advisory capacity including the Chief Executives, Directors of Finance, Medical Director, Chief Social Work Officer, Chief Officer and representatives from staff side, third sector, carers and service users.

## Recommendation

The Integration Shadow Board is asked to **note** the membership as per above.

<b>Policy/Strategy Implications</b>	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
<b>Consultation</b>	Scottish Borders Council and NHS Borders.
<b>Risk Assessment</b>	N/A
<b>Compliance with requirements on Equality and Diversity</b>	N/A
<b>Resource/Staffing Implications</b>	N/A

## Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Calum Campbell	Chief Executive		

## Author(s)

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Iris Bishop	Board Secretary		



## **Scheme of Delegation – Chief Officer**

### **Aim**

To update the Shadow Integration Board on the level of delegated authority that is required for the Chief Officer.

### **Background**

The Scottish Borders Integration Programme Board has approved that the Chief Officer is accountable to the Chief Executives of NHS Borders and Scottish Borders Council (SBC) for the operational delivery of services of the Shadow Aligned budget.

Financial governance arrangements need to be approved which ensure clarity of delegated authority to the Chief Officer.

The Shadow Integration Board is in the process of agreeing a Shadow Aligned budget which when finalised will require delegated authority levels to be confirmed for the Chief Officer.

Delegated authority levels to the Chief Officer require to be consistent with the updated governance frameworks.

### **Assessment**

Guidance on the proposals being made within Integration Legislation for the role and remit of the Chief Officer has been issued. This has been reviewed as part of the Scottish Borders Integration Programme.

During the shadow year of 2014/15 the Chief Officer will work within the updated Governance Frameworks of the partner organisations, these being the Code of Corporate Governance for NHS Borders and the Code of Governance for Scottish Borders Council, These documents are being updated to reflect the Chief Officer role.

The Shadow Integration Board are currently in the process of agreeing a Shadow Aligned Budget which when finalised will require delegated authority levels to be confirmed for the Chief Officer. The seniority of the role and the accountability to the partner organisations' Chief Executives and the range of services proposed for the Shadow Integration Board would require the level of delegation being equivalent to that of the Chief Operating Officer for NHS lead services and the Deputy Chief Executive (People) for Scottish Borders Council lead services. The level of delegated authority for the Chief Operating Officer is up to £125,000. The level of delegated authority for the Deputy Chief Executive (People) is controlled by the budget and the SBC scheme of delegation as such no specific individual

transaction limits apply. These posts within the partner organisations currently have financial accountability for the services which will be included within the integrated budget.

The recommended level of delegated authority for the Chief Officer is consistent with the existing governance arrangements for NHS Borders and Scottish Borders Council.

### Recommendation

The Integration Shadow Board is asked to **note** that a level of delegated authority is given to the Chief Officer consistent with existing governance arrangements within the partner organisations for the appropriate services included within the integrated budget at the level of the current Chief Operating Officer for NHS Borders and the Deputy Chief Executive (People) for Scottish Borders Council.

<b>Policy/Strategy Implications</b>	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
<b>Consultation</b>	Agreed by NHS Borders Board and Scottish Borders Council.
<b>Risk Assessment</b>	A full risk assessment and risk monitoring process for the Integration Programme is being developed as part of the Integration Programme arrangements.
<b>Compliance with requirements on Equality and Diversity</b>	An equality impact assessment will be undertaken on the arrangements for Joint Integration when agreed.
<b>Resource/Staffing Implications</b>	It is anticipated that the Integration Shadow Board will oversee services which have a budget of over £100m, within the existing scope. The budget will change as other functions are brought within the scope of the Integration Shadow Board.

### Approved by

Name	Designation	Name	Designation
Carol Gillie	Director of Finance	David Robertson	Chief Financial Officer

### Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary	Jenny Wilkinson	Clerk to the Council



## **GOVERNANCE CODE**

### **Aim**

To advise the Integration Shadow Board of its Governance Code.

### **Background**

To ensure that both NHS Borders and Scottish Borders Council comply with legislation governing the two bodies, a series of documents have been drawn up and agreed by both organisations to form the Integration Shadow Board Governance Code.

The Governance Code consists of:-

- Terms of Reference
- Remit and Constitution
- Standing Orders
- Dispute Resolution

The Scheme of Delegation once agreed will also be included in the Governance Code.

### **Summary**

Members of the Integration Shadow Board should familiarise themselves with the Governance Code.

### **Recommendation**

The Integration Shadow Board is asked to **note** the Governance Code.

<b>Policy/Strategy Implications</b>	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
<b>Consultation</b>	Agreed by NHS Borders Board and Scottish Borders Council.
<b>Risk Assessment</b>	A full risk assessment and risk monitoring process for the Integration Programme is being developed as part of the Integration Programme arrangements.
<b>Compliance with requirements on Equality and Diversity</b>	An equality impact assessment will be undertaken on the arrangements for Joint Integration when agreed.

<b>Resource/Staffing Implications</b>	It is anticipated that the Integration Shadow Board will oversee services which have a budget of over £100m, within the existing scope. The budget will change as other functions are brought within the scope of the Integration Shadow Board.
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**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Calum Campbell	Chief Executive	Tracey Logan	Chief Executive

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Iris Bishop	Board Secretary	Jenny Wilkinson	Clerk to the Council

**Scottish Borders Council / NHS Borders**

**Health & Social Care Integration**

**Scottish Borders Shadow Integration Board**

**TERMS OF REFERENCE**

**1. Introduction**

- 1.1 These Terms of Reference have been prepared following the decisions taken by Scottish Borders Council on 31 October 2013 and NHS Borders Board on 7 November 2013, to create a Corporate Body to take forward Health and Social Care integration in the Scottish Borders. A Shadow Integration Board will be set up from 7 April 2014 based on the likely provisions of legislation as detailed in the Public Bodies (Joint Working) (Scotland) Bill, which was passed by the Scottish Parliament on 25 February 2014.
- 1.2 The Shadow Integration Board will have, as far as possible within existing legislation, the same responsibilities for services as the final Joint Integration Board will have when legislation has been fully enacted. Until the new legislation is enacted, any decisions of the Shadow Integration Board will require to be ratified at the next available meetings of both Scottish Borders Council and NHS Borders Board.

**2. Purpose**

- 2.1 The Shadow Integration Board's key remit will be to take account of the Integration Planning Principles, namely to improve the wellbeing of service users, by:
- Being integrated from service user point of view
  - Take account of particular needs of service users
  - Take account of dignity of service users
  - Take account of participation by service users
  - Being planned and led locally
  - Best anticipating needs and problems that arise
  - Making best use of people and facility resources
  - Protecting and improving safety of service users
- and the National Health Wellbeing Outcomes of:
- Healthier living
  - Independent living
  - Positive experiences and outcomes
  - Carers are supported
  - Services are safe
  - Engaged workforce
  - Effective resource use
- in defining, planning and monitoring integrated Social Work Adult Care and Health Primary Care functions, along with any other functions so delegated by NHS Borders and Scottish Borders Council.
- 2.2 During the Shadow year, the Shadow Integration Board will direct the work-streams required to achieve integration and define the transition arrangements, including the removal of the current Community Health and Care Partnership (CHCP) structure by 1 April 2015.

2.3 The Shadow Integration Board will be a full and equal partnership between Scottish Borders Council and NHS Borders and will operate within the wider context of Community Planning and the existing Council and NHS strategic frameworks, including joint arrangements such as the Single Outcome Agreement and Scottish Government HEAT target framework.

2.4 The Shadow Integration Board will have the following functions:-

- delegated local authority functions as agreed by Council;
- delegated NHS functions as agreed by the Health Board;
- exercise NHS and Council functions relating to the development and delivery of the Partnership Integration Plan;
- exercise NHS and Council functions relating to the development and delivery of the Integration Board's Strategic Plan;
- development of locality planning;
- development of a communication strategy for both internal and external use;
- development of joint performance management arrangements; and
- equalities impact assessment
- finances

2.5 To fulfil its remit the Shadow Integration Board will

- ensure adequate stakeholder engagement during the transition period;
- review and extend the services covered as appropriate during the transition period;
- be informed and consider the implications for the integration of services in Scottish Borders of national developments pertaining to the passage through Parliament of the Public Bodies (Joint Working) (Scotland) Bill, the work produced by the National Working Groups, and the content of any consequential regulations or guidance issued by Scottish Ministers.

2.6 The Shadow Integration Board will also take on the work of the existing Scottish Borders Community Health and Care Partnership (CHCP) with any decisions ratified at a final meeting of the CHCP prior to its disbandment on 1 April 2015. The Shadow Integration Board will take cognisance of existing CHCP policy, work, and reporting Groups.

### **3. Management Support**

3.1 The Shadow Integration Board will be supported in its work through the Chief Officer of the Integration Partnership for Scottish Borders. The Chief Officer will have financial responsibilities and will be jointly accountable to the Chief Executive of Scottish Borders Council and to the Chief Executive of NHS Borders.

3.2 NHS Borders and Scottish Borders Council will provide sufficient resources to support the Chief Officer Designate in his/her work.

### **4. Professional Advice**

4.1 The Shadow Integration Board will have the authority to access appropriate professional advice and guidance to fulfil its remit.



## **5. Stakeholder Engagement**

- 5.1 In addition to the involvement of professionals in its work, the Shadow Integration Board will engage with representatives drawn from staff, the third sector, users, the public and carers. The Board will discuss with the existing CHCP Forum members how to build on their work and develop the arrangements required to ensure wider stakeholder involvement being in place within the Shadow Integration Board prior to the creation of the Integration Joint Board.
- 5.2 To enable a smooth transition to the new Integration Joint Board, in common with that Board the Shadow Integration Board will have non-voting representation drawn from health and social care professionals, staff, the third sector, users, the public and carers.

19 March 2014

**SCOTTISH BORDERS  
HEALTH AND SOCIAL CARE  
SHADOW INTEGRATION BOARD**

**General**

The Shadow Integration Board shall be an Advisory Committee of NHS Borders and Scottish Borders Council during the shadow period.

**Functions Delegated**

Those functions marked \* are referred to the Shadow Board for consideration and recommendation only and decisions must receive final approval from the Scottish Borders Council and NHS Borders Board.

**Constitution**

Voting Members

(a) Six Elected Members of Scottish Borders Council being:-

- (i) the Leader
- (ii) the Depute Leader (Finance)
- (iii) the Depute Leader (Health Service)
- (iv) Executive Member for Social Work
- (v) Executive Member for Education
- (vi) One other Elected Member.

(b) Six Members of NHS Borders

(The 6 Health Board members shall be nominated by the Health Board and will comply with final legislation, and any consequential Regulations, Orders, Directions and Guidance.).

Advisory (non-voting) Members

- (c) Clinical Director of the Health Board
- (d) Chief Social Work Officer
- (e) Director of Finance of the Health Board
- (f) Chief Financial Officer
- (g) One representative from the staff side
- (h) One representative from the third sector
- (i) One representative of carers
- (j) One representative of service users
- (k) Chief Officer of the Shadow Joint Integration Board

Advisors to the Shadow Board

- (l) Chief Executive, Scottish Borders Council
- (m) Chief Executive, NHS Borders

Others key individuals will be asked to attend as required

**Chairman**

The first Chairman of the Shadow Integration Board shall be from the body not employing the Integration Board's Chief Officer, with the Vice-Chairman from the body employing the Chief Officer. The Chairman shall not have a casting vote.

## **Quorum**

Three Elected Members from Scottish Borders Council and three members from NHS Borders shall constitute a Quorum

## **Budgets**

Any delegated budgets shall operate as aligned budgets and shall require the final approval of Scottish Borders Council and NHS Borders respectively.

