Item No. 3

Minutes of a meeting of the **Integration Shadow Board** held on Monday 30 June 2014 at 2.00pm in the Council Chamber, Scottish Borders Council

Present:
Cllr C Bhatia
Cllr S Aitchison
Mrs P Alexander
Mr D Davidson
Dr J Kirk
Dr S Mather
Cllr J Mitchell
Cllr F Renton
Dr D Steele
Dr S Watkin

In Attendance:
Mr C Campbell
Miss I Bishop
Mrs C Gillie
Mrs E Rodger
Mrs S Manion
Mrs M Brotherstone
Mrs J McDiarmid
Mr D Robertson
Mrs J Davidson
Mrs A Cronin
Mrs J Wilkinson

1. Apologies and Announcements

Apologies had been received from Cllr Jim Torrance, Cllr David Parker, Mrs Tracey Logan, Mrs Elaine Torrance, Dr Sheena MacDonald, Mrs Fiona Morrison, Mrs Jenny Miller, Mr Andrew Leitch, Mr James Lamb and Mr Philip Lunts.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Mandy Brotherstone and Mrs Amanda Cronin to the meeting who were speaking to various items on the agenda.

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 Previous Meeting

The minutes of the previous meeting of the Integration Shadow Board held on 28 April 2014 were approved.

4. Matters Arising

4.1 **Care and Clinical Governance:** Mr David Davidson enquired when the Short Life Working Group would report back to the Integration Shadow Board. Mrs Evelyn Rodger advised she would be happy to bring an outcome report to the next meeting.

The **INTEGRATION SHADOW BOARD** agreed to receive the outcome report from the Care & Clinical Governance short life working group.

The **INTEGRATION SHADOW BOARD** noted the action tracker.

5. Update on Change Fund Projects Exit Strategy

Mrs Jane Davidson gave an overview of the content of the paper highlighting that the Change Fund had been established to test new models of care and to support the acceleration of work to shift the balance of care. The Borders approach to allocation of funding had been to approve projects that demonstrated a strategic fit, effective project management and a potential return on investment that would allow the release of resources to support the service on a recurring basis. All but one project had been closed or mainstreamed.

Dr Doreen Steele enquired if the Connected Care project was continuing. Mrs Davidson confirmed that it was and that this was the 2013/14 outturn position. She further advised that she would bring an Outturn report to the Board at the end of the year 2014/15.

Cllr Catriona Bhatia noted that there had been a significant budget pressure in relation to Housing, specifically the provision of Extra Care Housing. She clarified that it was not the responsibility of the Change Fund to resolve that budget pressure as it would fall solely to Scottish Borders Council to address. Mrs Davidson confirmed that that position had been supported by the Reshaping Care Board.

The **INTEGRATION SHADOW BOARD** agreed to receive a further Change Fund report at the end of the financial year.

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

6. Arms Length Organisation Business Case

Mrs Jeanette McDiarmid advised that the report before the Board detailed the key findings of the Business Case that had been developed to consider the benefits for the Council of setting up a Council wholly owned company for the direct provision of Adult Care Services. The range of services proposed for inclusion included; Care at Home, Residential Care, Extra Care Housing, Bordercare, Older People Day Services, Learning Disability Services and the Borders Ability Equipment Store. All of those services were Council Services, apart from the Joint Equipment Service which was a joint service with NHS Borders and a proportion of that budget came from NHS Borders. A discussion was required between both parties in regard

to the Joint Equipment Service. The total identified budget for those current services amounted to £16.9m.

Mrs McDiarmid advised that the business case had been presented to Scottish Borders Council at its meeting held on 26 June where it had been agreed to progress the initiative and present further information to the October meeting of Scottish Borders Council. She clarified that the financial reports for the Arms Length Organisation (ALO) would be received by the Joint Integration Board.

Cllr Francis Renton advised that she was content with the direction of travel the Council was taking in regard to the provision of Adult Care services through the Arms Length Organisation model. She clarified that it was not a privatisation of services and would be a wholly owned Scottish Borders Council company. Cllr Renton clarified that if for any reason the Arms Length Organisation did not work it would be pulled back into Scottish Borders Council.

Dr Doreen Steele commented that she was concerned about the Limited Liability Partnership (LLP) model especially in relation to set up costs and profits. She suggested that Local Authorities could establish LLPs but only with another partner as 2 members were required for an LLP. She enquired if any profits would be reinvested into the LLP, Joint Integration body or Scottish Borders Council services.

Mr David Robertson advised that the LLP model followed the Glasgow model which was the cordial model of a 2 company structure. He confirmed that the structure was acceptable to Her Majesty's Revenue and Customs (HMRC) in avoiding corporate tax issues and remained in line with VAT legislation.

Mrs McDiarmid advised that the consultants that had been commissioned to progress the LLP had previously been involved in LLPs in England and Scotland. She further confirmed that the £5.6m net financial benefit to the Council took into consideration the set up costs and running costs on an annual basis.

Cllr Catriona Bhatia explained that profits or losses from the LLP would flow to Scottish Borders Council and whilst she might expect them to be reinvested in the Social Work budget it was possible that Scottish Borders Council might invest them into other services.

Dr Steele was assured by Cllr Bhatia that the set up costs, running costs, profits, losses and any consequential losses of the ALO would be borne solely by Scottish Borders Council and would not impact on NHS Borders finances or on the new Adult Health & Social Care partnership.

Cllr John Mitchell commented that from a political perspective all parties had been supportive in principle of the ALO.

Mr David Davidson sought assurance with regard to sustainability of services to users in terms of business continuity should the ALO fail. Cllr Renton commented that the ALO paperwork was only being shared with the Board for noting and with all due respect was not for the Shadow Integration Board to comment on or question.

Cllr Bhatia confirmed that Scottish Borders Council had business continuity plans for all of its services. In relation to cost she advised there was a 60:40 mix of private providers and council services.

Mrs Pat Alexander explained that as a member of NHS Borders Board she was duty bound to look for assurance about the impact of any proposals on NHS services and she sought assurance that there would be no detrimental effect on joint services and delayed discharges. Cllr Bhatia gave assurance and advised that one of the outcomes of the ALO was to improve performance for delayed discharges.

Mrs McDiarmid advised that due diligence was still being worked through at present and would be detailed in the report to Council in October.

Mr Robertson highlighted that Self Directed Support (SDS) would potentially impact on social work and council services and by association the partnership.

The **INTEGRATION SHADOW BOARD** agreed to receive the finer detail of the LLP and specifically confirmation of the partners in the LLP.

The **INTEGRATION SHADOW BOARD** agreed to receive a seminar on the current mix of home care provision and the impact of self directed support on current and future services.

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

7. Early Years Collaborative Progress Report

Mrs Mandy Brotherstone gave an overview of the progress report and highlighted several key areas including: the 3 work streams looking at the first 5 years of life; 2 additional work streams to include children aged 5-8 years and 8-18 years; Early Years Collaborative (EYC) members established in multi agency working groups; pioneer sites and the Improvement Advisory role.

Mrs Amanda Cronin tabled and spoke to the EYC performance scorecard for May 2014 and a jargon buster leaflet. She advised that data was being gathered on individual tests of change. Mrs Cronin also spoke of the website.

Dr Stephen Mather enquired if the website was for professionals and the public. Mrs Cronin confirmed that it was for professionals in the first instance with the intention to make it public facing.

Dr Simon Watkin sought clarification on whether the objectives of workstreams 1 and 2 had been achieved. Mrs Cronin confirm that workstream 1 had been achieved and the challenges of achieving workstream 2 were being addressed.

Dr Watkin enquired in regard to the PDSA methodology if they were exceptional variations. Mrs Cronin confirmed they were and added that the improvement aims and methods were nationally selected, however it was for local collaboratives to select the areas they would progress.

Mr Calum Campbell requested the run charts be updated to reflect the current position.

Mrs Jane Davidson commented that whilst progress had been made it was important to clarify that there was still work to do in regard to drilling down further especially in terms of inequalities. She also corrected Mrs Cronin's statement and affirmed that the objectives of workstreams 1 and 2 had not been achieved although on the surface there appeared to be an improving trend.

