Minutes of a meeting of the **Integration Shadow Board** held on Monday 15 September 2014 at 2.00pm in the Council Chamber, Scottish Borders Council

Present:	Cllr C Bhatia	Mrs P Alexander
	Cllr S Aitchison	Mr D Davidson
	Cllr J Mitchell	Dr D Steele
	Cllr F Renton	Dr J Kirk
		Dr S Mather
		Dr S Watkin
In Attendance:	Mr C Campbell	Mrs T Logan
	Miss I Bishop	Mr D Robertson
	Mrs C Gillie	Mrs F Morrison
	Mrs S Manion	Mr J Lamb
	Mrs E Rodger	Mrs J McDiarmid
	Mrs E Torrance	Mrs J Davidson
	Mr M Drysdale	Mr C Sinclair

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Cllr Jim Torrance, Mrs Jenny Miller and Mr David Bell.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Malcolm Drysdale who was deputising for Mr David Bell and Mr Charlie Sinclair who was shadowing Mrs Evelyn Rodger.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

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

The **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 4 August 2014 were amended at page 3, item 6, 3rd paragraph, 1st line replace “refuse” with refuge” and with that amendment the minutes were approved.

4. Matters Arising

4.1 Item 9 - Newsletter: It was noted that progression of the next Newsletter would be taken forward as part of the engagement framework work.

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

5. Engagement and Consultation Framework

Mrs Susan Manion gave an overview of the contents of the paper highlighting that she was keen to ensure the Board were aware of the requirements on engagement and consultation and what the arrangements should be within the Scottish Borders. She specifically highlighted sections 3.2 and 4.4.

Mrs Fiona Morrison reiterated the need to engage as widely as possible with communities and the third sector.

Several items were raised during discussion including the inclusion of the acute sector in the consultees' process; the functions of localities; widening of the consultation base through medical representatives; meeting cycle to April 2015; register of recognized bodies for consultation; and consultation through Area Forums, Community Councils, and Local Health Council.

The **INTEGRATION SHADOW BOARD** noted the responsibilities of the Shadow Integration Board as outlined in the paper.

The **INTEGRATION SHADOW BOARD** agreed the process for engagement and consultation as outlined in the paper.

The **INTEGRATION SHADOW BOARD** agreed to have a Development session to include Localities and Engagement as key topics.

6. Communications and Engagement Framework

Mrs Susan Manion thanked by the Council and the NHS for their input to the communications and engagement framework. She advised that the paper gave a high level overview of the role of communications in the development of the partnership.

Dr Stephen Mather enquired about funding. Mrs Manion confirmed that there was some funding available through a separate transitional budget which was being held by the Programme Board. She advised the intention was to source additional capacity with particular expertise.

Cllr John Mitchell enquired how big the NHS Borders Communications Team was. Mr Calum Campbell clarified that it was a small Team of 3 people.

Cllr Catriona Bhatia noted that the key messages had been distilled to specific bullet points and suggested it would be preferable to maintain that format moving forward.

Mrs Jane Davidson suggested there should be clarity around the language used for staff, carers and users as what may appear meaningful to one group may not have the same meaningfulness to another.

In summary Mrs Manion advised of the intention to have a communications and engagement workstream to support the Integration Scheme and the Strategic Plan.

The **INTEGRATION SHADOW BOARD** recognised the Communications and Engagement Workstream as part of the Integration programme.

The **INTEGRATION SHADOW BOARD** approved the Communications and Engagement Framework.

The **INTEGRATION SHADOW BOARD** considered the appointment of a fixed term Joint Communications and Engagement Officer (section 9.2 of the Communications and Engagement Framework refers) to implement the Communications and Engagement Strategy and Workplan and administer the actions of the Communications and Engagement Subgroup.

The **INTEGRATION SHADOW BOARD** agreed to fund the Communications and Engagement Officer post from the HSCI budget. (Rationale: As HSCI progresses there will be a significant workload involved in the implementation of Communications, Engagement and Consultation. Whilst it is anticipated that this can be directed and overseen by the Heads of Communications as part of their day to day responsibilities there is not adequate resource across the teams to assign a dedicated officer to administer the workload. Fife have a dedicated officer in post (currently fixed term to March 2015) and this is working very well. Suggest banding for the post is equivalent NHS Band 6 (£25,783-£34,530), SBC Grade 8, fixed term to March 2016 (dependant on programme timescales agreed by the Shadow Board).

The **INTEGRATION SHADOW BOARD** agreed to receive information on the transitional fund spend.