## **Functions Referred**

The following functions of the Council and NHS Board, within policy, budget and legislative requirements, shall stand referred to the Board, namely -

All arrangements relating to the following services delivered in partnership through the Scottish Borders Council and NHS Borders and other stakeholders for primarily adult services - in terms of health and care, but not education - to include:

- (a) other services agreed by both organisations.
- (b) Joint Learning Disability Service
- (c) Joint Mental Health Service
- (d) Drug and Alcohol Services
- (e) Assessment and Care Management Teams
- (f) Joint Health Improvement Team
- (g) Older people's services including Residential and Care Home Services
- (h) Change Fund/Delayed Discharge
- (i) Ability Equipment Store
- (j) Physical Disability Services – including care at home and day support
- (k) Community Hospitals and nursing services – including all services provided in the four community hospitals and district nursing, health visiting, and school nurse services provided to local communities
- (l) GP prescribing and general medical services - including all prescriptions dispensed in Borders for all residents as well as all medical services provided by local GP's
- (m) Allied Health Professionals Services – this covers physiotherapy, occupational therapy, podiatry, dietetics and speech and language therapy which provide both hospital and community based services to the whole Borders population

## **Remit**

1. After consultation with Scottish Borders Council and NHS Borders, appoint a Chief Officer in line with delegated functions.
2. Delegate functions to the Chief Officer.
- \*3. Prepare a budget for the delivery of integrated or aligned services.
- \*4. Undertake regular monitoring of the budget.
- \*5. Give a Direction to Scottish Borders Council and NHS Borders to carry out functions on its behalf.
- \*6. Prepare the Health and Social Care Integration Scheme.

- \*7. Prepare the Health and Social Care Strategic plan, (including the establishment of the Strategic Planning Group) which will include joint locality planning and service delivery, joint strategies, commissioning plans, service redesign and pooled budgets.
- \*8. Publish the Health and Social Care Strategic Plan.
- \*9. Monitor performance of the integrated services' joint outcomes relating to the Integration Planning Principles and the National Health Wellbeing Outcomes.
10. Prepare and publish an annual report.
11. Prepare and publish an annual financial statement.
12. Ensure appropriate consultation and engagement has taken place with stakeholders, staff, carers and that a communications strategy is in place.
- \*13. Ensure that adequate arrangements in terms of policy agreed by Scottish Borders Council and NHS Borders are in place to provide such care as is required from within the annual budgets overseen by the Board. Should a potential overspend be projected, a joint report will be submitted by the Board to the appropriate Committees of Scottish Borders Council and NHS Borders making proposals to address this. The Board will not exceed its delegated budgets without an express resolution of both organisations, which resolution shall address funding.
- \*14. Consider and make recommendations in relation to any potential areas of joint working referred by either Scottish Borders Council or NHS Borders.
15. Establish any sub-Committees or Working Groups as required and subject to any Regulations by Ministers.
16. Comply with Scottish Ministers' Regulations, Orders, Directions and Guidance.

**SCOTTISH BORDERS SHADOW INTEGRATION BOARD**

**STANDING ORDERS FOR MEETINGS**

8 April 2014

## **1. General**

- 1.1 The Standing Orders of the Scottish Borders Shadow Integration Board as a joint Advisory Board are set up in accordance with the Health Boards (Membership and Procedures) (Scotland) Regulations 2001 legislation governing NHS Borders ("the NHS Board"); and a joint Advisory Committee of the Scottish Borders Council ("the Council") constituted in terms of Section 56(4) of the Local Government (Scotland) Act 1973. As the Board will make recommendations on functions delegated from both the NHS Board and the Council, the NHS Board and the Council have resolved that a single set of Standing Orders will apply.
- 1.2 These Standing Orders are made in accordance with the Community Health Partnership (Scotland) Regulations 2004 (SSI 2004 386), the Scottish Borders Community Health Partnership Scheme of Establishment approved by Scottish Ministers and the Local Government (Scotland) Act 1973.
- 1.3 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

## **2. Membership**

- 2.1 Membership of the Integration Board shall comprise six persons nominated by the NHS Board, and six persons appointed by the Council plus non-voting representatives drawn from health and social care professionals, staff, the third sector, users, the public and carers.
- 2.2 The term of office of voting Members of the Integration Board shall last as follows:
  - (a) for Local Government Councillors, until the day of the next ordinary Elections for Local Government Councillors in Scotland.
  - (b) for NHS Board nominees, until the day their appointment by Scottish Ministers ceases.
- 2.3 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 2.4 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 2.5 Any Member appointed to the Integration Board who ceases to fulfil the requirements for membership detailed in the Scheme of Establishment approved by the Scottish Ministers shall be removed from membership on the serving by the NHS Board of notice to that effect.
- 2.6 A Member of the Integration Board may resign his/her membership in writing at any time during their term of office by giving notice to

either the NHS Borders Board Secretary or the Clerk to the Council. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.

- 2.7 If a Member has not attended three consecutive Ordinary Meetings of the, Integration Board, the NHS Board and the Council shall, by giving notice in writing to that Member, remove that person from office unless the Integration Board are satisfied that :-
- (a) The absence was due to illness or other reasonable cause; and
  - (b) The Member will be able to attend future Meetings within such period as the Integration Board consider reasonable.
- 2.8 The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member.

### **3. Chair**

- 3.1 The first Chair of the Integration Board shall be from the body not employing the Integration Board's Chief Officer, with the Vice-Chair from the body employing the Chief Officer. The Chair and Vice – Chair posts shall rotate annually between the NHS Board and Council, with the Chair being from one body and the Vice-Chair from the other.
- 3.2 The Vice-Chair may act in all respects as the Chair of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.
- 3.3 At every Meeting of the Integration Board the Chair, if present, shall preside. If the Chair is absent from any Meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a chair shall be appointed from within the voting members present for that meeting.
- 3.4 Powers, authority and duties of Chair and Vice-Chair.

The Chair shall amongst other things:-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any Member of the public who is deemed to have caused disorder or misbehaved;
- (g) The decision of the Chair on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chair. When he/she rises to speak, the Chair shall be heard without interruption and
- (i) Members shall address the Chair while speaking.

#### **4. Meetings**

- 4.1 The Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board and no less than 6 times per year.
- 4.2 The Chair may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a Meeting.
- 4.3 If the Chair refuses to call a Meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one third of the whole number of voting Members, has been presented to the Chair or if, without so refusing, the Chair does not call a Meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

#### **5. Notice of Meeting**

- 5.1 Before every Meeting of the Integration Board a Notice of the Meeting, specifying the time, place and business to be transacted at it shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least seven clear days before the Meeting. Members may opt in writing addressed to the Chief Officer to have Notice of Meetings delivered to an alternative address. Such Notice will remain valid until rescinded in writing. Lack of service of the Notice on any Member shall not affect the validity of a Meeting.
- 5.2 In the case of a Meeting of the Integration Board called by Members in default of the Chair, the Notice shall be signed by those Members who requisitioned the Meeting. The meeting will



consider the business specified in the notice. Such meeting shall be held within fourteen days of receipt of the notice by the Chief Officer.

- 5.3 At all Ordinary or Special Meetings of the Integration Board, no business other than that on the Agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the Meeting as a matter of urgency.
- 5.4 The Chief Officer shall be responsible for giving public notice of the time and place of each Meeting of the Integration Board by posting within the main offices of the Integration Board not less than three clear days before the date of each Meeting.

## **6. Quorum**

- 6.1 No business shall be transacted at a Meeting of the Integration Board unless there are present, and entitled to vote both Council and NHS Board members and at least half of the whole number of voting Members of the Integration Board

## **7. Codes of Conduct and Conflicts of Interest**

- 7.1 Members of the Integration Board shall subscribe to and comply with both the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and Councillors Code of Conduct and Guidance made in respect thereto which are incorporated into the Standing Orders. All members who are not already bound by the terms of either Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.
- 7.2 If any Member has a financial or non-financial interest as defined in the Councillors' Code of Conduct or the Code of Conduct of Members of Devolved Public Bodies and is present at any Meeting at which the matter is to be considered, he/she must as soon as practical, after the Meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.
- 7.3 If a Member or any business associate, relative or friend of theirs has any pecuniary or any other interest direct or indirect, in any Contract or proposed Contract or other matter and that Member is present at a Meeting of the Integration Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any Contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that Contract or matter.
- 7.4 A Member who has an interest in service delivery may participate in the business of the Integration Board, except where they have a

direct and significant interest in a matter, unless the Integration Board formally decides and records in the Minutes of the Meeting that the public interest is best served by the Member remaining in the Meeting and contributing to the discussion. During the taking of a decision by the Integration Board on such matter, the Member concerned shall absent him/herself from the Meeting.

## **8. Adjournment of Meetings**

8.1 A Meeting of the Integration Board may be adjourned by a motion, which shall be moved and seconded and put to the Meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the Meeting shall be adjourned to another day, time and place specified in the motion.

## **9. Disclosure of Information**

9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
- The full or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.
- Any information regarding proceedings of the Integration Board from which the Public have been excluded unless or until disclosure has been authorised by the Council or the NHS Board or the information has been made available to the Press or to the Public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Board, the Council or the NHS Board.

## **10. Recording of Proceedings**

10.1 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior written approval of the Integration Board.

## **11. Admission of Press and Public**

11.1 Members of the public and representatives of the Press will be admitted to every formal meeting of the Board but will not be permitted to take part in discussion (Public Bodies (Admission to Meetings) Act 1960; Local Government (Scotland) Act 1973)

- 11.2 The Board may exclude the public and press while considering any matter that is confidential. (Local Government (Scotland) Act 1973, Schedule 7; Freedom of Information (Scotland) Act 2002 (the Act) and Environmental Information (Scotland) Regulations 2004 (the Regulations)
- 11.3 The terms of any resolution specifying the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes.
- 11.4 Members of the public and representatives of the press admitted to meetings shall not be permitted to make use of photographic or recording apparatus of any kind unless agreed by the Board. (Local Government (Scotland) Act 1973; Public Bodies (Admission to Meetings) Act 1960)
- 11.5 Members of the public and press should leave when the meeting moves into reserved business. It is at the discretion of the Chair of that meeting if officers can remain.
- 11.6 Subject to the extent of the accommodation available and subject to the terms of Sections 50A and 50E of the Local Government (Scotland) Act 1973, and Public Bodies (Admission to Meetings) Act 1960 meetings of the Integration Board shall be open to the public.
- 11.7 Every Meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a Meeting. The Integration Board may exclude or eject from a Meeting a member or members of the Press and Public whose presence or conduct is impeding the work or proceedings of the Integration Board.

## **12. Reception of deputations**

- 12.1 Every application for the receiving of a deputation must be in writing, duly signed and delivered or e-mailed to the Chief Officer at least three clear working days prior to the date of the meeting at which the deputation wish to be received. The application must state the subject and the action which it proposes the Board or Committee should take.
- 12.2 The deputation shall consist of not more than ten people.
- 12.3 No more than two members of any deputation shall be permitted to address the meeting, and they may speak in total for no more than ten minutes.
- 12.4 Any member of the Board may put any relevant question to the deputation, but shall not express any opinion on the subject matter until all questions have been asked. If the subject matter relates to an item of business on the agenda, no debate or discussion shall

take place until the relevant minute or other item is considered in the order of business.

- 12.5 The Board may make the following decisions regarding any deputation:
- (i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;
  - (ii) that the issue(s) raised do not merit or do not require further action.