Dr Jonathan Kirk enquired in regard to data collection if any further support was required. Mrs Brotherstone commented that NHS Borders Planning and Performance team were currently collecting and analysing the data.

Cllr Sandy Aitchison queried the presentation of the data on the performance scorecard. Mrs Cronin advised that it related to yearly figures for children requiring support. She noted the presentation of the information on the scorecard was incorrect and commented she would address it moving forward.

The **INTEGRATION SHADOW BOARD** agreed to receive a further update report on progress in six months.

The **INTEGRATION SHADOW BOARD** requested the link to the website be circulated to them.

The **INTEGRATION SHADOW BOARD** agreed to receive the revised performance scorecard report.

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

8. Programme Highlight Report

Miss Iris Bishop gave an overview of the programme highlight report advising that it summarised the main progress made during May and June, the risks and issues that might affect the programme and the work and activity planned for the next reporting period.

Miss Bishop commented that at Scottish Borders Council's Full Council meeting held the previous week members had agreed to delegate authority to the Integration Shadow Board to provide a response to the regulations for Adult Health & Social Care Integration. The consultation had been released to both SBC and NHS Borders and the third sector and a joint response would be developed during the week of 21 July for approval by the Integration Shadow Board on 4 August.

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

9. Chief Officer Appointment Update

Mr Calum Campbell advised that Susan Manion had been appointed as Chief Officer of the Integration Adult Health & Social Care Board and would commence in post on 14 July 2014.

Mrs Susan Manion advised that she was working through her induction programme and thanked the Board for inviting her to attend the meeting ahead of her appointment.

The **INTEGRATION SHADOW BOARD** noted the update and welcomed Susan Manion's appointment.

10. Monitoring of the Shadow Integrated Budget 2014/15

Mr David Robertson advised that the report was to provide the Shadow Board a budget monitoring statement for the Partnership's Integrated Budget based on actual expenditure and income to 31 May 2014 as well as explanations of the major variances between projected outturn expenditure/income and the current approved budget.

The Partnership was projecting a balanced position for 2014/15, although at such an early stage in the financial year, there were a number of factors which would require ongoing management to ensure that position was delivered at 31 March 2015.

Mr Robertson highlighted several key points including: overspends in the Joint Learning Disability service of £60k; £14k in the Joint Mental Health service; £261k in Older People's services and £420k in the Physical Disability service. He advised of a managed underspend of £527k in generic services and reminded the Board of the volatile nature of prescribing budgets for which limited information was available to date.

Cllr Sandy Aitchison noted the £527k saving on generic services and enquired what they were. Mr Robertson explained that they were a range of budgets held centrally in relation to demographic growth that had not been allocated at present.

Cllr John Mitchell assured the Board that he met with Mr Robertson on a weekly basis and any budgetary problems would be highlighted at an early stage.

Cllr Catriona Bhatia enquired about the robustness of recouping costs for the provision of care home places. Mr Robertson advised that there were procedures in place to recoup costs from individuals, however they required reviewing and revising to ensure consistency and robustness in moving forward.

The **INTEGRATION SHADOW BOARD** noted the budget monitoring report.

The **INTEGRATION SHADOW BOARD** noted the key areas of identified pressure and proposed remedial actions be put in place to enable a balanced outturn position at 31 March 2015 to be projected at this time.

11. Health and Social Care Integration Partnership Budgets

Mrs Carol Gillie advised that the Partnership had agreed the scope of the integrated budget, however since that agreement was reached further legislative consultation documentation had been produced which recommended some services must be included in the integrated budget which were not part of the initial scope. Assessment criteria for reviewing those

services were designed and a workshop was held in early June to undertake the assessment of services against those criteria.

The findings recommended that the initial scope be extended and a number of additional services be included in the integrated budget and in addition some services would be reported to the partnership on a notional/information basis and included in the strategic plan. The definition of the services within the notional/information budget was still to be finalised. Prior to April 2015 the scope of the integrated budget should be revisited by the Integration Shadow Board.

Mr Calum Campbell enquired if it was more than a notional/information budget for example activity would be included. Mrs Gillie confirmed that whilst the report was focused on the financial aspects, activity would be included as part of the strategic plan.

Mrs Pat Alexander enquired where childrens' services fitted into integration. Mrs Gillie commented that the proposal was about what was mentioned in the consultation documents linked to the legislation where the focus was on older adult services. She asked the Board to note that only where it was not possible to disaggregate children's services for the service as a whole those would be included.

Cllr Catriona Bhatia reminded the Board that it carried the remit of the Community Health & Care Partnership Board within its role at present and therefore childrens services would report to it this year.

Dr Simon Watkin spoke of the difficulties of disassociating planned care from unplanned care and asked that as much as possible be included within the scope.

Mr David Davidson enquired about the timeline for further regulations from the Government. Mrs Gillie advised that the consultations were due to close in August and it was expected that the Government would release its revised guidance in the autumn. She assured the Board that the joint financial teams were working towards the go live date of 1 April 2015 for joint financial arrangements.

The **INTEGRATION SHADOW BOARD** agreed the following services be included in the integrated budget for 2014/15 - Housing services aids and adaptions, Bordercare, Night Support, Sexual Health, Public Dental Services, Community Pharmacy, Continence Services, Immunisation, Smoking Cessation, Patient Transport, Accommodation costs and Resource Transfer.

The **INTEGRATION SHADOW BOARD** agreed the following services form part of the notional/information budget of the partnership and be included in the strategic plan – Unplanned inpatients within the BGH, Adult projection and domestic abuse, A&E, GP Out of Hours, Care of Older People within the BGH, Home Dialysis, Public Health, Screening, Audiology, Community Midwifery, Welfare Services, Infection Control, Specialist Nurses, Emergency Planning, Health Living Network, Patient Safety Programme, Pharmacy, Visual Aids, Non Cash Limited Services (general dental practitioners, opticians and community pharmacists), Palliative Care, Payments to Voluntary Bodies, Equality and Diversity, Health

Promotion and Public Involvement. These would be reported to the Shadow Board as relevant to the integrated service provision in scope.

The **INTEGRATION SHADOW BOARD** agreed to revisit the scope of the integrated budget significantly prior to 1st April 2015.

12. Any Other Business

There was none.

13. Date and Time of next meeting

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 4 August 2014 at 2.00pm at NHS Borders in the Board Room, Newstead.

The meeting concluded at 3.30pm.

Integration Shadow Board Action Point Tracker

Meeting held 28 April 2014

Agenda Item: Code of Governance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
9	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.	Elaine Torrance	May	**In Progress:** To include in next Newsletter.	R

Integration Shadow Board Action Point Tracker

Meeting held 30 June 2014

Agenda Item: Care and Clinical Governance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
4.1	The **INTEGRATION SHADOW BOARD** agreed to receive the outcome report from the Care & Clinical Governance short life working group.	Evelyn Rodger	August	**Complete:** Item scheduled for 4 August Integration Shadow Board agenda.	G

Agenda Item: Update on Change Fund Projects Exit Strategy

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The **INTEGRATION SHADOW BOARD** agreed to receive a further Change Fund report at the end of the financial year.	Jane Davidson	November		

Agenda Item: Arms Length Organisation Business Case

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The **INTEGRATION SHADOW BOARD** agreed to receive the finer detail of the LLP and specifically confirmation of the partners in the LLP.	Jeanette McDiarmid	August	**In Progress:** Will be brought back to the October Integration Shadow Board	

Agenda Item: Arms Length Organisation Business Case

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The **INTEGRATION SHADOW BOARD** agreed to receive a seminar on the current mix of home care provision and the impact of self directed support on current and future services.	Jeanette McDiarmid	September		

Agenda Item: Arms Length Organisation Business Case

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The **INTEGRATION SHADOW BOARD** welcomed sight of the report to be submitted to the Council in October.	Jeanette McDiarmid	October		

Agenda Item: Early Years Collaborative Progress Report

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
7	The **INTEGRATION SHADOW BOARD** agreed to receive a further update report on progress in six months.	Amanda Cronin/ Mandy Brotherstone	December		

Agenda Item: Early Years Collaborative Progress Report

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
7	The **INTEGRATION SHADOW BOARD** requested the link to the website be circulated to them.	Amanda Cronin/ Mandy Brotherstone	July	**Complete:** Link emailed to Integration Shadow Board members on 30.06.14.	G

Agenda Item: Early Years Collaborative Progress Report

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
7	The **INTEGRATION SHADOW BOARD** agreed to receive the revised performance scorecard report.	Amanda Cronin/ Mandy Brotherstone	August	**Complete:** Item scheduled for 4 August Integration Shadow Board agenda.	G

KEY:	
R	Overdue / timescale TBA
A	<2 weeks to timescale
G	>2 weeks to timescale
Blue	Complete – Items removed from action tracker once noted as complete at each Integration Shadow Board meeting

PROGRAMME HIGHLIGHT REPORT – JULY 2014

Aim

To provide an outline update on progress in the delivery of the Integration Programme.