7. Programme Highlight Report

Mr James Lamb reported on the progress that had been made since the last Board meeting. He advised the Scheme of Integration and Strategic Planning framework work was on track. He drew the Boards attention to the high level milestones for the programme against the national timeframes. He further summarized the progress of each of the workstreams.

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

8. Terms of Reference for the Joint Staff Forum

Mrs Susan Manion advised the Board of the formation of the Joint Staff Forum and its input to the integration programme of work.

Mr Malcolm Drysdale confirmed that the revised terms of reference of the Joint Staff Forum had been agreed by the Joint Staff Forum.

Cllr John Mitchell enquired about the role of unions within the Joint Staff Forum membership. Mrs Elaine Torrance confirmed that the Joint Staff Forum had representation from both the Council and NHS Borders and was a mechanism for unions and staff from both organisations to take a joint approach to issues.

The **INTEGRATION SHADOW BOARD** approved the Terms of Reference for the Joint Staff Forum.

9. Clinical & Care Governance Assurance Arrangements

Mrs Evelyn Rodger introduced the map of existing systems and processes within the two organisations.

Mrs Elaine Torrance advised on the complexity of the arrangements within both organisations. She advised that issues would be routed through the relevant organization depending on the issue/which staff member it related to. She commented that the partnership needed to be clear on the routes for dealing with clinical issues, quality assurance and improvements.

Mr David Davidson noted that the governance systems within both organizations were different and enquired about assurance around the arms length organization governance. Mrs Torrance advised that the arms length organization would be commissioned by the Council and accountable through its quality assurance which was its contractual and monitoring arrangements.

Mr Davidson enquired about a scenario of a complaint against an arms length organization employee and how it would be resolved. Mrs Torrance advised that the arms length organisation would be responsible for dealing with the complaint.

Mrs Pat Alexander advised that she was concerned as the Co Chair of the NHS Borders Staff Governance Committee not to have seen the detail of the relationship between the Staff Governance Committee and Clinical and Care Governance. Mrs Evelyn Rodger advised this would be circulated. Mrs Susan Manion noted that within the Integration Scheme would be the detail of what happens in the relationship of those groups and others and where those groups account into.

Mr David Robertson highlighted that the remit of the Audit Committee for the NHS and the Audit Committee for the Council were similar and he enquired if there was a role for those Committees to undertake joint working on scrutiny arrangements. Mr Davidson, as Chair of the NHS Borders Audit Committee and Resilience Committee, suggested that in regard to

business continuity, it was a complex matter for both organisations and would require some substantial work to map it out across both organizations.

Dr Jonathan Kirk suggested that good governance was about providing learning opportunities and enabling the rationalization of duplication into single systems and processes. Cllr Catriona Bhatia suggested identifying duplication and merging them into a combined system. Dr Doreen Steele highlighted that some Committees within both organizations would be statutory committees which would provide less potential for merging in some areas.

The **INTEGRATION SHADOW BOARD** noted the ongoing work regarding Clinical and Care Governance.

10. CH&CP Planning

Mrs Susan Manion commented that the Community Health & Care Partnership Planning and Delivery Group planned and delivered the work of the Community Health & Care Partnership (CH&CP) across the system. She advised that the group still existed and was essential in providing assurance to the Board that the requirements of the CH&CP continued to be managed and met. Mrs Manion advised that she would be taking over as Chair of the Community Health & Care Partnership Planning and Delivery Group from the next meeting.

Mrs Fiona Morrison advised the Board that there were representatives from the third sector and carers groups on the Community Health & Care Partnership Planning and Delivery Group.

Mrs Jane Davidson reminded the Board that there were also representatives from the acute sector on the Community Health & Care Partnership Planning and Delivery Group.

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

11. Delayed Discharges

Mrs Jane Davidson introduced Mrs Jane Douglas and Mr Alasdair Pattinson, who gave an informative presentation on an integrated approach to discharge management in the Scottish Borders.

During discussion several issues were raised including: skills audits in care homes; community nurse manager roles; new revalidation process for nursing staff; fitness to practice and refresher courses; networking events for professionals; lack of professional reporting line for nurses within care homes;

Mrs Susan Manion reiterated that the integration agenda offered the opportunity through the commissioning of services from care homes and local experience and history of joint working to ensure appropriate quality assurance.

Dr Simon Watkin commented that the hospital dealt with some 700 unscheduled admissions each month with a 95%-100% occupancy level. He advised that delayed discharges had a

serious knock on impact in slowing down patient flow and therefore there needed to be careful consideration of how integrated care was applied.

Cllr John Mitchell enquired about spending to save in regard to care home beds. Mr Pattinson commented that some delayed discharges were due to equipment delays, however he was keen to ensure that those who required a hospital bed on medical grounds were able to access such a bed and those who required home care or equipment were provided with it at the right time in order to ensure delayed discharges did not occur.

