

Minutes of a meeting of the **Integration Shadow Board** held on Monday 28 April 2014 at 2.00pm in the Board Room, Newstead

Present:

- Cllr C Bhatia
- Mrs P Alexander
- Mr D Davidson
- Dr J Kirk
- Cllr J Mitchell
- Cllr F Renton
- Dr D Steele
- Cllr J Torrance
- Dr S Watkin

In Attendance:

Mr C Campbell	Mrs J MacDiarmid
Dr E Baijal	Mrs C Gillie
Mr D Robertson	Mrs F Morrison
Mrs E Torrance	Mrs E Fleck
Miss I Bishop	Dr E Baijal
Mrs J Wilkinson	

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Cllr Sandy Aitchison, Dr Stephen Mather, Mrs Tracey Logan, Dr Sheena MacDonald, Mrs Jenny Miller, Mr Andrew Leitch, Mrs Laura Jones, Mrs Karen McNicoll.

Cllr Catriona Bhatia assumed the role of Chair with the support of the Integration Shadow Board.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **INTEGRATION SHADOW BOARD** noted there were none.

3. Minutes of the Previous Meeting

The minutes of the Scottish Borders Community Health & Care Partnership (CH&CP) Board meeting held on 24 March 2014 were considered.

The minutes of the Health and Social Care Pathfinder Board meeting held on 24 March 2014 were considered.

The **INTEGRATION SHADOW BOARD** noted the minutes.

4. Matters Arising

4.1 CH&CP Minutes: It was noted that Children and Housing would appear as standing items on future Integration Shadow Board meeting agendas.

4.2 CH&CP Action Tracker: The CH&CP Action Tracker was noted and it was agreed that the two outstanding matters, Early Years Collaborative reports and Change Fund Exit Strategy, would be agenda items for the next Integration Shadow Board meeting in June.

The **INTEGRATION SHADOW BOARD** agreed the above actions.

5. Programme Highlight report

Mrs Elaine Torrance gave an overview of the structure behind the Integration Shadow Board. She highlighted a range of work that had been undertaken including issues and risks that had been identified and work that would be undertaken within the next reporting period.

Mr David Davidson enquired of the work of the ICT/Performance workstream. Mrs Torrance explained that the workstream would cover a range of IT issues to ensure that staff had the systems and equipment they required such as a single IT software provision, etc.

Dr Jonathan Kirk enquired about progress of the Communications Plan. Mrs Torrance advised that a newsletter had been released in February and a further iteration was being worked up. She further confirmed that the Communications Plan would link to the Strategic Plan to ensure engagement and consultation at all levels and particularly locality level.

The **INTEGRATION SHADOW BOARD** noted the Highlight report.

The **INTEGRATION SHADOW BOARD** agreed to receive the Communication Strategy at its next meeting.

6. Integrated Resources Advisory Group – Guidance

Mrs Carol Gillie gave a summary of the latest professional guidance from the Integrated Resources Advisory Group (IRAG) on the financial implications for integrating health and social care. She advised that the guidance reflected the live situation post April 2015 and that the Integration Shadow Board had a duty to take into account the guidance during the Shadow year. Mrs Gillie highlighted several elements including; financial information, the strategic plan, VAT status and the role of the Section 95 Officer.

Cllr John Mitchell requested sight of the guidance issued by IRAG. Mrs Gillie undertook to email a copy of the guidance to him.

Dr Doreen Steele enquired about the status of insurance provision and if the Integration Shadow Board required its own insurance. Mrs Gillie confirmed that during the shadow year insurance provision was as per parent organisations arrangements. As progress was made to true integration then the need to review, revise and amend certain financial requirements would be considered and altered as required.

Mr David Davidson sought clarification on the assets of the Integration Shadow Board. Mrs Gillie confirmed that the Integration Shadow Board would not own any assets. Any assets purchased would belong to the appropriate parent organisation.

The **INTEGRATION SHADOW BOARD** noted the summary guidance from IRAG.