Background

The programme is based around two main workstreams which produce the two principle plans required under the Integration Legislation:

- Governance & Integration Group – responsible for the delivering the Scheme of Integration
- Strategic Planning Group – responsible for delivering the Strategic Plan.

These 2 workstreams are supported by 3 workgroups

- The Finance Group
- The Workforce Development Group
- The Information, Performance and Technology Group

The high level milestones for the 2 main plans are as follows:

- Scheme of Integration

▪ By end Oct 14	Drafting the Governance Arrangements for t0he Integration Board **(on track)**.
▪ By end Oct '14	Produce 1st draft of scheme of integration **(on track)**.
▪ Nov 14 – Jan 15	Consult over Scheme of Integration
▪ By end Feb 15	Produce Final Draft for sign-off by the Shadow Board
▪ March 15	Submit Integration Scheme to the Scottish Government for sign-off
▪ April 15	Integration Board arrangements go live.0

- Strategic Plan (subject to finalisation of Draft Regulations)

▪ October 14	Practitioner/User Engagement.
▪ By end Nov '14	Produce 1st draft of the Strategic Plan.
▪ Nov 14 – Jan 15	Consult over Scheme of Integration with the Strategic Planning Group and develop 2nd draft
▪ Feb 15 – July 15	Consult over 2nd draft of the Strategic Plan and develop final draft.
▪ By April 2016	Sign-off and publish Strategic Plan (and consultation process)
▪ April 16	Full implementation

Summary

The attached highlight report summarises:

- the main progress over the period from 20th June to 25th July.
- any risks or issues that are – or could – affect the delivery of the programme
- the work/activity planned in the next reporting period

Recommendation

The Integration Shadow Board is asked to **note** the report.

Policy/Strategy Implications	N/A
Consultation	N/A
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	N/A
Resource/Staffing Implications	N/A

Approved by

Name	**Designation**	**Name**	**Designation**

Author(s)

Name	**Designation**	**Name**	**Designation**
James Lamb	Programme Manager		

Programme Highlight Report

Item No. 6.1

Project :	Integration of Health and Social Care Programme	**Date:**	July 2014
Author :	James Lamb	**Reporting Period :**	20th June – 25th July 2014
Stage :	Initiation	Status:	Amber

This Reporting Period :

- Holiday period, so progress slowed temporarily
- Consultation Issued on draft regulations and joint response being prepared.
- Draft Scheme of Integration amended in light of Draft Regulations – Groups asked for their input.
- Strategic Plan – some progress on identifying people who can help resource this work.
- Strategic Plan – recognition of the need to rework governance and representation in the light of Draft Regulations
- Susan Manion has taken up post
- Integration Care Fund

Key Issues and Risks:

- Resource
- Communications brief still needs to be put together to provide an update on progress across staff in the both organisations.

Next Reporting Period :

- Consultation response to be finalised and presented to Shadow Board on the 4th August
- Stakeholder Engagement Proposals to be developed with a view to practitioner events in October.
- Communication Briefing note to be produced
- Continue to develop the Scheme of Integration
- Integrated Care Fund
- Development of joint change management arrangements

Signature :	James Lamb	**Date :**	23 July 2014

CONSULTATION RESPONSE ON DRAFT REGULATIONS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Aim

To provide the Shadow Board with the consultation response on the draft regulations for final comment and approval.

Background

The Scottish Government have invited Health Boards and Councils to comment on the draft regulations. The Regulations were published in two sets, set one published on the 12th of May and set two on the 27th of May. The comments were due to be returned by the 1st of August, however due to the timing of the Shadow Board, we have been granted an extension until after the Board meeting on Monday 4th August.

The Shadow Board agreed previously that there should be a joint response from the NHS Board and Council with the final response agreed by the Shadow Board.

The draft regulations have been widely circulated across the Council and NHS, including the Joint Staff Forum. They were also circulated to the third sector and discussed at a number of meetings of the Public Reference Group.

Summary

Scottish Borders Council and NHS Borders welcome the opportunity to comment and are keen to emphasise their support for the opportunities afforded by integration to improve outcomes for individuals, carers and communities in our Council area.

To highlight some key issues:-

Many of the comments seek clarification or further information on specific areas where there could be perceived to be dubiety of intent or meaning. The interdependency of scheduled and unscheduled care in health budgets has been highlighted as a particular area of challenge in ensuring that health integration is maintained across all services within and outwith the partnership.

The role of the partnership in the public sector landscape requires clarification in some areas, particularly in relation the Community Planning arrangements.

Some of the services need further definition; the inclusion of ‘women’s health’ is a good example.

Local flexibility in some areas would be helpful, including the proposed membership of the Strategic Planning Group.

Recommendation

The Integration Shadow Board is asked to **approve** the Response to the draft Regulations

Policy/Strategy Implications	The finalised regulations will be critical in defining the Strategic Plan for Integration.
Consultation	This paper forms the basis of the Shadow Integration Board's response to national consultation on the draft regulations. The consultation paper has been circulated widely across both the Council and Health Board.
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	N/A
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation

Author(s)

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

ANNEX 1 (D)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

2. If no, please explain why

3. Are there any additional matters that should be included within the regulations

Yes [X]

No [ ]

4. If yes, please suggest

While performance management arrangements for service delivery arrangements will be included in the scheme, there is a lack of clarity in the governance or oversight of the Integrated Joint Board. Consideration of this should help define the role of the Council and Health Board in those arrangements. For clarification the final scope of the partnership should be included in the Integration scheme with clarity of what is managed and what is 'commissioned'.

5. Are there any further comments you would like to offer on these draft Regulations?

ANNEX 2 (D)

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

2. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes ☐ **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No ☒

2. If no, please explain why

Domestic abuse should be included in the 'may' as opposed to the 'must' list.
Adult protection should be considered as a 'may' as opposed to a "must".

3. Are there any further comments you would like to offer on these draft Regulations?

Yes ☒

No ☐

Scottish Borders Council and NHS Borders welcome the formal integration of health and social care with the opportunity to provide better care for individuals, families and communities.

We would welcome clarity in relation to the definition of housing in the scope. Housing support relating to adult social care seems appropriate and aids/ adaptations/ equipment services. Clarification of where this intends to cover care and repair/homelessness would be useful. There would be significant concerns about all of housing being included.

We also look forward to clarification on the links between the partnership and the criminal justice service.

The Chief Social Worker has an accountability and oversight of adult support and protection so how this sits in the context of clinical and care governance requires clarification – including the role of the independent chair of the Adult Protection Committee and Chief Officer Group.

Adult protection is currently co-terminus with other units and agencies – Child Protection and Police. There are clearly benefits from the current management and governance arrangements that need to be considered. Perhaps this needs to be considered in the May category rather than being overly prescriptive. There would be a risk to current partnership arrangements and the benefits currently accrued from these arrangements.

The governance of the Alcohol and Drug partnerships should be reviewed in the light of the new partnership arrangements, ensuring alignment at a local level.

The Health Improvement function is crucial to the partnership work as whole, clarity on that function and its relationship with the Partnership as well as the acknowledged wider community Planning arrangements would be welcome.

The position of the Partnership in the context of the Community Planning partnership should be made explicit.