### **13. Receipt of petitions**

- 13.1 Every petition shall be delivered to the Chief Officer at least three clear working days before the meeting at which the subject matter may be considered. The Chair will be advised and will decide whether the contents of the petition should be discussed at the meeting or not.
- 13.2 The Board may make the following decisions regarding any petition:
- (i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;
  - (ii) that the issue(s) raised do not merit or do not require further action.

### **14. Alteration, Deletion and Rescission of Decisions of the Partnership**

- 14.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 13.

### **15. Suspension, Deletion or Amendment of Standing Orders**

- 15.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such Meeting provided that two thirds of the voting Members of the Integration Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

### **16. Order of business**

- 16.1 For ordinary meetings of the Board or its Committees, the business shown on the agenda shall normally proceed in the following order:

- Business determined by the Chair to be a matter of urgency by reason of special circumstances
- Reception of deputations, followed by consideration of any items of business on which the deputations have been heard
- Petitions
- Minutes of the previous meeting for approval
- Minutes of Sub-Committees
- General Business
- Questions and motions of which due notice has been given

16.2 No item of business shall be transacted at a meeting, unless either:

- It has been included on the agenda for the meeting; or
- It has been determined by the Chair to be a matter of urgency by reason of special circumstances

## **17. Motions, Amendment and Debate**

17.1 It will be competent for any voting Member of the Integration Board at a Meeting of the Integration Board to move a motion directly arising out of the business before the Meeting.

17.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded.

17.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any Meeting of the Integration Board except:-

- On a question of Order
- With the permission of the Chair
- In explanation or to clear up a misunderstanding in some material part of his/her speech.

In all of the above cases no new matter will be introduced.

17.4 The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chair will call for the vote to be taken.

17.5 Amendments must be relevant to the motions to which they relate and no Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

- 17.6 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 17.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.
- 17.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or
  - to close the debate in terms of Standing Order 14(f).
- 17.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

## **18. Voting**

- 18.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 18.2 Only the six Members nominated by the NHS Board, and the six Members appointed by the Council shall be entitled to vote. Those Members drawn from health and social care professionals, staff, the third sector, users, the public and carers shall not be entitled to vote
- 18.3 Every question at a Meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote. In the event of an equality of votes, the matter shall be referred to the NHS Borders Board and to Scottish Borders Council for final decision.

## **19. Minutes, agendas and papers**

- 19.1 The Chief Officer is responsible for ensuring that Minutes of the proceedings of a meeting of the Board or its Committees, including any decision or resolution made at that meeting, shall be drawn up. The minutes shall be submitted to the next meeting of the Board, or relevant Committee, for approval by members as a record of the

meeting subject to any amendments proposed by members and shall be signed by the person presiding at that meeting. A Minute purporting to be so signed shall be received in evidence without further proof.

- 19.2 The names of members present at a meeting of the Board or of a Sub-Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any member.
- 19.3 Minutes of Meetings shall be submitted by the Chief Officer or an officer so designated by him/her to the Council and the NHS Board for ratification of all decisions or agreement of any recommendations.
- 19.4 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public. This does not apply to Minutes of private section of any meeting.
- 19.5 The Minute of a meeting being held where authority or approval is being given by the committee and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:
- A summary of the Committee's discussions
  - A clear and unambiguous statement of all decisions taken
  - If no decision is taken, a clear and unambiguous statement of where the matter is being referred or why the decision has been deferred
  - Where options are presented, a summary of why options were either accepted or rejected
  - Reference to any supporting documents relied upon
  - Any other relevant points which influenced the decision or recommendation
  - Any recommendations which require approval by a higher authority
- 19.6 The contents of a Minute will depend upon the purpose of the meeting.
- If the meeting agrees actions they will be recorded in an Action Tracker:
- A description of the task, including any phases and reporting requirements
  - The person accepting responsibility to undertake the task
  - The time limits associated with the task, its phases and agreed reporting
- 19.7 The agendas and papers for all Board, Committee and Sub-Committee meetings shall be circulated to members by post or electronic means at least 7 days before any given meeting.

- 19.8 The draft minutes and action trackers from all Board, Committee and Sub-Committee meetings shall be issued as soon as possible following a meeting, ideally within 5 working days.

## **20. Freedom of Information (Scotland) Act 2002**

- 20.1 The Freedom of Information (Scotland) Act 2002 (FOI(S)A) was introduced by the Scottish Parliament to ensure that people have the right to access information held by Scottish public authorities. The Act states that any person can receive information that they request from a public authority, subject to certain exemptions such as protection of personal data and commercial interests, or national security. It came into force on 1 January 2005 and is retrospective.

Under FOI(S)A NHS Borders and Scottish Borders Council are required to:

- Provide applicants with help and assistance in finding the information they require within a given timescale
- Maintain a publication scheme of information to be routinely published
- Put in processes for responding to enquiries and undertaking appeals against decisions to withhold information

- 20.2 Information as defined under FOI(S)A includes copies or extracts, including drafts, of any documents such as:

- reports and planning documents
- committee minutes and notes
- correspondence including e-mails
- statistical information

- 20.3 The FOI(S)A provides a range of exemptions which may be applied allowing the public authority to withhold information. Exemptions must be considered on a case by case basis and may be applied to all or only part of the information requested.

- All documents will be scrutinised for information which may be withheld under an exemption to the Act prior to release.
- Full details of the FOI(S)A exemptions and how to apply them can be found in the Freedom of Information (Scotland) Act 2002.
- Briefings on how to apply exemptions can be found on the Scottish
- Information Commissioners website  
<http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp>.

## **21. Records management**

- 21.1 Under the Freedom of Information (Scotland) Act 2002, NHS Borders and Scottish Borders Council must have comprehensive records management systems and process in place which must give clear guidance on time limits for the retention of records and documents.



## **22. Reserved Business**

22.1 A Private meeting of the Board may be called at any time by the Chair, or one third of the Members. Generally a minimum notice period of three days should be observed. However, in exceptional circumstances and provided the majority of Board members are present and given the opportunity to attend, appropriate matters pertaining to a Private session may be conducted at the conclusion of a Board meeting. To allow for appropriate notice periods to be observed the wording "At the conclusion of the Board meeting, the board will reconvene for any matters of reserved business." should be clearly stated at the bottom of each Board meeting agenda.

## **23. Suspension and Disqualification**

23.1 Any Member of the Integration Board may on reasonable cause shown be suspended from the Integration Board or disqualified from taking part in any business of the Integration Board in circumstances specified for NHS Board appointed nominees by the NHS Board, and for Council appointed nominees by the Council.

## **24. Working Groups**

- 24.1 The Integration Board may establish any Sub-Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Integration Board.
- 24.2 The Membership, Chair and quorum of any Sub-Committee or Working Groups will be determined by the Integration Board.
- 24.3 The Terms of Reference of the Sub-Committee or Working Group will be determined by the Integration Board.
- 24.4 A Sub-Committee or Working Group does not have any delegated powers to implement its findings and will prepare a Report for consideration by the Integration Board
- 24.5 Agendas for consideration at a Sub-Committee or Working Group will be issued by electronic means to all Members no later than seven working days prior to the start of the Meeting.

**Dispute Resolution Process for Shadow Integration Board**

1. All disputes between partners arising out of, or relating to, Integration arrangements may be escalated - by either Partner (Scottish Borders Council and NHS Borders) – initially to the Chief Executive of each of the Partners for resolution.
2. If a dispute which has been escalated to the Chief Executive(s) cannot be resolved within 14 days, the dispute may be escalated to the Shadow Integration Board for resolution.
3. If the dispute cannot be resolved by the Shadow Integration Board, the dispute may be referred to an expert (“the Expert”) who shall be deemed to act as expert, and not as arbiter; and,
  - (a) the Expert shall be selected by mutual agreement;
  - (b) within 14 days of the Expert accepting the appointment, the Partners shall submit to the Expert a written report of the dispute;
  - (c) both Partners will then give the Expert all necessary assistance and further information which the Expert requires to consider the dispute;
  - (d) the Expert shall be instructed to deliver his/her determination to the Partners within 14 days after submission of the written reports;
  - (e) save in the case of manifest error, decisions of the Expert shall be final and binding and shall not be subject to appeal;
  - (f) the Expert shall have the same powers to require any Partner to produce any documents or information to him/her and the other Partner as an arbiter and each Partner shall in any event supply to him such information which it has and is material to the matter to be resolved and which it could be required to produce on discovery; and
  - (g) the fees of the Expert shall be borne by the Parties in such proportion as shall be determined by the Expert having regard (amongst other things) to the conduct of the parties.
4. It should be noted that separate dispute resolution processes for all staff is in place within their employing organisation. It is not intended that such staff disputes will be considered by the Shadow Integration Board.



## **PROPOSED INTEGRATED SHADOW BUDGET**

### **Purpose**

The attached paper is to enable the Integration Joint Shadow Board to agree the proposed scope and the associated financial resources of the integrated budget for 2014/15.

### **Background**

During 2013/14 the Finance Integration Subgroup has been working to establish a proposed budget for the Joint Shadow Board for 2014/15. The proposed budget as detailed in this report includes the services previously agreed by NHS Borders and Scottish Borders Council for integration and has now been expanded to include areas which the Finance Subgroup consider should be included following parliamentary approval of the Act, the publication of further consultation documentation and recent guidance from the Integrated Resources Advisory Group (IRAG). At a meeting on the 18 March NHS Borders and Scottish Borders Council representatives agreed to delegate to the Shadow Board the decision on which additional services should be included in the shadow budget as per the updated legislation. A paper setting out the draft format of the shadow budget was subsequently prepared for consideration at a meeting of the Pathfinder Integration board on 21 March. This was further discussed at the CHCP meeting on 24 March. Beyond this, wider engagement to agree any extended scope has not taken place in either of the partner organisations.

In the case where it has not been possible to disaggregate some services to reflect the operational budget specifically for older people, the full operational budget has been included in the integrated budget.

The Shadow Board's overall aim is to make the shadow year as representative as possible of the live situation post April 2015, however there is an acceptance that due to the ongoing consultation process linked to the legislation and actual experience of operating the partnership during the shadow year there will be changes to the shadow budget going forward.

Both partner organisations have agreed for 2014/15 the Shadow Board integrated budget will be prepared on an aligned basis. The quantification of the budget is set out in appendix 2.

## Summary

The attached report and appendices provide:

- **Proposed Scope of the Shadow Integrated Budget**

A brief description of, and therefore the rationale for, the services to be included within the proposed integrated budget, for the initially agreed scope takes into account the recently approved Public Bodies (Joint Working) (Scotland) Act. The proposed extended scope reflects current understanding of the consultation documents issued following parliamentary approval of the act and the recently published IRAG Guidance.

- **Integrated Shadow Budget for the Proposed Scope**

**Agreed Scope**

For the initially agreed scope the appendix details by service the proposed shadow budget for 2014/15 and for comparison purposes 12/13 outturn spend and 13/14 projected outturn.

**NHS Proposed Extended Scope**

For the proposed extended scope financial figures for NHS services have been provided for illustrative purposes.

**Local Authority Proposed Extended Scope**

Again for illustrative purposes the headings included in the recent post legislation consultation papers are noted for information only at this stage. Consequently, the budgetary values of the potentially extended scope services expressed in the guidance with respect to Local Authority Services have not been included in this paper. Further papers with recommendations will be brought back to the Shadow Board when the implications of the references to wider local authority services (for example Housing) have been explored and clarified. These recommendations may be either that these SBC services, or parts thereof, should be included or excluded from the partnership budget in the shadow year. As from April 2015 national guidance will specify which services must be included within the integrated budget.