Cllr Sandy Aitchison commented on his experience as an in-patient and suggested a more defined approach be given to the discharge process.

Mrs Jane Davidson confirmed that work was underway in regard to planning for discharge on the day of admission in partnership with the patient/family/carer. Communication was being encouraged as the patient journey progressed in regard to the next stage of treatment, when aiming to go home, what to expect next and why there were any changes, etc.

Cllr Catriona Bhatia commented that she had undertaken a Patient Safety walkround that morning which had been positive, however none of the patients had been aware of their discharge dates or plans.

Mrs Fiona Morrison enquired if there had been any work undertaken on monitoring the impact of connected care on carers and families. Mrs Davidson commented that patient experience in regard to connected care had been looked at as a whole and work was now being progressed in conjunction with the Red Cross around carers/families. She suggested that the Board may wish to receive a future presentation on Connected Care.

Dr Jonathan Kirk enquired about the best place for people to wait who did not require a medical bed. Mr Pattinson commented that ideally they should move straight to the next step in their discharge or care plan and not be left to wait in a hospital bed. Mrs Douglas advised that ideally assessments should be done outwith the hospital environment and either in the persons home or into a “step down/intermediate” bed arrangement.

Dr Kirk enquired about the perception of the barrier to discharge. Mr Pattinson advised it was suitable alternative accommodation. Mr Calum Campbell commented that there was a perception that being a hospital was a safe place to be.

Mr Malcolm Drysdale sought an update in regard to re-enablement and assessing care packages. Mrs Douglas advised that work had progressed in regard to re-enablement and this was now being reinvigorated through the intention to assist with self management. She further advised that the Rapid Reaction Team were the purveyors of Reablement.

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

The **INTEGRATION SHADOW BOARD** agreed to receive a future presentation on Connected Care.

12. Integrated Care Fund

Mrs Susan Manion gave an overview of the content of the paper. She clarified that the integrated care fund was not just about Older Peoples services but was about all adult services.

Mrs Fiona Morrison enquired why the risk assessment section was incomplete. Mrs Manion advised that the paper outlined the process of what was to be done and as that was worked through the risk detail would become apparent.

The **INTEGRATION SHADOW BOARD** approved the approach to management of the Integrated Care Fund as outlined in the paper.

13. Future Work Plan

Mrs Susan Manion advised that the workplan was a live document and further development sessions for the Board would be organised.

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

14. Finance

Mrs Carol Gillie apologised for the delay in sending out the paper. She referred to the minutes of the previous meeting and confirmed that the report was a jointly produced assurance statement on the financial position. The form of the report was a work in progress and would develop to meet the needs of the Board, therefore any feedback on the format would be welcomed.

Mrs Gillie reported on the financial position to the end of July advising the partnership was projecting a £400k outturn variance over £133m. As budgets were currently on an aligned basis financial accountability remained with the partner organizations.

Mrs Gillie reassured that Board that actions were being taken forward to address the cost pressures in GP prescribing, which were as a result of some drugs being in short supply.

Cllr John Mitchell enquired about the funding stream for prescribing costs. Mrs Gillie advised that the Scottish Government allocation for drugs was now contained within the unified budget for the Health Board. An element of that overall budget was funding towards prescribing costs.

Mr Calum Campbell enquired if the drugs issue was the sole cause of the projected overspend. Mrs Gillie reminded the Board that at a previous meeting it had been reported that there were other pressures contributing to the overspend and that those were being addressed.

Cllr Catriona Bhatia enquired if GPs were requested to prescribe cheaper drugs where clinically appropriate. Dr Jonathan Kirk confirmed that GPs were encouraged to review their prescribing however drugs costs were volatile.

Mr David Robertson reminded the Board that the variance was connected to both the drugs budget as well as underlying pressures in residential and home care. A figure of £500k savings across generic services was being pursued in order to address the £900k pressure across social work and residential care budgets. That would still leave a £400k pressure for social work budgets to address, as well as the £400k cost pressure in the drug budget that was being addressed.

Mr David Davidson noted that impact of international markets on drug costs and suggested the issue may not be resolved in the current financial year but would need to be addressed in terms of reducing the gap.

Mrs Pat Alexander commented that the Health Board had received a presentation previously regarding polypharmacy and repeat prescribing and enquired of the status regarding reviewing the whole issue of how long people were prescribed drugs for when they no longer became meaningful for that individual. Mrs Gillie confirmed that the polypharmacy initiative looked at the individual and reviewed their complete package of drugs with their GP in order to ensure all drugs prescribed remained relevant and required. She advised this was currently being rolled out for specific groups of patients in the first instance.