ANNEX 3 (D)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

3. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

If no, please explain why

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in the regulations?

Yes [X]

No [ ]

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes ☐

No ☒

If not, we would welcome your feedback below to ensure we can provide the best description possible of the services, where they may not be applied consistently in practice.

AHPs are categorised differently across the country, so clarification what specifically what is defined centrally would be helpful. These defined differently are often radiography, orthotics and clinical psychology.

This is also true for women's health services which might/might not include breast screening, male sexual health services contraception and midwifery.

There is a lack of clarity in relation to the Public Health Functions and where they will sit strategically or as part of the operational Partnership arrangements.

It is unclear as to why GMS services are included but Dental, Pharmaceutical and Optometry services are not. The interdependency between the primary care independent contractors are crucial to the delivery of a total integrated primary care service.

4. Are there any further comments you would like to offer on these draft regulations?

The act refers to services for over 18s – it is not always possible to disaggregate these services – e.g. prescribing and health promotion.

Health services work in an integrated way – the inclusion of only some services in the integrated budget may lead to disintegration between health services and impact on patient flow.

Hospital budgets –scheduled and unscheduled care in acute hospitals are inter-dependent and staff work across both areas.

We support the inclusion of Emergency Care Pathway but how this is managed will need to be clarified.

Lack of clarity on the services to be included in the strategic plan and the services to be delivered operationally by the board.

Lack of clarity on how the integrated board will influence the services in the strategic plan.

ANNEX 4 (D)

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

4. Do you agree with the list prescribed National Health and Wellbeing Outcomes?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

If no, please explain why

2. Do you agree that they cover the right areas?

Yes [X]

No [ ]

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes [X]

No [ ]

5. If not, why not?

6. Are there any further comments you would like to offer on these draft regulations?

We are keen to see detail on the expected indicators. The outcomes are rightly ambitious but we need to ensure they are deliverable and that there is clarity on the scale of expectations. There are high expectations on the partnerships at a time of significant change, a proportionate and measured approach to progress is essential. A definition of 'Safe from Harm' would be helpful. There are concerns that this will produce a risk-averse approach rather than promoting positive risk taking.

ANNEX 5 (D)

PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

5. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purpose of the act?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

2. If you answered no, please explain why:

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purpose of the act?

Yes [X]

No [ ]

4. If you answered 'no' what other methods of identifying professional would you see as appropriate?

5. Are there any further comments you would like to offer on these draft regulations?

ANNEX 6 (D)

PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

6. Do you believe that the draft regulations will effectively achieve the policy intention of the act?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

2. If not, which part of the draft regulations do you believe may not effectively achieve the policy intention of the act and why?

3. Are there any further comments you would like to offer on these draft Regulations?

ANNEX 1 (D) Set 2

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

7. Do these draft regulations include the right groups of people?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

2. If no, what other groups should be included within the draft regulations?

Scottish Borders Council and NHS Borders welcome the breadth of input to the hugely significant planning process. Some consideration needs to be given to the support and development to the individuals from the various groups as and the group as collective in the light of the new responsibilities. In particular there is a need to emphasise the importance of child carers (of adults) and how we can support this group so they don't fall between children and adult services.

3. Are there any further comments you would like to offer on these draft regulations?

Specific links between the Strategic plan and the Community Planning process would be helpful to ensure a truly joined up approach across the partner agencies.

ANNEX 2 (D) Set 2

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

8. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

2. If you answered 'yes', please list those you feel should be included:

3. Are there any other areas related to the operation of the Integration Joint Board that should also cover this draft order?

There is no guidance on who attends the Board in an advisory capacity e.g. – the views of the Chief Executives and role of the S95 officer and Health Board equivalent. The Chief Executives of the Council and NHS Board should be non voting members.

It would be helpful to define the role of elected members on the Integrated Joint Board during the period prior to an election.

It should be clear that the meetings are in public and agreement on the process for record storage and access.

Quorum at two thirds is high and may cause difficulties. This should be considered in the light of the existing local arrangements for health boards and councils.

4. Are there any further comments you would like to offer on this draft order?

ANNEX 3 (D) Set 2

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

9. Do you agree with the proposed minimum membership of the Integration Joint Monitoring Committee, as set out in this draft order?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

2. If you answered 'no', please list those you feel should be included:

3. Are there any other areas related to the operation of the Integration Joint Monitoring Committee that should also cover the draft order?

4. Are there any further comments you would like to offer on this draft order?

ANNEX 4 (D) Set 2

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

10. The draft Regulations prescribe the groups of people that should be represented on the Strategic Planning Group. Do you think the groups of people listed are the right set of people that need to be represented on the Strategic Planning Group?

Yes [X] **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No [ ]

2. If no, what changes would you propose?

3. Are there any further comments you would like to offer on these draft regulations?

This is a very large group, especially if there is also the expectation that each of the localities are represented. Local flexibility on membership would be of benefit to ensure the right 'fit' for local arrangements. The issue of some members being part of a commissioning group as well as a provider of services should be recognised and considered.

ANNEX 5 (D) Set 2

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

11. Do you agree with the prescribed matters to be included in the performance report?

Yes ☐ **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

No ☒

2. If no, please explain why:

The expectation in the performance report that we record shifts in resources will not necessarily reflect change in service delivery. There does need to be a match between resource and delivery but the recording of change over time in resources will not necessarily reflect the scale of service change. Sometimes a small resource change can effect substantial service change.

3. Are there any additional matters you think should be prescribed in the performance report?

Yes ☐

No ☒

4. If yes, please tell us which additional matters should be prescribed and why:

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes ☐

No ☒

6. If you answered yes, what form should Scottish Ministers prescribe?

7. Are there any further comments you would like to offer on these draft regulations?

Although there will be a great interest in monitoring the effectiveness of the Joint Boards the temptation to overburden them with performance reporting must be balanced against the size of change required over a period of time. There are significant challenges to be met in terms of demand and resources. The expectations on the Partnerships themselves may be unrealistic. The Christie commission recommendations for change across the public sector towards early intervention, prevention, increased self care and anticipatory care will take time. . However, we acknowledge some changes can be quick to drive delivery of improved outcomes.

MONITORING OF THE SHADOW INTEGRATED BUDGET 2014/15

Aim

To provide the Shadow Board with:

- Periodic budget monitoring statements for the Partnership's Integrated Budget based on actual expenditure and income to 30 June 2014.

- Explanations of the major variances between projected outturn expenditure/income and the current approved budget.

Background

Shadow Integrated Budget

NHS Borders and Scottish Borders Council last calendar year agreed a number of service budgets amounting to almost £120m should be included within the integrated budget. This position was endorsed by the Shadow Board at its meeting in April. At the workshop on the 2nd June 2014 members of the Shadow Board and a number of senior officers from the NHS Borders and Scottish Borders Council reviewed a number of services, with a view to making a recommendation to the Shadow Board on which services should be included within the integrated budget. Additionally, a number of services were reviewed by the Board and recommendations were made on how each service should be treated within the partnership budget.

This exercise resulted in a number of services being added to the initial scope and becoming part of the Shadow Integrated Budget. These services and the budgets which support them have now been incorporated in full into the integrated shadow budget on an aligned basis. This report provides an update on the financial position as at the 30th June, with the exception of one further service area (Housing services aids and adaptations - Mandatory grants to contribute towards the cost of alterations to help meet the needs of clients with a disability or impairment), Further work is currently ongoing in order to define and identify the supporting budget, the outcome of which will be incorporated into future monitoring reports to the Board. The total Shadow Revised Integrated Budget for 2014/15 now stands currently at £133m.

Consultation continues on the Draft Regulations to the Public Bodies (Joint Working) (Scotland) Act 2014. Further guidance on exactly which services / budgets must be / should be integrated within partnerships is expected by Autumn 2014 and the services and budgets currently included within the shadow integrated budget for the Scottish Borders will be reviewed and will be subject to further refinement prior to the April 2015.

Projected Outturn

At 30th June 2014, total outturn expenditure of £133m is projected in line with the current budget. At month 3 pressures of £0.428m are evident and actions to manage these are currently being developed by managers to ensure the balanced position projected is delivered.