- **Budget Principles**

An agreed set of budget principles which underpin calculation, reporting and financial planning for the Integration Board budget both during the shadow year and beyond are set out in appendix 3.

**The Shadow Board is recommended to:-**

**Agree the initial scope of the integrated base budget for shadow year 2014/15 totalling £118m prepared on an aligned basis as set out in appendix 2;**

**Note that the draft Partnership Strategic Plan will be developed based on a proposed extended scope, as set out in the consultation papers, which is yet to be agreed and endorsed by both organisations;**

**Note** that a further paper will be submitted to the June Shadow board detailing those services that were highlighted for inclusion in the current Scottish Government consultation paper with recommendations on how to proceed with regard to the future delivery of those services; and

**Endorse** the budget principles set out in appendix 3 which have been applied to enable calculation of the initial base integrated budget to be managed on an aligned basis for financial year 2014/15.

## **Introduction**

During 2013/14 the Finance Integration Subgroup has been working to establish a proposed budget for the Joint Shadow Board for 2014/15. The proposed budget includes the services previously agreed by NHS Borders and Scottish Borders Council for integration and has been expanded to include areas which the Finance Subgroup consider should be included due the extended scope as reflected in legislation, the subsequent consultation documentation issued by Scottish Government and the recently published guidance from the Integrated Resources Advisory Group (IRAG).

A paper setting out the draft format of the shadow budget and including financial resources was subsequently prepared by Finance Staff for consideration by senior Officers at a meeting of the Pathfinder Integration Board on the 21 March 2014. This paper was then submitted for consideration at the CHCP meeting on the 24 March 2014. Beyond this, wider engagement to agree the extended scope has not taken place in either of the partner organisations.

The overall aim is to make the shadow year as realistic as possible to the live situation post April 2015; however, there is an acceptance that due to the ongoing consultation linked to the legislation and actual experience of operating in the shadow year there may be changes to the shadow budget in year which will have implications for future financial years. Both partner organisations have agreed for 2014/15 that the Shadow Board integrated budget will be on an aligned basis. Budgets for 2015/16 will be fully integrated as required by legislation.

NHS Borders and Scottish Borders Council representatives agreed to delegate to the Shadow Board the decision on which additional services should be included in the shadow budget as per the updated legislation. This paper is intended to enable the Integration Joint Shadow Board to agree the scope and the proposed level of the integrated budget for 2014/15.

## **Proposed Scope of the Initial Base Shadow Integrated Budget**

This section of the report provides a brief description of, and therefore the rational for, the services to be included within the proposed integrated budget from April 2014 and further proposals to extend this scope in drafting the Partnership Strategic Plan taking into account the recent legislation.

### **Agreed Initial Scope**

NHS Borders and Scottish Borders Council last calendar year agreed that the following services should be included within the integrated budget. Detailed below is a brief description of these services.

#### **Joint Learning Disability Service**

This is a joint Scottish Borders Council and NHS Borders service for adults who have a significant lifelong condition which can reduce their ability to understand new or complex information or to cope independently and provides a range of services made up of the following:-

### **Community Learning Disability Teams (East and West)**

Both teams are staffed by social workers, community nurses, allied health professionals and a learning disability psychiatric service. They provide both an assessment and care management service for adults with a learning disability as well as an assessment and treatment service for individuals who have complex health care needs.

### **Assertive Outreach Team**

This team provides intensive support to individuals in their own homes in order to prevent hospital admission. The service is supported by access to inpatient beds through the South East Learning Disability Managed Care Network (SEAT) and replaces the Hume in-patient unit.

### **Day Support Services**

These include five day support centres and a local area co-ordination service.

### **Commissioned Service**

Services provided in out of area placement for Borders residents.

### **Joint Mental Health Service**

NHS Borders' and Scottish Borders Council's Joint Mental Health Service consists of a range of multi-disciplinary staff that provide treatment, continued recovery and psychological therapies through a variety of in patient and community services. These include home-based services such as home care, housing support and day services such as drop-in centres. Other forms of support provided include Independent Advocacy, Befriending and Employability support.

### **Alcohol and Drug**

Drug and Alcohol services are provided through the Drug and Alcohol Partnership. This Partnership a multi-agency body working proactively on preventative approaches to reducing alcohol and drug mistreatment, recovery and rehabilitation for people affected by alcohol and drug problems and on reducing the impact on their families and local communities this causes. The Partnership is supported by other services within both organisations.

### **Older People's Service**

A wide range of both traditional and new, innovative, services such as nursing, residential and home care, intermediate care, extra care housing and day services such as & social and day centres, are provided to residents in the Scottish Borders who are over 65, together with a range of preventative and transitional services in order to enable people to remain in their own home for as long as possible. Care for people with Dementia is also supported by this budget.

### **Physical Disability Service**

This service includes the delivery of residential and home care to clients with Physical Disabilities. Additionally, supported living and a brain injury service form part of the range of primarily-Social Care services provided by NHS Borders and Scottish Borders Council in partnership with the Voluntary Sector to provide quality services that support clients' ongoing health and wellbeing. It also includes the Ability Centre and other day support services where people whose independence and mobility is limited because of a physical disability, frailty or ill-health can meet new people and learn new skills.

### **Community Hospitals and Day Hospitals**

NHS Borders has four community hospital based in Peebles, Hawick, Duns and Kelso. These hospitals provide in the main general practice and rehabilitation inpatient beds and are often co located with day hospital services. This also includes the day hospital which is located.

### **GP Prescribing**

This budget heading includes the cost of the drugs dispensed by pharmacists on behalf of GP's through prescription for the entire Borders population.

### **AHP Services**

This heading includes all allied health professional services including:

- Dietetics
- Occupational Therapy
- Speech & Language Therapy
- Physiotherapy
- Podiatry
- Orthopaedic Workshop

These services provide care to all areas of the population including older people and children in both inpatient and community settings.

### **General Medical Service**

These are services provided under the general medical services contract by GP's to the Borders population.

### **Community Nursing**

This heading includes all services provide by health visitors, district nurses and school nurses.

### **Border Equipment Store**

This is a joint service providing specialist equipment to service users in the community.

### **Other**

For 2014/15 the final year of the partnership Change Fund is included in the integrated budget. Generic services provided by Scottish Borders Council include Self-Directed Support and the Emergency Duty Team.

In the case where it has not been possible to disaggregate some services to reflect the operational budget specifically for older people the full operational budget has been included in the integrated budget.

### **NHS Extended Proposed Scope – For Illustrative Purposes**

The extended NHS proposed scope contains services which do not form part of the initial base scope for integration budgets. Further refinement of the scope is ongoing however these services should be included in the development of the Partnership Strategic Plan to be endorsed and agreed as part of the development process for the Partnership and in light of the requirements of any guidance arising from the ongoing consultation process.



Detailed below is a brief description of the **main** service areas that will be evaluated for inclusion in the extended proposed scope.

**Borders Emergency Community Service**

This is the provision of general medical services out of hours for patients not requiring accident and emergency attendance.

**Resource Transfer**

This is the amount transferred between health and local authority for services linked to closed inpatient beds where the obligation to provide service now rests with the local authority. Services included are learning disability and continuing care.

**Accommodation Costs**

This includes utilities and rates costs of all properties occupied by services included in the scope of integration.

**Non Cash Limited**

This includes all payments to independent pharmacists, optometrists and general dental practitioners who key providers of primary community services.

**Dental**

The main areas within this heading are the NHS employed salaried and community dental services.

**Public Health**

The purpose of the Public Health Department is to improve the health and wellbeing of the Borders population and tackle the roots of ill health. Continuing collaboration with our community planning partners is essential to improve health and reduce inequalities in Borders.

**Public Involvement**

Involving patients, clients and carers in the provision of services can improve the quality and efficiency of those services.

**Palliative Care**

This will include relieving and preventing the suffering of patients through the provision of inpatient and community based services.

**Medicine for the Elderly Inpatients**

This covers the use of inpatient facilities within the BGH which undertake the diagnosis and treatment of illness in elderly people.

**Patient Related Income**

This is income NHS Borders receives for treating patient from other health areas. The main element of this income stream comes from Northumberland CCG.

**Local Authority Proposed Extended Scope – For Illustrative Purposes**

The recently published consultation document has made reference to a number of local authority services that should be included within the partnership. These services were not included within the initially agreed scope and there is a lack of clarity with regard to the

intentions behind the consultation document both with regard to the definition and scale of these services for example Housing and the level of discretion that will exist with regard to their inclusion in the integrated budget. Pending clarification of central government's intentions and a policy review to determine the desirability of including these services, either in whole or in part, within the partnership, no attempt has been made to quantify the budgets associated with the following local authority services:

Housing  
Homelessness  
Criminal Justice  
Employability Support  
Adult Support and Protection  
Welfare

A further paper will be prepared when updated information is available setting out recommendations for the arrangements for these services in the shadow year and beyond. These recommendations may be either that these SBC services, or parts thereof, should be included or excluded from the partnership budget in the shadow year. The Partnership Strategic Plan should however take account of these services. As from April 2015 it is envisaged that national guidance will specify which services are to be included within the integrated budget.

### **Appendix 1- Headings in the Act**

Appendix 1 contains details of the headings within the recent legislation which should be included in the integrated budget. Subject to local interpretation the finance subgroup has identified the services which would be covered by each of the headings detailed in the Act.

It is proposed that all of the services agreed as part of the initial and the extended scope in line the recent legislation are included in the integration budget. This would allow the Integration Board to build detailed knowledge and understanding of the services it will be accountable for after the shadow year. It would also enhance the preparation and thereby ensure the success of the integrated board from April 2015. The overall aim is to make the shadow year as realistic as possible to the live situation post April 2015, however there is an acceptance that due to the ongoing consultation linked to the legislation and actual experience in the shadow year there will be changes to the shadow budget going forward.

### **Appendix 2 - Integrated Shadow Budget**

Appendix 2 contains the proposed shadow budget detailed for each service within the proposed budget. For comparison purposes the 12/13 outturn spend and 13/14 projected outturn for each of the services has been included. The extended scope has been included for illustrative purposes only. In the case of the extended scope only financial figures for NHS services have been provided. The value of the extended scope services in Scottish Borders Council are not included in this paper. If all of the budgets agreed in the original scope and the NHS proposed extended scope based on the financial information provided, the value of the integration budget for 2014 /15 will be £146m. If the shadow Board agrees the extended scope Scottish Borders Council services are to be included the level of proposed integrated budget would have to be amended to include the operational budgets for these services. The proposed budget for the Shadow Board has been compiled using

jointly agreed budget principles. Based on the initial agreed scope the shadow board is asked to agree the level of the integrated budget.

### **Appendix 3 - Budget Principles**

It is intended that the budget will be constructed and managed based on a set of jointly agreed principles as set out in appendix 3.

The Shadow Board is asked to note the above budget principles which have been applied to enable calculation of the integrated budget.

### **Summary**

The attached report and appendices provide a brief description of and therefore the rationale for the services to be included within the proposed integrated budget, for the initially agreed scope and the extended proposed scope, which takes into account the recent legislation. For the agreed initial scope this report details by service the proposed shadow budget for 2014/15 and for comparison purposes 12/13 outturn spend and 13/14 projected outturn. In the case of the extended scope only financial figures for NHS services have been provided. The value of the extended scope services in Scottish Borders Council are not included in this paper. If the Shadow Board agrees these are to be included the level of proposed integrated budget would have to be amended to include these services. It should be noted that the shadow budget during 2014/15 will be on an aligned basis.