Dr Stephen Mather advised that a short life working group had been established in the Health Board to look at the specific issue of limitations on prescribing in order to identify any immediate and long term savings.

Mr Davidson enquired if the Board were content to receive a financial exceptions report at each meeting. Mr Robertson confirmed that it would be a light touch report detailing any variance from budget outwith the full financial quarterly monitoring report. He further confirmed that the report would detail any variance of 0.25% overall and of £100k or over in individual budgets.

Dr Kirk suggested a graphical presentation of the variance be produced to provide a trend analysis.

The **INTEGRATION SHADOW BOARD** approved the reported projected position as detailed in the paper.

The **INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to ensure a breakeven outturn position for 2014/15.

The **INTEGRATION SHADOW BOARD** agreed to receive financial exception reports at each meeting and full financial monitoring reports on a quarterly basis.

15. Any Other Business

There was none.

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 17 November 2014 at 2.00pm in the Board Room, Newstead.

The meeting concluded at 4.00pm.

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. **Update 04.08.14**: Newsletter to be released before end of August 2014.	R

Integration Shadow Board Action Point Tracker

Meeting held 30 June 2014

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	**In Progress**: Report will come forward in December.	G

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	October	**In Progress:** Will be brought back to the October Integration Shadow Board **Complete:** Items scheduled for 17 November Board meeting.	G

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	**In Progress:** Report will come forward to October Meeting. **Complete:** Items scheduled for 17 November Board meeting.	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 a further update report on progress in six months.	Amanda Cronin/ Mandy Brotherstone	December	**In Progress:** Update will come forward to 8th December meeting	G

Integration Shadow Board Action Point Tracker

Meeting held 4 August 2014

Agenda Item: Early Years Collaborative Progress Report August 2014

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
10	The **INTEGRATION SHADOW BOARD** noted the content of the paper and agreed to receive a progress report in December.	Amanda Cronin/ Mandy Brotherstone	December	**In Progress:** To come forward to the 8th December meeting	G

Integration Shadow Board Action Point Tracker

Meeting held 15 September 2014

Agenda Item: Engagement and Consultation

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
5	The **INTEGRATION SHADOW BOARD** agreed to have a Development session to include Localities and Engagement as key topics.	Susan Manion	December	**Complete:** Board Development session held 3 November.	G

Agenda Item: Communications and Engagement Framework

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The **INTEGRATION SHADOW BOARD** agreed to receive information on the transitional fund spend.	Susan Manion	December		G

Agenda Item: Delayed Discharges

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	The **INTEGRATION SHADOW BOARD** agreed to receive a future presentation on Connected Care.	Jane Davidson	December		G

Agenda Item: Finance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
14	The **INTEGRATION SHADOW BOARD** agreed to receive financial exception reports at each meeting and full financial monitoring reports on a quarterly basis.	David Robertson/ Carol Gillie	November		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

LOCALITIES

Aim

1.1 The paper describes the vital role of localities as planning units for the development of the locality plans for Health and Social Care Integration. It sets out the purpose of localities in relation to locality planning, how they may be defined and the purpose and process of locality planning.

1.2 The important conclusion is that locality planning for Health and Social Care Integration should be based on the existing five localities within the Borders.

Background

2.1 The legislation and associated guidance requires the Health and Social Care Partnership Integration Joint Board's Strategic Plan to:-

- Divide each local authority area into at least 2 localities;
- Set out separately the arrangements for carrying out integration in each locality;
- Set out in the Strategic Plan Services that reflect local needs and resources;
- Take account of the different needs of different people in each area;
- Give localities the ability to influence the content of Strategic Plans; and
- Ensure local needs are fed into the strategic commissioning process.

2.2 Building on the assets of individuals and communities and moving away from a focus on deficits is an integral element of the co-production approach essential to good quality strategic planning. Locality Planning is a key element of Health and Social Care Integration. With the assent given to the Public Bodies Joint Working (Scotland) Act in April this year, it has become a statutory requirement in planning and delivering of health and social care services. From April 2016 Partnership Strategic Plans will require to provide details of the way in which NHS Borders and Scottish Borders Council along with others plan to commission services in identified localities. Locality working is a good way of involving the full range of stakeholders in Health and Social Care Integration; the strategic planning process for Health and Social Care Integration is to be locality-based planning.