A key underlying factor in the ability to report a balanced projection at this stage of the financial year is due to the considerable investment made in the revenue budgets supporting the delivery of services during recent financial planning processes. Recurrent annual additional budgetary provision was made in 2014/15 complementing the additional provision made in 13/14 to meet the pressures arising as a result of increasing number of older people requiring health and social care services, and the increasing numbers of clients with learning and physical disabilities and the complexity of their needs. Nonetheless, all services remain under pressure which management teams are addressing through the identification and implementation of a range of remedial actions that will enable a breakeven outturn position to be delivered. The actions taken will be reported to the Board at the half year stage.

Joint Learning Disability Service
The Joint Learning Disability Service is currently experiencing a pressure of £0.455m against its shadow integrated budget of £17.460m. This has been an area of ongoing financial pressure in recent years, particularly as a result of the impact of young adults with complex needs coming into the service which has driven increasing costs within the service. A combination of ongoing review of health and social care packages and additional investment has had a positive impact this year, but during June 2014, further additional new clients have come into the service, some with very complex needs requiring significant and expensive care packages, this will require management action to be delivered this year.

Joint Mental Health Service
Mental Health is currently projecting a breakeven position and will continue to work to deliver additional efficiencies where possible in order to address wider pressures across the shadow integrated budget.

Older People Service
All Adult services have seen increasing demand during June 2014 with demand led pressures now being presented in Older People of £0.258m. This is a net position, which takes account of additional demographics budget invested in Adult Services this year, The key drivers for the additional financial pressures within Older People are the number of care beds currently being commissioned above budgeted levels (£0.120m), increasing costs of homecare as a result of retendering (£0.270m).

Physical Disability Service
Increasing client numbers and complexity as well as market rates continues to cause additional pressures in the costs of externally commissioned homecare for clients with physical disabilities (£0.420m) in addition to those clients cared for in a residential setting (£0.100m). The impact of these pressures has been partially offset by demographic investment into the Physical Disability Budget (£0.300m).

Generic Services
Whilst projecting breakeven at present, Community Nursing and Community Hospitals

are experiencing small financial pressures due to a variety of reasons including to the impact of service redesign, maternity leave and sickness absence. These issues are being addressed by management to ensure that budget variances are minimised and that the appropriate policies such as sickness absence are being actively adhered to.

The GP prescribing budget is reporting a projected breakeven position although this should be treated with a degree of caution due to limited information being available at this time. When this becomes more certain, updated projections will be made and reported to future Shadow Boards.

Considerable savings have been projected within Generic Services. This is a managed position in order to enable a balanced projected outturn for integrated budgets overall to be reported. These savings are attributable to a range of measures including strict vacancy management, particularly in localities, a review of all discretionary spend and a reduction in specific areas of committed expenditure within Health Improvement and at Station Court, in particular.

Implications

Financial Recommendations

There are no costs attached to any of the recommendations contained in this report its content being specifically related to the monitoring of the shadow integrated revenue budget for 2014/15.

Risk and Mitigations

There is a risk that further cost pressures may emerge before the year-end which may impact on the projected outturn for the year or that barriers may emerge to the delivery of planned efficiency and savings plans within partner organisations, particularly in relation to the development and delivery of savings plans required to deliver the breakeven outturn position currently reported.

The potential for projected adverse variances against service budgets is highlighted within the Partner Board Risk Register.

The risks identified above are being managed and mitigated through:-

- Monthly reports of actual expenditure and income against approved budgets being made available to budget managers in both partner organisations.
- Review of budget variances and monitoring of management actions to control expenditure by Finance, Service staff and Directors within both organisations.
- Engagement with service managers and review of monthly management accounts by senior management in both organisations.
- Other specific processes of accountability such as departmental business transformation boards, efficiency panels, etc to ensure the monitoring and delivery of financial planning savings targets.

Equalities

It is anticipated there will be no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals contained in this report.

Acting Sustainably

There are no significant effects on the economy, community or environment.

Carbon Management

No effect on carbon emissions are anticipated from the recommendation of this report.

Rural Proofing

It is anticipated there will be no adverse impact on the rural area from the proposals contained in this report.

Changes to Scheme of Administration or Scheme of Delegation

No changes to either organisation's Scheme of Administration or the Scheme of Delegation is required as a result of this report.

Summary

The revenue monitoring position set out in this report is based on the actual income and expenditure to the 30 June 2014. At this point the Partnership is experiencing a pressure for 2014/15 of £0.428m but this will be managed through the identification of further action. Management teams are working with finance to identify and implement a range of remedial actions which will enable a balanced outturn at the 31 March 2015 to be delivered.

Additionally, any further pressures arising in-year will be identified early and managed and reported to the Shadow Board on an ongoing basis during the year.

Recommendation

It is recommended that the Shadow Board:

Approves the budget monitoring reports at Appendix 1 and notes the overall balanced outturn position to 31 March 2015 reported at this time.

Notes that Budget Holders/Managers must continue to work to deliver planned savings measures and bring forward actions to meet pressures of £0.428m in 2014/15 currently experienced at this time.

Policy/Strategy Implications	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	Members of the Integration Programme Board have been consulted on the report and the position reported to the Shadow Board. The report has also been reviewed by and approved by relevant Management Teams within both partner organisations.
Risk Assessment	A full risk assessment and risk monitoring process for the Integration Programme is being developed as part of the Integration Programme arrangements.

Compliance with requirements on Equality and Diversity	An equality impact assessment will be undertaken on the arrangements for Joint Integration when agreed.
Resource/Staffing Implications	It is anticipated that the Integration Shadow Board will oversee services which have a budget of over £130m, 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
David Robertson	Chief Financial Officer	Carol Gillie	Director of Finance

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Business Partner		

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget | **2014/15** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	Additional costs arising as a result of further increases in the number and complexity of need above the level of budget investment made this year. Challenging Efficiency Targets, plans being formulated now to achieve targets. Budget has been transferred to Mental Health for BAS since base was set. Significant Pressure in Homecare and Residential Services due to demand and cost of providing services Significant additional complexties of PD need has led to considerable increase in the level of homecare required, offset by the further budget investment in part. Considerable Savings targets set to achive balanced outturn over integrated budgets. Limited information on GP prescribing. **Note YTD WTE only available for NHS at this time.**
Joint Mental Health Service	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Joint Alcohol and Drug Service	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Older People Service	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Physical Disability Service	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Generic Services	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Total	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Financed By:											
AEF, Council Tax and Fees & Charges	#REF!	#REF!	#REF!	#REF!	#REF!	46,844	#REF!				
Action Plans of Remedial Actions	0	0	0	0	0	428	428				
NHS Funding from Sgovt etc	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!				
Total	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!				
Net							0				

THE INTEGRATED CARE FUND FOR SCOTTISH BORDERS FOR 2015/16

Aim

The aim is to update the Shadow Board on the allocation of £2.13m Integrated Care Fund for Scottish Borders for the financial year 2015/16.

Background

Attached is the letter from the Scottish Government announcing the allocation of an Integrated Care Fund to support partnerships in the delivery of improved outcomes through health and social care integration. Also attached is the guidance on how the fund should be used.

Summary

It is recognised nationally, and evidenced locally, that the Reshaping Care for Older People fund has worked well in encouraging the NHS, the Local Authority, the third and independent sectors to work together to begin to redesign services for the future with a focus on older people.

We are now being set a more ambitious challenge; to be innovative, taking preventative approaches with the express intent to reduce inequalities across all adult services. This fund is allocated to partnerships to help facilitate and drive forward the changes required, tackling collectively the challenge associated with multiple and chronic conditions for all adults.

The Integrated Joint Boards, through the Chief Officers, are being asked to take responsibility to work with partners on the development on an Integrated Change Plans. These plans should outline the how the resource will be used to redesign activities and services across the partnership organisations to achieve the outcomes for adult health and social care.

As well as instigating change in its own right, it must be recognised that this plan must help the partnership pave the way to longer term change that will be articulated through the Strategic Plan.

For Scottish Borders that allocation is £2.13 million and the plan must be submitted by the 12 December 2014.