The **INTEGRATION SHADOW BOARD** agreed that the Integration Finance working group continue to review the full guidance and update the agreed integration programme plan to cover Financial Governance, Financial assurance and reporting, Financial planning and Capital planning.

7. Membership

Miss Iris Bishop advised of the membership of the Integration Shadow Board.

The **INTEGRATION SHADOW BOARD** noted the membership.

8. Scheme of Delegation – Chief Officer

Mr David Robertson advised that during the shadow year the Chief Officer would work within the updated Governance Frameworks of the parent organisations. He noted that the range of services proposed for the Shadow Integration Board would require the level of delegation for the Chief Officer to be equivalent to that of the Chief Operating Officer for NHS Borders and the Deputy Chief Executive (People) for SBC lead services.

The **INTEGRATION SHADOW BOARD** noted that a level of delegated authority would be given to the Chief Officer as detailed in the updated 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.

9. Code of Governance

Miss Iris Bishop introduced the suite of documents that formulated the Governance Code for the Integration Shadow Board.

Cllr Jim Torrance sought clarification that the quorum for the Integration Shadow Board was six members and Miss Bishop confirmed that it was six members of which there had to be three members from each parent organisation.

The **INTEGRATION SHADOW BOARD** noted the Governance Code.

The **INTEGRATION SHADOW BOARD** requested clarification of the term “service users” to mean patients, carers and service users, be publicised via the next Integration newsletter.

10. Chief Officer Appointment Update

Mr Calum Campbell advised that a broad range of applications had been received for the post of Chief Officer. A short-listing exercise had taken place earlier that day and five applicants would be invited for interview on 8 May.

The **INTEGRATION SHADOW BOARD** noted the update.

11. Scope/Integrated Budget

Mr David Robertson confirmed that the intention was to provide a shadow budget that would be as representative of the arrangement that would apply from April 2015 as possible. He advised that during the shadow year the budgets would be managed on an aligned basis. Mr Robertson advised that the paper detailed the rationale for the services to be included within the proposed integrated budget for the initially agreed scope and the extended proposed scope.

Mrs Carol Gillie commented on the NHS initial scope for the clarity of the Board confirming that the base of the initial scope was what had been previously included in the CH&CP and then based on information available in the previous calendar year, other budgets within NHS Borders had been looked at and it was considered that they were prime services for integration.

Mrs Gillie advised that she and Mr Robertson had agreed that any budgets where the majority spend fell into the adult health category, the whole budget would be transferred to the integrated budget. Mr Robertson advised that in terms of initial budgets this equated to £71m for NHS Borders and £47m for Scottish Borders Council giving a combined budget of £118m.

Discussion then focused on several key elements including: the extended scope and its implications for both organisations; the staffing numbers within the partnership; confirmation that pharmacy equated to both community pharmacy and Borders General Hospital pharmacy services; most acute services currently remained outwith the scope; amendments to the appendices documentation; a workshop/seminar to flesh out the wider scope and the integration resource framework database which detailed activity and costs where possible at an individual patient/client level across the NHS and social work services.

Dr Simon Watkin challenged what would be done by the next meeting to agree the extended scope.

Dr Jonathan Kirk sought clarity on what was outwith the scope. He suggested that in order to maximise the chances of success it needed to be understood at this stage what required to be delivered to best effect for the patient, service user, carer, etc as that may not be the way services were currently delivered.

Cllr Catriona Bhatia suggested the Strategic Plan would be the route for identifying the delivery of services and how they may evolve in the future. Dr Kirk cautioned that looking at current service delivery models may be an incorrect benchmark for providing future service delivery.

Mrs Gillie advised the Board that although the acute services remained outwith the scope there was an opportunity to include them. Given that they currently remained outwith the scope the Board would receive information on the notional budget for acute care.

Cllr Bhatia referred to a diagram detailing the partnership shadow year initial scope and advised that it would be circulated to Board members once Mr Robertson had agreed its content with Mrs Gillie.