2.3 Locality plans are to be part of the Health and Social Care Partnership Strategic Plan. They should be a transparent means of influencing the Strategic Plan, reflecting needs assessments and users' views. In previous discussions it was agreed that a defined approach on localities needed agreed and incorporated into strategic planning discussions. Health and Social Care Partnerships are to identify localities for that purpose by April 2015. Locality plans are to reflect local structures and the relevant place-based agenda as well as outlining the locality interface with the strategic plan of the partnership as well as care group plans and any community

plan. These plans are to cover governance, the scheme of delegation, control of resources, process and engagement, developing a local place-based agenda while prioritising community, complexity and the "real-life" perspective. The approach to Locality Planning outlined in this paper proposes the creation of a series of locality planning arrangements.

The purpose of localities

2.4 Locality planning should take a population approach and provide a place-based focus. The aims are prevention, anticipation and behavioural change. These plans should enable partnerships to ensure a local focus more effectively on health inequalities. Such planning requires access to good local data on public health issues, evidence of those interventions which are effective and access to appropriate expertise at the partnership level.

2.4.1 Locality planning in this context is the:

- Joint strategic planning that is informed by, and responsive to, local priorities as articulated by practitioners and other stakeholders including; third sector representatives, elected members and community representatives who understand local needs; and

- Senior practitioners being empowered to agree and initiate changes to services at the locality level which are of benefit to the local population.

2.5 Working at locality level allows better engagement with individuals and communities in a particular area. The purpose of this in terms of developing a locality plan for integrated health and social care is to agree with individuals and communities the outcomes they want in terms of integrated health and social care and also what contribution they can make to achieving those outcomes – "partnership planning" or "co-production."

Defining a locality

2.6 A locality may be described as geographic, a place, whereas a community is simply a group of people. Up to 26 natural communities have been identified in the Borders. A full list of these is provided at Appendix 1.

2.6.1 However, for neighbourhoods to function as effective vehicles for assessing need and defining service requirements, information requires to be available to support this task. Currently information from all of the sources needed on which to plan health and social care provision and support is not available at the level of all of the natural communities detailed in Appendix 1. Instead it is available at Intermediate Data-zone Level as outlined at Appendix 2. Consideration also needs to be given to how best to incorporate GP practices and their populations. If neighbourhoods represent the bottom level in strategic planning the larger "locality" level referred to in Appendix 3 is the next level. This sits between individual neighbourhoods and the Partnership level. It represents the level at which a potential resource base can be formed for the effective planning and commissioning of community based health and social care services, created around a cluster of neighbourhoods with largely similar characteristics.

2.7 Criteria that define a locality in this context include

2.7.1 Population – "All Hands on Deck" states that "Localities will be the population of a geographical area somewhere above the catchment area of, for example, a general medical practice and below the population of the Health and Social Care Partnership. This is to facilitate efficient, effective planning. A locality needs to cover an area which comes together naturally on a community of geographic basis. This level is the key building block for integration, the level at which it is most conceivable to take decisions on the practical change to reshape care effectively. For example, key practitioners are likely to be known to one another.

2.7.2 Potential for change - A locality needs to have the potential to be aggregated into larger units or disaggregated down to the level of data zones depending on the purpose it is used for. The five commonly recognised localities in the Borders can be configured in various ways to meet other needs.

2.7.3 History - The five localities in the Borders (Appendix 3) have historical links to the old borough councils and are the areas covered by the local authority's five Area Forums. Given they are already formalised in this way they can readily constitute formal planning groups of the partnership representing communities and neighbourhoods. A beneficial legacy is a history of successful use for similar purposes in the past. A good example of that is the Cheviot Project. The five localities have an existing infrastructure for engagement which has been successfully used in the past. "All Hands on Deck" states that history is crucial.

2.8 This summary appraisal of the existing five localities against the key criteria indicates that they are fit for purpose. To develop and implement new localities require public and political support, new administrative arrangements and the resource to do these and other things. Such work could compromise the requirement to identify localities by April 2015. Such investment seems disproportionate, particularly as initiating planning on the basis of the five localities does not preclude future change to localities but does allow work to proceed to the required timescales and also gives the added benefit of action learning. New localities would take time to mature. In conclusion, it is recommended that locality planning proceeds, at least initially, on the basis of the existing five localities in the Borders.

Purpose of Locality Planning

2.9 The intent of locality planning is to secure improved wellbeing within a context integrated services. The most effective and efficient use of the range of resources is implicit, not just those that belong to the Health and Social Care Partnership but also those available to the locality. It must facilitate health and social care sectors combining effective delivery of traditional core roles but with a focus on preventing ill-health. Plans should be person centred and specify relevant local partnership outcomes and indicators of quality at locality level. They will need to articulate new models of care to deliver the desired outcome. Locality planning must also recognise and plan for issues which cross localities and are likely to disrupt effective function.