The following principles are being suggested to the Shadow Board as a means of developing the plan:-

- The good governance and practice demonstrated through the work of the reshaping care board in the Scottish Borders will be used as the blue print for how we will take forward arrangements to plan and implement the Integrated Care Fund.

- The existing Reshaping Care Board will be asked to complete its work and present a final report to the next meeting of the Shadow Partnership

- A paper outlining suggested arrangements for the Integrated Care Board will be brought to the next Shadow Partnership Board.

- Given the challenges of the timescale, the Chief officer will work with colleagues across the partners agencies now to ensure we will be in a position to have the plan in place and on time but, importantly, we will be ready to start from the 1st April 2015.

Recommendation

The Integration Shadow Board is asked to **agree** the report.

Policy/Strategy Implications	The fund links with, and supports, the development of the Strategic Plan for the Integration of Social Care & Health.
Consultation	The approach is collaborative across partner agencies.
Risk Assessment	Associated risks and mitigating actions will be developed as part of the development of the submission.
Compliance with requirements on Equality and Diversity	The submission should assist in identifying and addressing equality and diversity issues. An impact assessment will be undertaken on the plan, prior to it's submission.
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation

Author(s)

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

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Integration and Reshaping Care Division

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The Scottish Government
Riaghaltas na h-Alba

To: NHS Board Chief Executives
Local Authority Chief Executives

In 2014 Scotland Welcomes the World

7 July 2014

Dear Colleagues

Integrated Care Fund

As you will be aware the Cabinet Secretary for Finance and Sustainable Growth, in his budget statement of 11 September 2013, announced that to support the integrated funding arrangements for health and social care, additional resources of £100m will be made available via Health Boards in 2015-16 to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen our approach to tackling inequalities.

The £100m resource builds upon the Reshaping Care of Older People (RCOP) Change Fund (which will continue as planned until April 2015). The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults. Funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65, as well as in older people.

The attached paper provides background and guidance to local partnerships on how the fund should be used. It is not intended to create additional bureaucratic burden on local partnerships so Integrated Care Plans should be developed within the current strategic commissioning process. However, it is important to be able to account for the spend of this resource and to measure the performance improvements achieved by it.

Completed templates should be returned to Kelly.Martin@Scotland.gsi.gov.uk by Friday 12 December 2014.

Yours sincerely

Kathleen Bessos

KATHLEEN BESSOS
DEPUTY DIRECTOR

INTEGRATED CARE FUND

Guidance for Local Partnerships

1. The Scottish Government announced that additional resources of £100m will be made available to health and social care partnerships in 2015-16 to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen our approach to tackling inequalities.

2. The £100m resource builds upon the Reshaping Care of Older People (RCOP) Change Fund (which will continue as planned until April 2015). The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults. Funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65, as well as in older people.

3. This paper provides guidance to local partnerships on how the fund should be used. **It is not intended to create additional bureaucratic burden on local partnerships so Integrated Care Plans should be developed within the current strategic commissioning process. However, it is important to be able to account for the spend of this resource and to measure the performance improvements achieved by it.**

Background

4. The RCOP Change Fund has been a powerful lever to support the third sector, NHS, local authority, housing and independent sectors to work more effectively together and to share ownership of local change plans and delivery. The governance arrangements and improvement support for Change Plans have accelerated a change in attitudes, cultures and behaviours and have resulted in a greater focus on preventative and anticipatory care.

5. We recognise that the full ambitions of the RCOP ten year programme of reforms have yet to be fulfilled. As evidenced by the recent Audit Scotland report,[1] we have not yet been able to achieve a shift in resources away from institutional care. It is also true to say that there is scope to make further progress on the duty in the Public Bodies (Joint Working) (Scotland) Act 2014 to include key stakeholders, particularly the third sector, within the decision making processes to take advantage of their advice, experience and delivery. It is important, therefore, that partnerships continue to make progress with Reshaping Care for Older People within the context of emerging integrated health and social care arrangements and this more equal and co-productive form of partnership working. Strategic Commissioning will be critical to achieving this. As part of the Reshaping Care for Older People Programme, Evaluation Support Scotland was commissioned to facilitate 'A Stitch in Time'. This programme supported the third sector in Lothian

[1] http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf

to collect and present evidence to explain, measure and prove how the third sector (i) prevents avoidable future use of health and social care services; and (ii) how it optimises older people's independence and well-being.

6. The Public Bodies (Joint Working) (Scotland) Act[2] speaks to a more ambitious agenda that needs to be more squarely focused on the alleviation of health inequalities. The Route Map to the 2020 Vision for Health and Social Care[3] identifies prevention and preventative spend as a priority to improve care for people with multi-morbidities. We need now to move to a more targeted but transformational redesign focused on the complex and high cost service models that are in many cases not delivering the outcomes that people need, especially in less affluent areas. The principles and learning from "A Stich in Time" programme are equally applicable to working with adults with co-morbidity / multi-morbidity through the Integrated Care Fund. Further information and support for partnerships to understand the contribution of the third sector can be found on Evaluation Support Scotland's website at http://www.evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/

7. It is therefore important that the Integrated Care Fund should be used to test and drive a wider set of innovative and preventative approaches in order to reduce future demand, support adults with multi-morbidity and address issues around the inverse care law, where people who most need care are least likely to receive it. Given that the funding is available for one year, it is important that these approaches are built in to and sustained through the longer term strategic commissioning approach.

8. Central to these approaches must be the shift to support the assets of individuals and communities so that they have greater control over their own lives and capacity for self-management, particularly of multiple conditions. The **third sector** has a particularly crucial role to play in supporting such an approach.

Principles

9. Through the Ministerial Strategic Group for Health and Community Care, the Scottish Government, COSLA, NHS Scotland and third and independent sector partners have agreed that six principles should underpin the use of the Fund:

- **Co-production** – the use of the Fund must be developed in partnership, primarily between health, social care, housing, third sector, independent sector, people who use support and services and unpaid carers. It should take an inclusive and collaborative local approach that seeks out and **fully supports the participation of the full range of stakeholders, particularly the third sector,** in the assessment of priorities and delivery of innovative ways to deliver better outcomes

[2] http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx
[3] Route Map to the 2020 Vision for Health and Social Care

- **Sustainability** – the Fund needs to lead to change that can be evidenced as making a difference that is **sustainable and can be embedded through mainstream integrated funding sources** in the future.

- **Locality** – the locality aspects must include input from professionals, staff, users and carers and the public. Partnerships should develop **plans with the people who best know the needs and wishes of the local population.** Such a bottom-up approach should maximise the contribution of local assets including the third sector, volunteers and existing community networks. Partners will be expected to weight the use of their funding to areas of greatest need.

- **Leverage** – the funding represents around 1% of the total spend on adult health and social care so must be able to support, unlock and improve the use of the total resource envelope. Our approach to strategic commissioning will be key to this so it is important that plans for the use of this resource are embedded in the strategic commissioning process.

- **Involvement** – Partnerships should take a co-production, co-operative, participatory approach, ensuring the **rights of people who use support and services and unpaid carers are central to the design and delivery of new ways of working** – delivering support and services based on an equal and reciprocal person centred relationship between providers, users, families and communities. These relationships should be evidenced within each partnership's plans.

- **Outcomes** – partnerships will be expected to **link the use of the funds to the delivery of integrated health and wellbeing outcomes for adult health and social care** which will be the responsibility of the new Integration Joint Boards or lead agencies following enactment of the legislation for integration.

Integrated Care Fund - Plans

10. As we enter into the 2014/15 shadow year for health and social care integration, health and social care partnerships will already be developing strategic commissioning plans for adults. The Joint Improvement Team issued practical advice on joint strategic commissioning[4] in February 2014 and this guidance should be read in conjunction with that advice note. Effective use of the Integrated Care Fund will only be achieved by adopting the principles of strategic commissioning.

What should be the focus of Integrated Care Plans?