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
David Robertson	CFO Scottish Borders Council & Chair – Financial Arrangements	Carol Gillie	Director of Finance NHS Borders & Vice Chair – Financial Arrangements

<b>Referenced Legislation</b>	<b>Prescribed Legislative Functions</b>	<b>Services</b>
<b>Health</b>		
<p>National Health Service (Scotland) Act 1978</p>	<ul style="list-style-type: none"> <li>• Duty of Health Board, Special Health Board, the Agency and HIS to promote health improvements</li> <li>• Duty to encourage public involvement</li> <li>• Functions of Health Boards: primary medical services</li> <li>• Equal Opportunities</li> <li>• Duty of quality</li> <li>• Health Boards: co-operation with other Health Boards, Special Health Boards and the Agency</li> <li>• Co-operation between Health Boards and other authorities</li> <li>• Co-operation in planning of services for disabled persons, the elderly and others</li> <li>• Assistance to voluntary organisations</li> <li>• Power to make payments towards expenditure on community services</li> <li>• Financial Assistance by the Secretary of State to voluntary organisations</li> <li>• Personal medical or dental services</li> <li>• Use of accommodation</li> <li>• Arrangements for the provision of general dental services</li> <li>• Arrangements for the provision of general ophthalmic services</li> <li>• Arrangements for the provision of pharmaceutical services</li> <li>• Arrangements for providing additional pharmaceutical services</li> <li>• Remuneration for Part II services</li> <li>• Accommodation and services</li> <li>• Prevention of illness, care and after-care</li> <li>• Care of mothers and young children</li> <li>• Breastfeeding</li> <li>• Family planning</li> <li>• Health education</li> <li>• Control of spread of infectious disease</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion</li> <li>• Drug and Alcohol Partnership</li> <li>• General Medical Services Contract</li> <li>• Borders Community Emergency Service</li> <li>• Public Involvement Team</li> <li>• Equality and Diversity Team</li> <li>• Resource Transfer</li> <li>• Change Fund</li> <li>• Grants/donations made to voluntary organisations</li> <li>• Community &amp; Day Hospitals</li> <li>• Community Nursing</li> <li>• Ward 10</li> <li>• MKU</li> <li>• Allied Health Professionals</li> <li>• GP Prescribing</li> <li>• Community Dental Services</li> <li>• Salaried Dental Services</li> <li>• Accommodation Costs</li> <li>• Non Cash Limited Dental Service</li> <li>• Non Cash Limited Ophthalmic Service</li> <li>• Non Cash Limited Pharmaceutical Service</li> <li>• Community Pharmacy Services</li> <li>• Pharmacy Services</li> </ul>

	<ul style="list-style-type: none"> <li>• Permission for use of facilities in private practice</li> <li>• Remission and repayment of charges and payment of travelling expenses</li> <li>• Charges in respect of non-residents</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health</li> <li>• Screening</li> <li>• Immunisation</li> <li>• Audiology</li> <li>• Visual Aids</li> <li>• Borders Ability Store</li> <li>• Specialist Nurses</li> <li>• Community Midwifery</li> <li>• Health Visiting</li> <li>• School Nurses</li> <li>• Sexual Health Service</li> <li>• Health Living Network</li> <li>• Smoking Cessation</li> <li>• Infection Control</li> <li>• Patient's Travel</li> <li>• Services to Non Borders Residents</li> <li>• Patient Safety Programme</li> </ul>
Disabled Persons (Services, Consultation and Representation Act 1986	<ul style="list-style-type: none"> <li>• Persons discharged from hospital</li> </ul>	
Mental Health (Care and Treatment)(Scotland) Act 2003 (asp 13)	<ul style="list-style-type: none"> <li>• Duties of Scottish Ministers, local authorities and others as respects Commission</li> <li>• Provision of services and accommodation for certain patients under 18</li> <li>• Provision of services and accommodation for certain mothers with post-natal depression</li> <li>• Assistance from Health Boards and others</li> <li>• Inquiries under Section 33: co-operation</li> <li>• Request for assessment of needs: duty on local authorities and Health Boards</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Services</li> <li>• Commissioned Mental Health Services</li> </ul>
Protection of Vulnerable Groups (Scotland) Act	<ul style="list-style-type: none"> <li>• Information held by public bodies etc</li> <li>• Meaning of "protected adult"</li> </ul>	

2007		
Certification of Death (Scotland) Act 2011	<ul style="list-style-type: none"> <li>• Duty to co-operate</li> </ul>	
Adults with Incapacity (Scotland) Act 2000	<ul style="list-style-type: none"> <li>• General principles and fundamental definitions</li> <li>• Application of Part 4 (Management of Residents' finances)</li> <li>• Residents whose affairs may be managed</li> <li>• Matters which may be managed</li> <li>• Authorisation of named manager to withdraw from resident's account</li> <li>• Resident ceasing to be resident of authorised establishment</li> <li>• Appeal, revocation etc</li> <li>• Repayment of funds</li> <li>• Limitation of liability</li> </ul>	<ul style="list-style-type: none"> <li>• Learning Disability Services</li> <li>• Commissioned Learning Disability Services</li> </ul>
<b>Referenced Legislation</b>	<b>Prescribed Legislative Functions</b>	<b>Services</b>
<b>Local Authority</b>		
National Assistance Act 1948	<ul style="list-style-type: none"> <li>• Charges to be made for accommodation</li> <li>• Charges to be made for accommodation</li> <li>• Recovery in cases of misrepresentation or non-disclosure</li> <li>• Duty of councils to provide temporary protection for property of persons admitted to hospitals etc</li> </ul>	
Disabled Persons (Employment) Act 1958	<ul style="list-style-type: none"> <li>• Provision of sheltered employment by local authorities</li> </ul>	
Social Work (Scotland) Act 1968	<ul style="list-style-type: none"> <li>• Local authorities for the administration of the Act</li> <li>• Provisions relating to performance of functions by local authorities</li> <li>• Powers of Secretary of State</li> <li>• Research</li> <li>• Financial and other assistance to voluntary organisations, etc for</li> </ul>	<ul style="list-style-type: none"> <li>• Older Peoples Services</li> <li>• Adults with Learning Disabilities</li> <li>• People with Physical Disabilities</li> <li>• Adults with Mental Health</li> </ul>

	<p>social work</p> <ul style="list-style-type: none"> <li>• General social welfare services of local authorities</li> <li>• Duty of local authority to assess need</li> <li>• Assessment of ability to provide care</li> <li>• Duty of local authority to provide information to carer</li> <li>• Power of local authorities to assist persons in need in disposal of produce of their work</li> <li>• Residential accommodation with nursing</li> <li>• Provision of care and after-care</li> <li>• Home help and laundry facilities</li> <li>• Supervision and care of persons put on probation or released from prisons, etc</li> <li>• Grants in respect of community service facilities</li> <li>• Burial or cremation of the dead</li> <li>• Power of local authority to defray expenses of parent etc visiting persons or attending funerals</li> <li>• Provision of residential and other establishments by local authorities, and maximum period for repayment for sums borrowed for such provision</li> <li>• Adjustments between authorities providing accommodation, etc and authority of area of residence</li> <li>• Charges that may be made for services and accommodation</li> </ul>	<p>Needs</p> <ul style="list-style-type: none"> <li>• Grants to Voluntary Organisations</li> <li>• Assessment and Care Management</li> <li>• Reviewing</li> <li>• Carer Support Respite &amp; Short Breaks</li> <li>• Residential Care and Nursing Care</li> <li>• Day Services</li> <li>• Community Based Services</li> <li>• Borders Ability Equipment Store</li> <li>• Bordercare</li> <li>• Housing Support</li> <li>• Care at Home</li> <li>• Hosted Clients</li> <li>• Charging _ Care Resource?</li> <li>• Community Care Assessment</li> </ul>
Local Government and Planning (Scotland) Act 1982	<ul style="list-style-type: none"> <li>• Islands or district councils functions in relation to the provision of gardening assistance for the disabled and the elderly</li> </ul>	
Health and Social Services and Social Security Adjudications Act 1983	<ul style="list-style-type: none"> <li>• Recovery of sums due to local authority where persons in residential accommodation have disposed of assets</li> <li>• Arrears of contributions charged on interest in land in England and Wales</li> <li>• Arrears of contributions secured over interest on land in Scotland</li> </ul>	<ul style="list-style-type: none"> <li>• Part of Assessment &amp; Charging</li> </ul>
Disabled Persons (Services, Consultation and	<ul style="list-style-type: none"> <li>• Rights of authorised representatives of disabled persons</li> <li>• Assessment by local authorities of needs of disabled persons</li> </ul>	<ul style="list-style-type: none"> <li>• Care at Home</li> <li>• Reablement</li> </ul>

Representation) Act 1983	<ul style="list-style-type: none"> <li>• Persons discharged from hospital</li> <li>• Duty of local authority to take into account abilities of carer</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational Therapy</li> <li>• Carer Support</li> </ul>
Housing (Scotland) Act 1987	<ul style="list-style-type: none"> <li>• Power of local authorities to provide furniture, etc</li> <li>• Power of local authority to provide board and laundry facilities</li> <li>• Power of local authority to provide welfare services</li> <li>• Part II (Homeless persons)</li> </ul>	
Adults with Incapacity (Scotland) Act 2000	<ul style="list-style-type: none"> <li>• Functions of local authorities</li> <li>• Investigations</li> <li>• Residents whose affairs may be managed</li> <li>• Matters which may be managed</li> <li>• Supervisory bodies</li> <li>• Duties and functions of managers of authorised establishment</li> <li>• Authorisation of named manager to withdraw from resident's account</li> <li>• Statement of resident's affairs</li> <li>• Resident ceasing to be resident of authorised establishment</li> <li>• Appeals, revocation, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Adults with Mental Health Needs</li> </ul>
Housing (Scotland) Act 2000	<ul style="list-style-type: none"> <li>• Homelessness strategies</li> <li>• Advice on homelessness, etc</li> <li>• Duty of registered social landlord to provide accommodation</li> <li>• Duty of registered social landlord: further provision</li> <li>• Common housing registers</li> <li>• Assistance for housing purposes</li> </ul>	
Community Care and Health (Scotland) Act 2002	<ul style="list-style-type: none"> <li>• Local authority arrangements for residential accommodation outwith Scotland</li> <li>• Deferred payments of accommodation costs</li> <li>• Payments by local authorities towards expenditure by NHS bodies on prescribed functions</li> </ul>	<ul style="list-style-type: none"> <li>• Residential Care</li> <li>• Residential Nursing Care</li> </ul>
Mental Health (Care and Treatment)(Scotland) Act	<ul style="list-style-type: none"> <li>• Duties of Scottish Ministers, local authorities and others as respects Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Adults with Mental Health Needs</li> </ul>



2003	<ul style="list-style-type: none"> <li>• Care and support services etc</li> <li>• Services designed to promote wellbeing and social development</li> <li>• Assistance with travel</li> <li>• Duty to inquire</li> <li>• Inquiries under Section 33: co-operation</li> <li>• Request for assessment of needs: duty on local authorities and Health Boards</li> <li>• Advocacy</li> </ul>	
Housing (Scotland) Act 2006	<ul style="list-style-type: none"> <li>• Assistance for housing purposes</li> </ul>	
Adult Support and Protection (Scotland) Act 2007	<ul style="list-style-type: none"> <li>• Council's duty to make inquiries</li> <li>• Co-operation</li> <li>• Duty to consider importance of providing advocacy and other services</li> <li>• Visits</li> <li>• Interviews</li> <li>• Medical examinations</li> <li>• Examination of records etc</li> <li>• Assessment orders</li> <li>• Removal orders</li> <li>• Right to move adult at risk</li> <li>• Protection of removed person's property</li> <li>• Right to apply for banning order</li> <li>• Urgent cases</li> <li>• Adult Protection Committees</li> <li>• Membership</li> </ul>	
Social Care (Self-directed Support)(Scotland) Act 2013	<ul style="list-style-type: none"> <li>• Support for adult carers</li> <li>• Choice of options: adults</li> <li>• Choice of options under section 5: assistance</li> <li>• Choice of options: adult carers</li> <li>• Choice of options: children and family members</li> <li>• Provision of information about self-directed support</li> <li>• Provision of information: children under 16</li> </ul>	<ul style="list-style-type: none"> <li>• SDS &amp; Direct Payments</li> </ul>