Process of locality planning

2.10 Locality planning in this context is the:

- Joint strategic planning that is informed by, and responsive to, local priorities as articulated by practitioners and other stakeholders including; third sector representatives, elected members and community representatives who understand local needs; and

- Senior practitioners being empowered to agree and initiate changes to services at the locality level which are of benefit to the local population.

2.11 Successful locality planning requires appropriate on-going engagement with local professional and other leadership. The full range of interested parties should have the opportunity for substantial input, including users, health professionals, social care professionals, carers, third sector, the independent sector, locally elected members, housing interests and so on. This should include very clear linkages with Community Planning Partnership processes and Community Councils. It needs to be solution-led, outward facing with a public profile, creative about serious community engagement. To unlock local planning potential the emphasis must always be on flexibility for local design and local delivery but this has to be balanced by the need for consistency on a larger scale. Localities must have clear accountability for their plans, both to the Health and Social Care Partnership and communities. GPs are central to locality planning because of the universal coverage of their practice, its holistic, person centred care, advocacy, risk management skills, gatekeeping, their influence in the community.

Next Steps

2.12 In seeking to take forward this approach to Locality Planning, outline approval is sought from the Partnership Shadow Integration Board. If approved this will be followed up at a later date with a more detailed and costed proposal, to ensure both effective and efficient locality planning and community engagement within the level of localities as defined above and in Appendix 3.

Summary

3.1 Effective locality planning needs to be an inclusive process of co-production and is crucial to the delivery of Health and Social Care Integration.

3.2 Considering several criteria the existing five localities in the borders are, at least in the first instance, appropriate units for locality planning purposes. They should wherever possible relate to natural communities.

Recommendation

The Integration Shadow Board is asked to **agree** five localities for the purposes of the strategic planning as part of the integration of Health and Social Care.

Policy/Strategy Implications	The recommendations of this report impact positively on the development of the

	Strategic Plan for Health and Social Care Integration.
Consultation	This agreement will be consulted on as part of the consultation on the Strategic Plan.
Risk Assessment	The proposals this paper mitigate the risk of developing new localities for planning for Health and Social Care Integration.
Compliance with requirements on Equality and Diversity	Compliant.
Resource/Staffing Implications	No direct implications.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Bob Howarth	Planning Manager	Dr Eric Baijal	Joint Director of Public Health

Appendix 1

Natural Communities

Hawick Galashiels Peebles Kelso Selkirk	Over 5,000 of general population
Jedburgh Eyemouth Innerleithen Duns Tweedbank	Between 2000 and 5,000 of general population.
Coldstream Earlston West Linton Newtown St Boswells Chirnside	Between 1,200 and 2,000 of general population
Lauder St Boswells Eddleston Newcastleton Walkerburn	Between 700 and 1,200 of general population
Greenlaw Denholm Stow	Between 600 and 700 of general population
Coldingham Ayton Kirk Yetholm	Between 500 and 600 of general population

Appendix 2

Intermediate Data Zones

Hawick West End
Hawick Central
Hawick North
Galashiels South
Galashiels West
Galashiels North
Peebles South
Peebles North
Kelso South
Kelso North
Selkirk
Jedburgh
Eyemouth
Innerleithen and Walkerburn area
Duns
Melrose and Tweedbank
Coldstream and area
Earlston, Lauder and Stow
West Linton and Broughton area
St. Boswells and Newtown area
Langlee
Burnfoot and area
Cheviot East
Cheviot West
Berwickshire West
Berwickshire Central
Berwickshire East
Newcastleton and Teviot area
Ettrick, Yarrow and Yair

Appendix 3

Map of the Five Localities in the Borders

ARMS LENGTH ORGANISATION – PROGRESS UPDATE

Aim

1.1 This report provides an update to the Integration Shadow Board on progress with the development of a Council Owned Arms Length Company for Adult Social Care and advises of the next phase of the development.

Background

2.1 In January 2014 the Council considered an Options Appraisal for the future of Adult Care Services. The Council agreed that the most viable option was an Arms Length Council Company and a full Business Case for a Limited Liability Partnership (LLP) was produced for consideration by Council in June 2014. Further work was requested by Council to clarify governance and scrutiny arrangements associated with the LLP and a progress update and these items were further considered and accepted by Council on 30th October 2014. A copy of this report is attached at Appendix A.

Progress Update

3.1 A programme has been set up with project support to meet the implementation date of 6th April 2015.

3.2 The programme has been structured with nine distinct workstreams, with each being responsible for a critical business area such as Finance, HR, Legal or Contracts. The scope of work required for 06 April 15 is wide ranging and includes; (but is not limited to) TUPE arrangements for approximately 800 staff, Service Level Agreements for provision of Council run support services to the LLP and a detailed Partnership Agreement between the two organisations.