11. Integrated Care Plans should focus on tackling the challenges associated with multiple and chronic illnesses for both adults and older people. Over two million people in Scotland have long term conditions and they are the principal driver for both chronic and urgent care and support. Multi-morbidity (two or more conditions) is the norm in Scottish patients over 50 and the prevalence is rising. Although multi-morbidity is particularly common in older people, most people affected are

[4] http://www.jitscotland.org.uk/news-and-events/newsletters/?id=154

under 65, particularly in deprived areas where the most common co-morbidity is a mental health problem. The combination of physical and mental health conditions has a strong association with health inequalities and negative outcomes for individuals and families.

12. The focus on multi-morbidity is intimately tied to wider work undertaken in respect of inequalities and deprivation. The current evidence suggests[5] that deprivation influences not just the amount but also the type of multi-morbidity that people experience. A greater mix of mental and physical problems is seen as deprivation increases, which means increased clinical complexity and the need for holistic person centred care.

13. The Integrated Care Fund should therefore be used to test and deliver a matrix of supports and interventions to improve health and wellbeing outcomes through, for example: deepening our focus on improving personal outcomes, supporting health literacy and adopting a co-production approach; using technology to enable greater choice and control; and adopting an assets-based societal model to improve population health and wellbeing. Plans should build on learning from Reshaping Care for Older People and extend the reach of successful approaches to the priority actions for partnerships set out in the National Action Plan for Multi-morbidity, which will be published shortly.

14. The use of the Integrated Care Fund should include strands that will lead to reduced demand for emergency hospital activity and emergency admissions. Investment in existing institutional bed capacity such as long stay beds, should <u>not</u> form part of the plans for the use of the Integrated Care Fund.

<u>How should Integrated Care Plans be developed?</u>

15. It will be for local partnerships to decide how best to develop their Plan for the use of their share of the £100m. The Integration Joint Board, through the interim Chief Officer, or Chief Executive in a lead agency, should take responsibility to work with all partners to develop the Plan. The Plan should clearly outline the role of the **non-statutory partners** and should describe the level of support to carers. Plans should be agreed and signed off by representatives from the NHS, local authority, the third sector, and independent sectors.

<u>When should the plans be completed?</u>

16. In order to commence full implementation of Plans from 1 April 2015, and therefore be able to utilise the full resource over that financial year, partnerships should aim to have Plans signed off by December 2014.

[5] BMJ 2012;344:e4152

What details should the plans cover?

17. Plans should adopt and support delivery of the aim for 2020 that all adults with multiple conditions are supported to live well and experience seamless care from the right person when they need it and, where possible, where they want it.

18. Partnerships are asked to develop Plans which describe:

- the activities that will support the delivery of integrated health and wellbeing outcomes for adult health and social care – and the contribution to wider work designed to tackle health inequalities within Community Planning Partnerships;
- the extent to which activity will deliver improved outcomes in-year and lay the foundations for future work to be driven through Strategic Commissioning;
- relationships with localities, including how input from the third sector, users and carers will be achieved. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks.
- the long term sustainability of investments and the extent to which the use of the fund will leverage resources from elsewhere.
- how resources will be focused on the areas of greatest need.
- how the principles of co-production will be embedded in the design and delivery of new ways of working.
- progress in implementing priority actions for partnerships as described in the forthcoming National Action Plan for Multi-morbidity.
- how it will enable the partnership to produce a progress report based on the above for local publication in autumn 2016.

How should the Plans be used?

19. The Plans are primarily intended to drive service innovation, development, and improvement, and to communicate priorities. The Integrated Care Plan should therefore be published by each partnership. Partnerships will wish to monitor their own performance and will be expected to **submit two progress reports at six monthly intervals to the Ministerial Strategic Group on Health and Community Care. A template based on the bullet points in paragraph 18 will be used for these reports so partnerships should develop plans that will allow for progress and performance to be measured.**

20. In addition, Joint Improvement Team will coordinate support from national partners through the Improvement Network collaboration, support shared learning across Scotland and provide or broker support for local improvement.

How will the £100m be distributed?

21. The allocations to Health Boards will use a composite of the following two distributions on a 1:1 ratio:

- The NHS National Resource Allocation Committee (NRAC) distributions for adults in the Acute, Care of the Elderly, Mental Health and Learning Difficulties, and Community care programmes;

- Local Authority Grant Aided Expenditure (GAE) distributions for People aged 16+ derived using a population weighted composite indicator based on a number of factors. (For more information on the methodology contact Brian Slater)

22. The individual allocations to each partnership is profiled at Annex A.

Will the Integrated Care Fund continue after 2016?

23. A £100m Integrated Care Fund has been identified for 2015-16. The availability of resources after 2016 will depend on the progress made and the outcome of the next Comprehensive Spending Review. However, as stated in paragraph 7, and echoed in the principles in paragraph 9, the change must be sustainable and maintained within the strategic commissioning plans.

Can the Fund be used to support previous Older People's Change Fund activity?

24. The Integrated Care Fund builds on the RCOP Change Fund and should not simply be used to support existing initiatives previously funded through their RCOP Change Fund . Guidance on the 2014/15 Change Fund clearly stated that partners should be planning for **the range of activities that will or will not be sustained after 2015, through their Strategic Commissioning Plans**. Kathleen Bessos' letter of 10 April 2014 refers.

25. At the same time, it is recognised there may be some applicable programmes and support that currently focus on older people, and are equally transferable to adults with multi-morbidity at a younger age. There will be some limited scope to extend such interventions to the under 65 population.

Contact

26. For further information please contact the following:

Queries regarding the development of plans should be directed to Kelly Martin:
Tel: 0131 244 3744 e-mail: Kelly.Martin@scotland.gsi.gov.uk

Queries regarding improvement and support requirements should be directed to David Heaney: Tel: (0131) 244 5317 e-mail: david.heaney@scotland.gsi.gov.uk

Annex A

NHS Board	Partnership	£m
Ayrshire & Arran	*East Ayrshire*	2.47
	North Ayrshire	2.89
	South Ayrshire	2.34
		7.70
Borders	*Scottish Borders*	**2.13**
Dumfries & Galloway	*Dumfries & Galloway*	**3.04**
Fife	*Fife*	**6.73**
Forth Valley	*Clackmannanshire*	0.96
	Falkirk	2.88
	Stirling	1.52
		5.36
Grampian	*Aberdeen City*	3.75
	Aberdeenshire	3.78
	Moray	1.59
		9.12
Greater Glasgow & Clyde	*West Dunbartonshire*	1.99
	East Dunbartonshire	1.70
	East Renfrewshire	1.43
	Glasgow City	13.29
	Inverclyde	1.76
	Renfrewshire	3.49
		23.66
Highland	*Argyll & Bute*	1.84
	Highland	4.31
		6.15
Lanarkshire	*North Lanarkshire*	6.51
	South Lanarkshire	6.04
		12.55
Lothian	*East Lothian*	1.76
	Edinburgh, City of	8.19
	Midlothian	1.44
	West Lothian	2.85
		14.24
Orkney	*Orkney Islands*	**0.41**
Shetland	*Shetland Islands*	**0.41**
Tayside	*Angus*	2.13
	Dundee City	3.10
	Perth & Kinross	2.63
		7.86
Western Isles	*Eilean Siar*	**0.64**
Scotland		**100.00**

Annex B

Integrated Care Fund Plan Template

PARTNERSHIP DETAILS

Partnership name:	
Contact name(s): See note 1	
Contact telephone	
Email:	
Date of Completion:	

The plan meets the six principles described on pages 2 and 3 (Please tick √):

Co-production		Leverage	
Sustainability		Involvement	
Locality		Outcomes	

Please describe how the plan will deliver the key points outlined in paragraph 18:

The content of this template has been agreed as accurate by:

……

(name) for the Shadow Joint Board, or for a lead agency,

…….. or …….

(name) for the NHS Board (name) for the Council

…….. ……..

(name) for the third sector (name) for the independent sector

When completed and signed, please return to:

Kelly Martin
2ER, St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Kelly.Martin@Scotland.gsi.gov.uk

Templates should be returned by **12th December 2014**.

CLINICAL AND CARE GOVERNANCE ASSURANCE ARRANGEMENTS

Aim

This report provides an update on Clinical and Care Governance Assurance Arrangements and an overview of the options developed by the short life working group relating to a Clinical and Care Governance system following integration.