	<ul style="list-style-type: none"> <li>• Local authority functions</li> <li>• Eligibility for direct payment: review</li> <li>• Further choice of options on material change of circumstances</li> <li>• Misuse of direct payment recovery</li> <li>• Promotion of options for self-directed support</li> </ul>	
<b>Other Referenced Legislation</b>	<b>Prescribed Legislative Functions</b>	<b>Services</b>
<b>Protection of Vulnerable Groups (Scotland) Act 1968</b>	Learning Disability Services	
	Commissioned Learning Disability Services	
		Older Peoples Services Adults with Learning Disabilities People with Physical Disabilities Adults with Mental Health Needs
<b>Social Work (Scotland) Act 1968</b>	Administration of the Act	n/a
	Performance of functions by local authorities	Older Peoples Services Adults with Learning Disabilities People with Physical Disabilities Adults with Mental Health Needs
	Powers of Secretary of State	n/a
	Research	n/a
	Financial and other assistance to voluntary organisations, etc for social work	Grants to Voluntary Organisations
	Duty of local authority to assess need – Assessment and Care Management	Assessment and Care Management
	Assessment of ability to provide care	Reviewing
	Support and information to carer	Carer Support Respite & Short Breaks
	Assistance in the disposal of produce of work	n/a
	Residential accommodation with nursing care	Residential Care Residential Nursing Care
	Provision of care and after-care	Day Services
		Community Based Services
		Borders Ability Equipment Store
		Bordercare

		Housing Support
		Occupational Therapy
	Home help and laundry facilities	Care at Home
	Power of local authority to defray expenses of parent etc visiting persons or attending funerals	n/a
	Provision of residential and other establishments by local authorities, and maximum period for repayment for sums borrowed for such provision	n/a
	Adjustments between authorities providing accommodation, etc and authority of area of residence	Hosted Clients
	Charges that may be made for services and accommodation	Charging – Care Resource Community Care Assessment
<b>Health and Social Services and Social Security Adjudications Act 1983</b>	Recovery of sums due to local authority where persons in residential accommodation have disposed of assets	Part of Assessment and Charging
	Arrears of contributions secured over interest on land in Scotland	n/a
<b>Disabled Persons (Services, Consultation and Representation) Act 1983</b>	Rights of authorised representatives of disabled persons	People with Physical Disabilities Adults with Learning Disabilities
	Assessment by local authorities of needs of disabled persons	Assessment and Care Management
	Persons discharged from hospital	Care at Home Reablement Occupational Therapy
	Duty of local authority to take into account abilities of carer	Carer Support
<b>Adults with Incapacity (Scotland) Act 2000</b>	Functions of local authorities	Adults with Mental Health Needs
	Investigations	Adults with Mental Health Needs
	Residents whose affairs may be managed	Guardianship Corporate Appointeeships Access to Funds Adults with Mental Health Needs
	Matters which may be managed	Adults with Mental Health Needs
	Supervisory bodies	Adults with Mental Health Needs
	Duties and functions of managers of authorised establishment	Adults with Mental Health Needs
	Authorisation of named manager to withdraw from resident's account	Adults with Mental Health Needs
	Statement of resident's affairs	Adults with Mental Health Needs
	Resident ceasing to be resident of authorised establishment	Adults with Mental Health Needs

	Appeals, revocation, etc	Adults with Mental Health Needs
<b>Community Care and Health (Scotland) Act 2002</b>	Local authority arrangements for residential accommodation out-with Scotland	Residential Care Residential Nursing Care
	Deferred payments of accommodation costs	n/a
	Payments by local authorities towards expenditure by NHS bodies on prescribed functions	n/a
<b>Mental Health (Care and Treatment)(Scotland) Act 2003</b>	Duties of Scottish Ministers, local authorities and others as respects Commission	Adults with Mental Health Needs
	Care and support services etc	Adults with Mental Health Needs
	Services designed to promote wellbeing and social development	Adults with Mental Health Needs
	Assistance with travel	Adults with Mental Health Needs
	Duty to inquire	Adults with Mental Health Needs
	Inquiries under Section 33: co-operation	Adults with Mental Health Needs
	Request for assessment of needs: duty on local authorities and Health Boards	Adults with Mental Health Needs
	Advocacy	Adults with Mental Health Needs
<b>Social Care (Self-directed Support)(Scotland) Act 2013</b>	Support for adult carers	Carer Support
	Choice of options: adults	SDS and Direct Payments
	Choice of options under section 5: assistance	SDS and Direct Payments
	Choice of options: adult carers	SDS and Direct Payments
	Choice of options: children and family members	SDS and Direct Payments
	Provision of information about self-directed support	SDS and Direct Payments
	Provision of information: children under 16	SDS and Direct Payments
	Local authority functions	SDS and Direct Payments
	Eligibility for direct payment: review	SDS and Direct Payments
	Further choice of options on material change of circumstances	SDS and Direct Payments
	Misuse of direct payment recovery	SDS and Direct Payments
	Promotion of options for self-directed support	SDS and Direct Payments
<b>Social Work (Scotland) Act 1968</b>	General social welfare services	t.b.c.
<b>National Assistance Act 1948</b>	Charges to be made for accommodation	t.b.c.
	Charges to be made for accommodation	t.b.c.
	Recovery in cases of misrepresentation or non-disclosure	t.b.c.
	Duty of councils to provide temporary protection for property of persons admitted to hospitals etc	t.b.c.

<b>Disabled Persons (Employment) Act 1958</b>	Provision of sheltered employment by local authorities	t.b.c.
<b>Social Work (Scotland) Act 1968</b>	Supervision and care of persons put on probation or released from prisons, etc	t.b.c.
	Grants in respect of community service facilities	t.b.c.
	Burial or cremation of the dead	t.b.c.
<b>Housing (Scotland) Act 1987</b>	Power of local authorities to provide furniture, etc	t.b.c.
	Power of local authority to provide board and laundry facilities	t.b.c.
	Power of local authority to provide welfare services	t.b.c.
	Part II (Homeless persons)	t.b.c.
<b>Housing (Scotland) Act 2000</b>	Homelessness strategies	t.b.c.
	Advice on homelessness, etc	t.b.c.
	Duty of registered social landlord to provide accommodation	t.b.c.
	Duty of registered social landlord: further provision	t.b.c.
	Common housing registers	t.b.c.
	Assistance for housing purposes	t.b.c.
<b>Housing (Scotland) Act 2006</b>	Assistance for housing purposes	t.b.c.
<b>Adult Support and Protection (Scotland) Act 2007</b>	Council's duty to make inquiries	t.b.c. – Adult Support & Protection
	Co-operation	t.b.c. – Adult Support & Protection
	Duty to consider importance of providing advocacy and other services	t.b.c. – Adult Support & Protection
	Visits	t.b.c. – Adult Support & Protection
	Interviews	t.b.c. – Adult Support & Protection
	Medical examinations	t.b.c. – Adult Support & Protection
	Examination of records etc	t.b.c. – Adult Support & Protection
	Assessment orders	t.b.c. – Adult Support & Protection
	Removal orders	t.b.c. – Adult Support & Protection
	Right to move adult at risk	t.b.c. – Adult Support & Protection
	Protection of removed person's property	t.b.c. – Adult Support & Protection
	Right to apply for banning order	t.b.c. – Adult Support & Protection
	Urgent cases	t.b.c. – Adult Support & Protection
	Adult Protection Committees	t.b.c. – Adult Support & Protection
	Membership	t.b.c. – Adult Support & Protection



	Base Budget 2014/15 £000's	Base Manpower 2014/14 WTE	Figures are indicative and more detailed information will be provided to the Shadow Board before final agreement
<b>Proposed Updated Scope</b> To be confirmed	0	0	
<b>Total Updated Scope</b>	0	0	

## Health and Social Care Budget -NHS - Updated Scope



	Base Budget 2014/15 £000's	Base Manpower 2014/14 WTE	detailed information will be provided to the Shadow Board before final agreement
<b>Proposed Updated Scope</b>	<b>27,828</b>	<b>395</b>	
Public Health	1,143	16	
Health Promotion	592	14	
Public Involvement	34	1	
Emergency Planning	64	1	
Equality & Diversity	70	0	
BECS	4,020	72	
Payment to Voluntary Bodies	235	13	
Resource Transfer	2,563	0	
Core Dental	4,109	87	
Ward 11/MKU	1,151	30	
Ward 10	1,145	32	
Accommodation Costs		0	
Non Cash Limited	9,290	0	
Community Pharmacy	1,502	3	
Vaccination and Immunisation	290	0	
Screening	32	0	
Visual Aids	12	0	
Audiology	460	6	
Community Midwifery	576	12	
Sexual Health	551	6	
Healthy Living Network	592	14	
Smoking Cessation	245	4	
Infection Control	359	7	
Patient Travel	192	0	
Transport	0		
Patient Related Income	-5,417		
Patient Safety Programme	62	2	
Day Hospital (BGH)	157	4	
Pharmacy	2,158	54	
Speicalist Nurses	1,641	17	
<b>Total Updated Scope</b>	<b>27,828</b>	<b>395</b>	

## Health and Social Care Budget -SBC - Initial Agreed Scope



	Base Budget 2014/15 £000's	Base Manpower 2014/14 WTE
<b>Joint Learning Disability Service</b>	<b>13,886</b>	<b>102</b>
<i>Residential Care</i>	1,535	
<i>Homecare</i>	452	
<i>Day Care</i>	2,892	74
<i>Community Based Services</i>	7,588	
<i>Respite</i>	231	
<i>Same as You</i>	110	
<i>Other</i>	1,078	28
<b>Joint Mental Health Service</b>	<b>2,038</b>	<b>22</b>
<i>Residential Care</i>	87	
<i>Homecare</i>	215	
<i>Day Care</i>	179	5
<i>Community Based Services</i>	794	3
<i>Respite</i>	18	
<i>SDS</i>	50	
<i>Choose Life</i>	69	1
<i>Mental Health Team</i>	626	13
<b>Joint Alcohol and Drug Services</b>	<b>195</b>	<b>4</b>
<i>D &amp; A Commissioned Services</i>	177	
<i>D &amp; A Team</i>	18	4
<b>Older People Service</b>	<b>22,781</b>	<b>485</b>
<i>Residential Care</i>	10,638	176
<i>Homecare</i>	8,326	248
<i>Day Care</i>	1,043	24
<i>Community Based Services</i>	944	0
<i>Extra Care Housing</i>	575	30
<i>Dementia Services</i>	235	7
<i>Delayed Discharge</i>	250	0
<i>Other</i>	770	0
<b>Physical Disability Service</b>	<b>2,817</b>	<b>5</b>
<i>Residential Care</i>	441	
<i>Homecare</i>	1,645	
<i>Day Care</i>	195	5
<i>Community Based Services</i>	457	
<i>Other</i>	79	
<b>Generic Services</b>	<b>5,272</b>	<b>106</b>
<i>Community Hospitals</i>		
<i>GP Prescribing</i>		
<i>AHP Services</i>	(2)	
<i>General Medical Services</i>		
<i>Community Nursing</i>		
<i>Assesment and Care Management</i>	411	8
<i>Group Managers</i>	244	3
<i>Service Managers</i>	160	3
<i>Planning Team</i>	259	5
<i>Locality Offices</i>	2,572	61
<i>BAES</i>	467	11
<i>EDT</i>	246	4
<i>Duty Hub</i>	169	5
<i>Extra Care Housing</i>	353	
<i>Joint Health Improvement</i>	116	
<i>Respite</i>	57	
<i>SDS</i>	(99)	
<i>OT</i>	58	1
<i>Grants to Voluntary</i>	34	
<i>Other</i>	227	5
<b>Total Initial Agreed Scope</b>	<b>46,989</b>	<b>724</b>