Mr Davidson suggested that it would be difficult to quantify how much acute care was provided to the older person and it would therefore be difficult to leave acute care out of the scope. He suggested this be explored at the proposed workshop/seminar. Cllr Bhatia agreed that the patient journey for older people and those with LD be part of the subject matter for the workshop/seminar.

The **INTEGRATION SHADOW BOARD** agreed the initial scope of the integrated base budget for the shadow year 2014/15 totalling £118m prepared on an aligned basis.

The **INTEGRATION SHADOW BOARD** noted that the draft Partnership Strategic Plan would be developed based on the extended scope, as set out in the consultation papers.

The **INTEGRATION SHADOW BOARD** noted that a further paper would 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.

The **INTEGRATION SHADOW BOARD** endorsed the budget principles set out in Appendix 3 which were applied to enable calculation of the initial base integrated budget to be managed on an aligned basis for the financial year 2014/15.

The **INTEGRATION SHADOW BOARD** agreed to undertake a workshop/seminar in May/June.

12. Care and Clinical Governance

Mrs Evelyn Fleck advised that within social care and healthcare there were different systems for clinical and care governance. In moving forward the intention was to bring the systems together to provide assurance to the Board that the standards of care provided were of high quality and appropriate systems were in place.

The **INTEGRATION SHADOW BOARD** noted the current position and work underway and approved the role of the short life clinical and care governance oversight group.

13. Reviewing Capacity and Demand in SBC and NHS Borders Occupational Therapy Services

Mrs Elaine Torrance gave an overview of the paper and focused on the current progress being made towards integration of the Occupational Therapy services operated by both organisations. Discussion focused on the outcome measures and national delivery plan for AHP services.

Mr David Davidson suggested integration of the OT service needed to take place at a pace consistent with ensuring a single service prior to April 2015 as the service would ultimately be directly answerable to the Integration Board. Mrs Torrance suggested integration of the service would involve various elements including professional leadership and resources and she advised that the budget for the service was already included in the scope. Mr Davidson requested a timeline for delivery and October 2014 was agreed by the Integration Shadow Board.

Dr Doreen Steele sought clarification that the report in October would clearly provide outcome measures, key performance indicators, trajectories and future service planning.

Dr Simon Watkin commented that the integration of OT services was a good example of the challenges that might be faced in similar areas. Mrs Torrance advised that there had been various reviews of OT services in the past and it was anticipated that resources could be used more effectively and there would be learning outcomes from the integration of this service.

The **INTEGRATION SHADOW BOARD** commissioned and supported testing of an NHS Borders process across both services which would improve understanding of the OT resource and capacity available.

The **INTEGRATION SHADOW BOARD** sought recommendations and actions in October 2014 from the OT services for strengthening integration of available resources and practice to improve outcomes for people who use services.

The **INTEGRATION SHADOW BOARD** considered how to further integrate OT services in order to ensure seamless services to people.

14. Any Other Business

- 14.1 Workshop/Seminar:** The **INTEGRATION SHADOW BOARD** agreed to a workshop/seminar in May/June on the scope of the partnership in terms of the service user journey and performance measurement.
- 14.2 Arms Length Organisation for Home Care Service:** The **INTEGRATION SHADOW BOARD** agreed to receive a briefing on the Arms Length Organisation which was to be within the scope of the partnership.
- 14.3 Complaints:** Cllr John Mitchell commented that it was important that integration worked at all levels of the partner organisations and he enquired how the Board would be aware of any issues at a grass roots level and indeed if the Board should be involved at that level. Mr David Davidson commented that presumably both organisations operated complaints procedures and there would be a requirement for the Integration Board to develop its own complaints procedure. Cllr Catriona Bhatia advised that the NHS had a sophisticated complaints process that was reported at Board level.

Dr Jonathan Kirk noted that both organisations would have different models for performance monitoring, etc and he suggested the Integration Board find a common language and have an active role in deciding what it wanted to know and monitor as opposed to accepting only what was available.

15. Date and Time of next meeting

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 30 June 2014 at 2.00pm at Scottish Borders Council.