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.

Requirements for Integration

The Integration Board will need to assure itself when making key decisions relating to Integration that Clinical & Care Governance implications have been fully considered when making key decisions regarding service redesign or budgetary decisions. The model regulations state that the following will need to be included in the Scheme of Integration.

Clinical and Care Governance of services provided in pursuance of integration functions.	The arrangements for clinical governance and care governance which will apply to services provided in pursuance of integrated functions Details of how these arrangements will provide oversight of, and advice to, the integration authority in relation to clinical and care governance. Details of how these arrangements will provide oversight of, and advice to, the strategic planning group in relation to clinical and care governance. Details of how these arrangements will provide oversight of and advice in relation to the clinical and care governance of the delivery of health and social care services in the localities identified in the strategic plan. Information on how the clinical and care governance arrangements which apply in relation to the functions of the local authority and Health Board will interact with the clinical and care governance arrangements to be established in respect of integration functions. Information about the role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements for integrated functions. Information about how the clinical and care governance arrangements set out in the scheme relate to the arrangements for the involvement of professional advisors in the integration joint board.

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 delegated from the Board Chief Executive to key roles within the organisation including the Director of Nursing & Midwifery and Medical Director roles.

In Scottish Borders Council a local code of Corporate Governance which is approved by the Council sets out the proper arrangements to ensure its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. An annual governance statement is produced to report publicly on the extent to which the Council complies with its own code. This statement is presented to the Audit Committee in its role to oversee internal control and governance arrangements. These arrangements are consistent with the principles and requirements of the CIPFA/SOLACE framework 'Delivering Good Governance in Local Government'.

The Chief Social Work Officer also provides an annual report to the Council providing assurance that the Council is meeting its statutory requirements in relation to quality and standards of care and safety as set out in legislation and guidance and detailing key issues relating to Social Work including quality and risk.

The Shadow Integration Board were provided with an update on clinical and care governance at a previous meeting and further work was endorsed to scope out options for a clinical and care governance system. Scoping work has now taken place between NHS Borders and Scottish Borders Council to map exiting clinical and care governance arrangements to inform proposals for an integrated structure.

A small oversight group has met to review the options for a clinical and care governance system. The group included the Medical Director, Director of Nursing and Midwifery, Chief Social Work Officer and Head of Clinical Governance and Quality given their existing roles and responsibilities required of them in relation to Clinical and Care Governance.

Roles
There are a number of advisory key roles relating to Clinical & Care Governance. These include the Director of Nursing & Midwifery, Medical Director and Chief Social Work Officer.

In Scottish Borders Council specific oversight of the quality of care services rests with the Chief Social Work Officer whose role is to assure the Council that it is meeting its statutory requirements in relation to quality and standards of care and safety as set out in legislation and guidance.

In NHS Borders the Director of Nursing & Midwifery and Medical Director are professionally accountable, as executives of the Board, for assuring reliable standards of care, professionalism, workforce issues such as: skill mix; workforce support and education; safety; and evidence based care. Central to this is risk management, the approach to adverse events, management of complaints and feedback, sharing the learning and closing the loop. The Director of Nursing & Midwifery and Medical Directors are professionally responsible for providing evidence based advice with clarity on the consequences of not listening/ acting on advice.

There is a national discussion about the appropriate attendance at the Integration Board to assure the Board regarding Clinical & Care Governance. The Chief Social Work Officer is highlighted as a key advisor to the Board and there is a recommendation that a professional clinical advisor is also in attendance. Whilst further work needs to be undertaken to clarify links and the role of the Chief Officer moving forward it is proposed that this level of input should be a minimum expectation of the integrated board from these senior advisory roles.

Summary

This paper updates the Shadow Board on progress with national and local arrangements for Clinical & Care Governance Assurance.

It is not proposed at this time to set up new arrangements during the Shadow year period as operational arrangements are yet to be finalised. Responsibility for Clinical & Care Governance will, therefore, remain with the existing agencies.

It is proposed that to provide appropriate assurance to the Board during this period the Chief Social Work Officer, Director of Nursing & Midwifery and the Medical Director attend the Board in an advisory capacity and ensure that comments are sought on key decisions relating to care quality.

In addition a small Clinical & Care Assurance Group including Chief Social Work Officer, Director of Nursing & Midwifery and Medical Director will work with the Chief Officer to map existing assurance systems and processes and consider further requirements for the partnership which will be reported to the Board in line with the requirements for the Integration Scheme.

Recommendations

The Shadow Board are asked to:

(a) Note the ongoing work regarding Clinical & Care Governance.
(b) Support attendance of Director of Nursing & Midwifery/Medical Director at the Shadow Board.
(c) Receive a further paper in September on arrangements for Clinical & Care Governance Assurance in line with the model integration scheme. .

Policy/Strategy Implications	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
Consultation	As above
Risk Assessment	In compliance
Compliance with requirements on Equality and Diversity	In compliance
Resource/Staffing Implications	Services and activities provided within agreed resource and staffing parameters

Approved by

Name	**Designation**	**Name**	**Designation**
Evelyn Rodger	Director of Nursing and Midwifery	Elaine Torrance	Chief Social Work Officer

Author(s)

Name	**Designation**	**Name**	**Designation**
Laura Jones	Head of Clinical Governance and Quality	Michael Curran	Service Development Manager

THE INTEGRATION SHADOW BOARD

Early Years Collaborative Progress report August 2014

Aim: The aim of this report is to update the Board on the progress of data to support service improvement and monitor outcomes within the Early Years Collaborative (EYC).

Background

The Collaborative is a multi-agency quality improvement programme delivered at a national scale, taking forward the vision and priorities of the Early Years Taskforce. It draws on learning from the highly successful Scottish Patient Safety Programme and the collaborative approach it used.

The Collaborative has four identified work streams that look at supporting families from pre birth to 8 years of age in line with the identified stretch aims. The Scottish Government recently launched the 8-18 Collaborative (Raising Attainment) at a learning session in Glasgow. Representatives from Scottish Borders attended and where tasked to develop improvement work. To support the extension of the EYC and the development of the Raising Attainment Collaborative the Scottish Government will be providing support with new improvement advisors.

There are four nationally agreed stretch aims for the Early Years Collaborative:

1. To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).
2. To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27 - 30 month child health review, by end - 2016.
3. To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end - 2017.
4. To ensure that 90% of all children within each Community Planning Partnership will have reached all of the expected developmental milestones and learning outcomes by the end of primary four, by end - 2021

Summary – key achievements

- It has been agreed that the EYC Performance Scorecard data presented to the Leadership group will remain in the short format presented. Some of the changes requested at the last meeting have been made to the report already.
- There are currently three levels of data collected;
    - EYC Performance Scorecard which reflects the stretch aims set by the Scottish Government,
    - a data pack which is at a work stream level which and shows the family of measures being used to identify areas of change
    - PDSA level which shows rapid change on a smaller scale (testing level).
- It was felt that Board members would appreciate an in depth look at testing that is currently underway in each work stream. This will be presented going forward in September on a rolling programme by work stream.
- The Integration Shadow Board should note that there is a two month delay in collection, validation and reporting hence June data being presented in August. Systems are currently being implemented to agree the collection protocol, thereby clarifying when and how we gather the data. Understanding the time delays enables analysis to be accurate and variation to have true meaning.

Recommendation

The Scottish Borders Community Healthcare Partnership Board is asked to **note** the content of the paper and discuss how often it wants to receive data from the EYC.

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
Consultation	Ongoing
Consultation with Professional Committees	Ongoing – Children & Young Peoples Leadership group. Early Years Networks Early Years Collaborative Steering Group
Risk Assessment	Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues. An Exit strategy needs to be considers regarding the continuation of the EYC when the programme manager post ends in December 2014.
Compliance with Board Policy requirements on Equality and Diversity	Compliance
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

Approved by

Name	Designation
Allyson McCollam	Joint Head of Health Improvement

Author(s)

Name	Designation
Amanda Cronin	**EYC Programme manager**

Date: July 2014

Appendix A