## Health and Social Care Budget -NHS - Initial Agreed Scope



	Base Budget 2014/15 £000's	Base Manpower 2014/14 WTE
<b>Joint Learning Disability Service</b>	<b>3,202</b>	<b>21</b>
<i>Residential Care</i>	2,232	
<i>Homecare</i>		
<i>Day Care</i>		
<i>Community Based Services</i>		
<i>Respite</i>		
<i>Same as You</i>		
<i>Other</i>	970	21
<b>Joint Mental Health Service</b>	<b>13,130</b>	<b>303</b>
<i>Residential Care</i>		
<i>Homecare</i>		
<i>Day Care</i>		
<i>Community Based Services</i>		
<i>Respite</i>		
<i>SDS</i>		
<i>Choose Life</i>		
<i>Mental Health Team</i>	13,130	303
<b>Joint Alcohol and Drug Services</b>	<b>1,349</b>	<b>3</b>
<i>D &amp; A Commissioned Services</i>		
<i>D &amp; A Team</i>	1,349	3
<b>Older People Service</b>	<b>0</b>	<b>0</b>
<i>Residential Care</i>		
<i>Homecare</i>		
<i>Day Care</i>		
<i>Community Based Services</i>		
<i>Extra Care Housing</i>		
<i>Dementia Services</i>		
<i>Delayed Discharge</i>		
<i>Other</i>		
<b>Physical Disability Service</b>	<b>0</b>	<b>0</b>
<i>Residential Care</i>		
<i>Homecare</i>		
<i>Day Care</i>		
<i>Community Based Services</i>		
<i>Other</i>		
<b>Generic Services</b>	<b>53,558</b>	<b>407</b>
<i>Community Hospitals</i>	4,537	121
<i>GP Prescribing</i>	20,839	
<i>AHP Services</i>	5,332	146
<i>General Medical Services</i>	15,501	
<i>Community Nursing</i>	5,374	140
<i>Assesment and Care Management</i>		
<i>Group Managers</i>		
<i>Service Managers</i>		
<i>Planning Team</i>		
<i>Locality Offices</i>		
<i>BAES</i>	246	
<i>EDT</i>		
<i>Duty Hub</i>		
<i>Extra Care Housing</i>		
<i>Joint Health Improvement</i>		
<i>Respite</i>		
<i>SDS</i>		
<i>OT</i>		
<i>Grants to Voluntary</i>		
<i>Other</i>	1,729	
<b>Total Initial Agreed Scope</b>	<b>71,239</b>	<b>734</b>

## Health and Social Care Budget - Joint - initial Agreed Scope



	Base Budget 2014/15 £000's	Base Manpower 2014/14 WTE
<b>Joint Learning Disability Service</b>	<b>17,088</b>	<b>123</b>
<i>Residential Care</i>	3,767	0
<i>Homecare</i>	452	0
<i>Day Care</i>	2,892	74
<i>Community Based Services</i>	7,588	0
<i>Respite</i>	231	0
<i>Same as You</i>	110	0
<i>Other</i>	2,048	49
<b>Joint Mental Health Service</b>	<b>15,168</b>	<b>325</b>
<i>Residential Care</i>	87	0
<i>Homecare</i>	215	0
<i>Day Care</i>	179	5
<i>Community Based Services</i>	794	3
<i>Respite</i>	18	0
<i>SDS</i>	50	0
<i>Choose Life</i>	69	1
<i>Mental Health Team</i>	13,756	316
<b>Joint Alcohol and Drug Services</b>	<b>1,544</b>	<b>7</b>
<i>D &amp; A Commissioned Services</i>	177	0
<i>D &amp; A Team</i>	1,367	7
<b>Older People Service</b>	<b>22,781</b>	<b>485</b>
<i>Residential Care</i>	10,638	176
<i>Homecare</i>	8,326	248
<i>Day Care</i>	1,043	24
<i>Community Based Services</i>	944	0
<i>Extra Care Housing</i>	575	30
<i>Dementia Services</i>	235	7
<i>Delayed Discharge</i>	250	0
<i>Other</i>	770	0
<b>Physical Disability Service</b>	<b>2,817</b>	<b>5</b>
<i>Residential Care</i>	441	0
<i>Homecare</i>	1,645	0
<i>Day Care</i>	195	5
<i>Community Based Services</i>	457	0
<i>Other</i>	79	0
<b>Generic Services</b>	<b>58,830</b>	<b>513</b>
<i>Community Hospitals</i>	4,537	121
<i>GP Prescribing</i>	20,839	0
<i>AHP Services</i>	5,330	146
<i>General Medical Services</i>	15,501	0
<i>Community Nursing</i>	5,374	140
<i>Assesment and Care Management</i>	411	8
<i>Group Managers</i>	244	3
<i>Service Managers</i>	160	3
<i>Planning Team</i>	259	5
<i>Locality Offices</i>	2,572	61
<i>BAES</i>	713	11
<i>EDT</i>	246	4
<i>Duty Hub</i>	169	5
<i>Extra Care Housing</i>	353	0
<i>Joint Health Improvement</i>	116	0
<i>Respite</i>	57	0
<i>SDS</i>	-99	0
<i>OT</i>	58	1
<i>Grants to Voluntary</i>	34	0
<i>Other</i>	1,956	5
<b>Total initial Agreed Scope</b>	<b>118,228</b>	<b>1,458</b>

	Base Budget 2014/15 £000's	Base Manpower 2014/14 WTE	
Joint Learning Disability Service	17,088	123	
Joint Mental Health Service	15,168	325	
Joint Alcohol and Drug Services	1,544	7	
Older People Service	22,781	485	
Physical Disability Service	2,817	5	
Generic Services	58,830	513	
<b>Total initial Agreed Scope</b>	<b>118,228</b>	<b>1,458</b>	
Update Scope NHS (illustrative)	27,828	395	
Updated Scope SBC (illustrative)	0	0	

### **Appendix 3**

It is intended that the budget will be constructed and managed based on a set of jointly agreed principles. The following jointly agreed budget principles will be applied to all service budgets for the Integrated Budget following the shadow year

- A three year indicative financial plan will be prepared by the Chief Officer working with the management teams of NHS Borders and SBC supported by Finance officers to meet agreed objectives and outcomes.
- Both the capital and revenue plans for the partnership will be prepared between October and February for implementation the following April. This will ensure the revenue consequences of capital investment (both in terms of the capital financing implications, additional asset running costs and savings proposed) are incorporated fully in both plans
- National guidance, the Single Outcome and Local Delivery Plan agreement and corporate priorities of the NHS boards and Scottish Borders council will be used as the basis for prioritising the resources available to the partnership.
- The revenue plan for the partnership will be prepared on a three year basis. The first year (confirmed) and the remaining 2 years will be indicative. The plan will be reviewed and updated each year to reflect, pay and price increases, new statutory burdens and demographic challenges.
- The capital plan will be prepared on a 5 year basis and will like revenue be subject to annual review. The Capital plan will comprise a 1 year operational and 4 year strategic element.
- Detailed guidance setting out the methodology used to allocate initial resources for capital and revenue will be set out at the start of each budget process. Initial resource allocations will be subject to amendment following confirmation of funding from central government.
- Budget setting is not a process for securing additional resources. Services developments will be subject to corporate consideration, evaluation and prioritisation before inclusion in the financial plan. Any excess of spending plans over available resources will require to be balanced by savings.
- All revenue savings proposals must be deliverable and unless otherwise identified, achievable within the identified financial year.
- The level of resources to be included within the partnership for the forthcoming financial year will be agreed by SBC and the Board of NHS Borders in line with corporate resource allocation methodologies which provide the overall resources within which the partnership will construct its base budget.
- The budget for the partnership will be delegated to the Chief Officer and through them to individual managers who will be responsible for delivery of services and associated outcomes within the resources

delegated. This will require managers to agree and sign off the budget they have been tasked with managing prior to the start of the financial year in question.

- Any in year variances will require to be balanced by savings elsewhere. If these variances are forecast to recur the following year they will require to be addressed within the following budget process on a permanent basis.
- Any changes to budgets arising from re-determination of government funding will be applied to base budget as early as possible in the financial year.
- A detailed time table with guidance for managers will be prepared to guide each annual budget cycle

For the 2014/15 shadow year budget, the following principles apply

- The attached budget is based on the 14/15 plan as agreed in each partner organisation. The process for agreeing budgets for the key budget categories is outlined below
- **Pay** - Pay budgets will be zero based and recalculated annually based on the agreed the staffing establishment. Budgets will be calculated using the October/November payroll. Vacancies will be costed using the minimum scale point of the applicable pay scale. In year financial appointments to vacancy above scale point minimum will be funded by the recruiting service budget adjustment. The subsequent re-costing of the staff establishment will address any shortfall.
- **Supplies and Services (Excluding Drugs)** - Supplies and services budgets will be reviewed annually. Budgets will be reviewed in line with information provided by procurement services and nationally agreed contracts. Other increases are based on four bases – Demographics (e.g. the number of old people requiring care), Government Policy Changes (e.g. SDS, Foster Care fees and allowances), Economic (e.g. impact of Welfare Reform) and Other Misc.
- **Drugs** - The setting of the drugs budget is taken forward an assessment of the impact of new drugs based on clinical evidence, volume increases and price changes. Individual GP prescribing budgets will be recalculated using the NRAC formula
- **Commissioned Services** - Expenditure against budget will be reviewed by the commissioning group. The majority of annual uplifts will be determined where applicable by regional national groups.
- **Income** - Departments review external fees and charges as part of the financial planning process to maximise income whilst meeting the needs of service users, including the most vulnerable. Any additional income generated through this process will contribute to closing the corporate gap. All fees and charges must be reviewed in accordance with External Charges policies alongside any other

supporting guidance such as COSLA guidance on charging for residential care.

- **Inflation** - Where relevant any inflation will be applied corporately. Cost inflation is allocated directly to specific budget heads based on three main bases – statutory inflation (e.g. Free Personal Care), Contractual Inflation (e.g. COSLA residential care home contract) and Business Critical Inflation (e.g. Scottish Borders Council uplifts as agreed in their financial plan is included in the attached proposed budget. NHS Border budget contains only the recurring base budget. Agreed uplifts will be added at the appropriate point during the year for example when salary increases are paid.

**Efficiency Savings** - Scottish Borders Council have included agreed efficiency savings within the attached figures. NHS Borders efficiency savings will apply as per agreed savings trajectories linked to individual efficiency schemes



## **CLINICAL AND CARE GOVERNANCE ARRANGEMENTS**

### **Aim**

Provide an overview of Clinical and Care Governance discussions in the context of health and social care integration for NHS Borders and Scottish Borders Council.