3.3 The programme recognises that stakeholder communication is critical to organisational and service change of this nature and to that end there is a dedicated Communications workstream to ensure this is delivered to the highest possible standard.

3.4 Progress within these workstreams has been rapid and a detailed implementation plan is now in place. The programme regularly reports to the Council Care Company Programme Board and will also work with the Members & Officers LLP Working Group in due course.

Issues for the Integration Shadow Board

4.1 The Integration Shadow Board has an interest in the development of the Arms Length Organisation in several ways:

a) In terms of governance arrangements, the Council has agreed that a member of the Shadow Board be nominated to be part of the Strategic Governance Group which will monitor the performance of the company together with an identified commissioning lead.
b) The current business case includes the Joint Borders Ability Equipment Store to which NHS Borders currently contribute approximately £200k to the budget. There are significant opportunities identified for this service including online direct sales of items to the public, demonstration opportunities and more effective use of staffing and management. A paper is currently being drafted for NHS Borders Board for formal consideration of this proposal.
c) Strategic Commissioning as it relates to the delivery of the strategic plan will be of interest to the Integration Joint Board and its role in terms of delivering positive outcomes and increasing independence to people in the Borders and their carers.

Summary

5.1 By establishing an LLP, the Council is taking steps to protect and enhance future delivery of direct care services in the Scottish Borders. The Shadow Integration Board will be updated on progress as implementation arrangements progress.

Recommendation

6.1 The Integration Shadow Board is asked to:

a) **Note** the report.
b) **Respond** to the proposal that a member of the Shadow Board be appointed to the Strategic Governance Group (SGG).
c) **Agree** that the Chief Officer or nominated representative be the commissioning lead on the SGG.
d) **Note** the Council report.

Policy/Strategy Implications	In line with Council's strategic direction and Self Directed Support Policy.
Consultation	Ongoing discussions with identified Council Trade Unions and staff briefings are continuing.
Risk Assessment	A full risk assessment and management plan is in place.
Compliance with requirements on Equality and Diversity	A full Equality Impact Assessment has been completed.
Resource/Staffing Implications	Identified efficiencies to be realised in line with SBC financial plan.

Approved by

Name	Designation	Name	Designation
Elaine Torrance	CSWO		

Author(s)

Name	Designation	Name	Designation
Paul Cathrow	Project Manager		

APPENDIX A

ARMS LENGTH ORGANISATION BUSINESS CASE

Report by Depute Chief Executive People

Scottish Borders Council

30 October 2014

1 PURPOSE AND SUMMARY

1.1 **This report addresses the questions raised following the previous report submitted to Council on 26 June 14 relating to the Council setting up a Council owned Company for the direct provision of Adult Care Services and seeks approval for the governance arrangements for Limited Liability Partnership "the Care Company".**

1.2 In January 2014 the Council considered an Options Appraisal for the future of Adult Care Services. The Council agreed that the most viable option was an Arms Length Council Company in the form of a Limited Liability Partnership (LLP) and a full Business Case was produced for consideration by Council in June 2014. The outcome of that meeting of Council was a request that Officers report back in October 2014 with clarification and detail in two areas as follows:

(a) Further report on progress with implementation and any refinements required to the Business Case; and
(b) Governance and scrutiny arrangements associated with the LLP to be finalised and addressed in the October Report.

2 RECOMMENDATIONS

2.1 I recommend that Council agrees:-

a) to continue to support the implementation of the proposals to set up a wholly owned Council company as a Limited Liability Partnership for its Adult Care Services as agreed by Council on 26 June 2014;

b) the formation of a short life members/officers reference group to monitor the progress of the

implementation and to appoint 3 members to this group until the company is established in April 2015;

c) to consider at a meeting of Council in early 2015 a LLP Partnership Agreement to include the following governance arrangements:

(i) the establishment of a Board for internal governance of the LLP and that this Board has no Councillors as members

(ii) a Member/Officer Monitoring Group referred to as the "LLP Strategic Governance Group"

3 BACKGROUND

3.1 In January 2014 Council considered an Options Appraisal for the future of Adult Social Care Services. Four options were considered including externalisation of services, redesigning the service in-house, the development of a Community Interest Company or the development of an Arms Length Council owned company. Key criteria considered included quality, acceptability to stakeholders, governance, flexibility and cost. The Council agreed that the most viable option was the establishment of an Arms Length Organisation and agreed that a full Business Case be presented to Council in June 2014.

3.2 The June 2014 paper set out the following benefits and drivers for Council to establish an LLP to provide Adult Social Care Services. This new model affords a number of opportunities to improve the quality of services to people receiving care and their carers.