### **Background**

#### **National Context**

In any revised integrated arrangements there is a requirement for robust and effective governance, accountability and liability arrangements in order to ensure the delivery of safe, effective, person centred and quality services.

Work is underway at a national level via the clinical and care governance national project board to publish guidelines on this important area for integration. Scottish Borders have representation on this board and are fully engaged in this significant piece of work.

One definition of clinical and care governance for integrated services has been developed by this national board:

***“A delivery mechanism to provide assurance to citizens that their experience of care is as good as it can be for them, through a process of shared decision making delivered and supported by high quality organisations and staff who are committed to taking responsibility for quality and holding people to account”***

Five key elements to clinical and care governance within the health and social care partnership have been identified and are listed below:

- Quality and effectiveness of care;
- Professional standards and regulation ;
- Safety and risk assessment;
- Leadership and culture;
- Learning, audit and continuous improvement.

### **Current Arrangements**

There are currently newly designed arrangements in place in NHS Borders for healthcare governance which includes healthcare governance arrangements within Clinical Boards to a single Healthcare Governance Steering Group. This group reports to the Clinical Executive and Board Executive Team providing assurance to the Borders NHS Board and its Committees of Governance. Existing arrangements have been designed with a view to

improving and strengthening arrangements for governance related to quality, safety and risk, clinical engagement and accountability.

These arrangements are in line with the expectations set out in relevant legislation i.e. National Health Service (Scotland) Act 1978 – section 12H. Specific professional accountability for clinical practice is also vested in key roles within the organisation including the Director of Nursing and Medical Director roles.

In Scottish Borders Council specific oversight of the quality of care services rests with the Chief Social Work officer whose role is to ensure the safety of vulnerable people as set out in legislation and guidance. In addition to this a local code of Corporate Governance is approved by the Council and an assurance statement produced to ensure compliance.

## **Summary**

### **Scoping of Clinical and Care Governance Requirements for Integration**

In preparation for integration scoping work has began between NHS Borders and Scottish Borders Council to map exiting clinical and care governance arrangements to inform proposals for an integrated structure. It is recognised that each working group as part of the integration programme infrastructure will need to ensure that effective clinical and care governance is considered and embedded into the design of the integrated arrangements.

Therefore it has been proposed that a small oversight group for clinical and care governance be formed for a short period. The group's role would be to scope requirements and advise working groups within the integration programme infrastructure in relation to clinical and care governance issues which need to be built into the design of the integrated model. The core group will:

- Advise and develop an overarching clinical and care governance system for integration based on the outcome of the scoping work underway;
- Advise on required policies, procedures and processes in the integrated arrangements pertaining to clinical and care governance;
- Advise integration working groups on issues which require consideration to ensure the delivery of quality and safety for patients, service users and carers in the integrated service;
- Advise the Integration Shadow Board on the robustness of the clinical and care governance proposals;

The involvement in particular of the Medical Director, Director of Nursing and Midwifery and Chief Social Work Officer will be central to this work given the existing roles and responsibilities required of them in relation to Clinical and Care Governance. To make best use of time and resources the group will only meet for a short period either virtually or in person as required to deliver this role.

Work has already began in relation to delivering clinical and care governance actions identified with the joint action plan formed in response to the analysis of the Mid Staffordshire Inquiry Francis Report. It has been agreed that responsibility for progressing identified actions following the of the Mid Staffordshire Report will sit within the integration programme given that many of the actions are related to standards and quality of care, information sharing, leadership and culture.



## Recommendation

The Integration Shadow Board is asked to note the current position and work underway and approve the role of the short life clinical and care governance oversight group.

<b>Policy/Strategy Implications</b>	The content of the ongoing work outlined will be sponsored by the proposed Clinical and Care Governance Group to be formed under the Shadow Board. Within NHS Borders the Healthcare Governance Steering Group and Clinical Strategy Group will be kept fully engaged as will the Adult Services Manager Group and Social Work Senior Management Team within SBC
<b>Consultation</b>	As above
<b>Risk Assessment</b>	In compliance
<b>Compliance with requirements on Equality and Diversity</b>	In compliance
<b>Resource/Staffing Implications</b>	Services and activities provided within agreed resource and staffing parameters

## Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Elaine Torrance	Programme Director Health and Social Care Integration/ Acting Chief Social Work Officer	Evelyn Fleck	Director of Nursing and Midwifery

## Author(s)

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Laura Jones	Head of Clinical Governance and Quality		

## **Reviewing Opportunities for Integration of Occupational Therapy Services in SBC and NHS Borders**

**Elaine Torrance: Programme Director Integration and Karen McNicoll:  
Associate Director AHPs**

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### **Integration Shadow Board**

**28<sup>th</sup> April 2014**

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#### **1 PURPOSE**

There are currently two Occupational Therapy services within NHS Borders and Scottish Borders Council. The report proposes that we progress work to strengthen integration of these services it also outlines a process that can be used as a way to progress integration of services.

This report suggests that the Integration Shadow Board receives a report in October 2014 which provides recommendations to further the integration of the services in the context of the Integration of Adult Social Care and Health Services.

#### **2 SUMMARY**

- 2.1 As preparation for integration within a shadow Health & Social Care Board it is necessary to fully understand the resource available and how it is used to support and improve outcomes for people who use occupational therapy (OT) services.
- 2.2 NHS Borders has a process for productivity and benchmarking clinical services which enables a review of the staffing profiles they will require to provide a safe and efficient service moving forwards as well as identifying opportunities to improve understanding of capacity to meet service demand, facilitate efficiency and reduce variation thus improving service quality.
- 2.3 Occupational Therapy (OT) Services should be considered against outcomes for integration embodied within the Scottish Borders Council and NHS Borders Integration Programme, the draft Clinical Strategy key principles and key actions required within the AHP National Delivery Plan.

#### **3 RECOMMENDATIONS**

- 3.1 **Recommend the Integration Programme Board:**
  - **commission and support testing of an NHS Borders process across both services which will improve understanding of the OT resource and capacity available.**

- **Seek recommendations and actions in October 2014 from the Occupational Therapy services for strengthening integration of available resources and practice to improve outcomes for people who use services.**
- **To consider how to further integrate Occupational Therapy services in order to ensure seamless services to people.**

## **4 Background Information**

### **4.1 Occupational Therapy**

Occupational therapy is a science degree-based, health and social care profession, qualified at the point of registration in Rehabilitation and regulated by the Health and Care Professions Council. Occupational therapy takes a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their full potential.

Occupational therapy provides practical support to enable people to facilitate recovery and overcome any barriers that prevent them from doing the activities (occupations) that matter to them. This helps to increase people's independence and satisfaction in all aspects of life. "Occupation" refers to practical and purposeful activities that allow people to live independently and have a sense of identity. This could be essential day-to-day tasks such as self-care, work or leisure.

Occupational therapists work with adults and children with a wide range of conditions; most commonly those who have difficulties due to a mental health illness, physical or learning disabilities. They can work in a variety of settings including health organisations, social care services, housing, education, re-employment schemes, occupational health, prisons, voluntary organisations or as independent practitioners.

Occupational therapists play a critical role in helping people to overcome the effects of disability caused by illness, ageing or accident so that they can carry out everyday tasks or occupations.

Occupational therapists are skilled professionals who find solutions to everyday problems. For example; advising on approaching a task differently, using equipment or assistive technology, adapting living or working environments, and finding strategies to reach chosen goals.

An occupational therapist will consider physical, psychological, social and environmental needs and issues. This support can make a real difference to lives, giving a renewed sense of purpose, opening up new horizons, and changing the way people feel about the future.

### **4.2 Occupational Therapy NHS Borders & Scottish Borders Council**

There are currently two separate Occupational Therapy services within Borders each led by a senior manager grade Occupational Therapist. Within NHS Borders the Head of Occupational Therapy has operational management and professional/clinical leadership of the service. There is a Strategic Lead OT post in SBC which currently has no operational line management responsibilities. There are a number of OT posts not sitting within these arrangements but which are part of SBC and NHS Borders resource and will be considered as part of this process. Please see Appendix 1 Table 1 for additional information.

An Associate Director of Allied Health Professionals (AHP) in joint post between NHS Borders and Scottish Borders Council will lead this work ensuring the focus is on the context for improving outcomes for people outlined in Appendix 2.

## 5 IMPLICATION

### 5.1 Financial

There are no costs attached to any of the recommendations contained in this report at this time however support services in both organisations will need to provide activity information and expertise to support the process for example; planning & performance, IM&T, Finance and human resources as required.

#### Approved by

**Programme Director of Integration**

#### Author(s)

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**Appendix 1**  
**Table 1**

	AHP Services	Grade	OT NHS WTE	OT SW/START WTE	CCA/ HCSW	
Totals excluding Projects & including AHP posts not on Head/Leads Establishment For example Chronic Pain Service, Rheumatology, Community Health Care Teams (NHS) and OT in specialist Children's Service (SBC)	Management	A4C B8 Grade 11	1.00	1.00		
	Adult	Grade 10/B7		1.00	1.50	
		Grade 9/B6		6.53	15.61	
		B5		5.92		
		B4		1.00		
		Admin B4		0.50		
		Admin B3				
		Grade 7/B3		3.18	6.72	8.20
		Admin B2				
	<b>Adult Total</b>		<b>18.13</b>	<b>23.83</b>	<b>8.20</b>	
	MH	B8				
		B7		1.00		
		B6		3.00		
		B5		5.00		
		B3		0.88		
	<b>MH Total</b>		<b>9.88</b>	<b>0.00</b>	<b>0.00</b>	
	LD	B8				
		B7				
		B6		0.6		
		B5		0.63		
<b>LD Total</b>		<b>1.23</b>	<b>0.00</b>	<b>0.00</b>		
Children	B7		1.78			
	B6		4.60			
	B5					
	B4		1.90			
	Admin B3					
	Admin B2		0.3			
<b>Children Total</b>		<b>8.58</b>	<b>0.00</b>	<b>0.00</b>		
<b>Total</b>			<b>37.82</b>	<b>23.83</b>	<b>8.20</b>	
Project Totals	Adult	B7				
	Adult	B6	1.45	3.50		
	Adult	B5	1.00			
	<b>Project Total</b>		<b>2.45</b>	<b>3.50</b>	<b>0.00</b>	
Overall			41.27	28.33	8.20	

## **Appendix 2**

### **Health & Social Care Integration Proposed Outcome Measures**

- Healthier living
- Independent living
- Positive experiences and outcomes
- Carers are supported
- People are safe
- Engaged workforce
- Effective resource use

*"Delivering Integrated Care & Support"*: Petch A ADSW & IRISS 2014

### **NHS Borders Clinical Strategy Consultation document: Key Principles March 2014**

- Services will be Safe, Effective and High Quality
- Services will be Person-Centred and Seamless
- Health Improvement and Prevention will be as important as Cure
- Services will be delivered as close to home as possible
- As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth
- Services will be delivered efficiently, within available means

### **The National Delivery Plan for the Allied Health Professions in Scotland (2012- 2015)**

Calls for all AHPs to be more visible, accountable and impact orientated. It aligns the AHP focus on delivery with the nationally agreed outcomes for integration and reflects the context of health and social care integration.

It requires AHP services to work within and across all dimensions of quality and embrace the opportunities of integrated practice to bring best value in improving patient & personal outcomes, using better measurement, data collection and e-health opportunities to contribute to the delivery of these national outcomes and to underpin improvement and to strengthen efficiency and productivity. The AHP NDP contains 27 Actions which have been incorporated into a local AHP Implementation Plan and which includes Occupational Therapy.