BENEFITS

- The ability to continue to provide quality services that are more cost effective and thereby more affordable to people who will be purchasing care through Self Directed Support (SDS)
- The ability to provide and sell a range of services to people who do not meet Council's current eligibility criteria to provide preventative services
- The establishment of a robust business culture and ethos across the new organisation
- More efficient deployment of resources resulting in efficiency savings
- Ensuring Council continues to be able to meet its statutory responsibilities by establishing a provider of last resort
- Ability to provide a more responsive service at a local level to service users and carers
- The establishment of an LLP is designed to ensure the continuation of publically owned services to the people of the Borders in the most cost effective way possible

- Meets Council's priorities by providing high quality support and protection

Drivers for Change:

- Scottish Borders Council (SBC) is required to save £5.6m in Social Work, in addition to its existing savings requirements, over 5 years
- SBC is facing additional annual cost pressures of £1.25m and the forecast impact of SDS is £1.4m over 5 years
- Doing nothing is not an option – without significant change the results will be increased costs and reduced service provision to residents of the Borders
- Demand from the over 65's for social care in Scottish Borders will increase by 11% over the next 5 years and will increase market opportunities
- Legislation requires that all Social Work clients will need to move onto Self Directed Support in the future
- The Health and Social Care Integration body will need to be more engaged in the commissioning of adult care
- The reshaping care agenda will require more people to be provided with care in their own homes over the coming years

3.3 In June 2014 Council considered the full Business Case and instructed Officers to proceed with the initial preparatory work required for implementation. Care and Health Solutions, a company specialising in this area, was appointed to support implementation and a Project Board was established. The Project Board is now working closely with Officers across Council to develop detailed implementation plans to meet the implementation date of April 2015.

4 EXPERIENCE OF OTHER COUNCILS

4.1 A number of Councils across England and Scotland have adopted similar models of establishing a Council owned care company. The largest of these is Essex Cares Ltd, established in 2010. Essex Cares has a current turnover of approximately £38m and employs over 900 staff in full and part time positions. Another example is Sandwell Community Care Trust, a social enterprise model. In Scotland, Cordia is the largest example of an arm's length company, providing care services to Glasgow City Council. More recently Aberdeen City Council has also established a new company, Bon Accord Care, which is in the early stages of set up. All companies are trading successfully and have made savings through effective budget management, absence management and the sale of a wide range of services.

4.2 A recent visit to Cordia by Officers and Members was helpful to discuss in practice the relationship between Glasgow City Council and Cordia, how efficiencies have been made, and business opportunities that have been developed.

5 GOVERNANCE ARRANGEMENTS

5.1 While this report refers, for simplicity, to a Care "Company", the term "company" is not strictly accurate in law. What is proposed is that an Arm's Length Organisation (an "ALEO") is established in the form of a Limited Liability Partnership (an "LLP"). Such a body is a unique legal entity. As a legal entity, an LLP is something of a cross between a limited company and a partnership. What is important to note is the following:

1. The LLP will be a legal entity in its own right
2. The LLP will have two Partners (referred to in the legislation as Members)
3. Those Partners (Members) shall be (a) the Scottish Borders Council and (b) a shell company bought and wholly owned by the Scottish Borders Council
4. The LLP will therefore be entirely owned by the Scottish Borders Council

5.2 As was therefore highlighted in the report in June 2014, there are four main relationships between SBC and the LLP:

1. As the partner
2. Through the commissioning relationship with the contract for service delivery
3. Through operational links related to the delivery of strategically important services that form part of the Council's Access Pathway
4. Through a contract for the Council to deliver support services to the LLP

INTERNAL GOVERNANCE ARRANGEMENTS WITHIN THE LLP

5.3 One feature of an LLP is that there is no statutory regime requiring that it organise its control mechanisms in any particular fashion. That body is therefore entirely free to determine and establish whatever management and governance processes are appropriate for its circumstances.

5.4 Therefore, the constitution document of the LLP is of key importance. That document will be the Partnership Agreement. Within that document a number of matters will be established; the internal process for governance will be created and the roles and functions of the LLP itself will be detailed. It will also contain provisions as to the element regarding the process of winding up or terminating the LLP. In addition, the Partnership Agreement will dictate the relationship between the LLP itself and its two members (i.e. Scottish Borders

Council and the shell company). Through this document, therefore, the primary means of scrutiny of the LLP by Scottish Borders Council will be established. The Partnership Agreement will be able to establish spheres of decision making which will be taken entirely by the LLP and will also be able to detail spheres of decision making which cannot be taken without the written agreement of Scottish Borders Council. The Partnership Agreement is, therefore, the critical foundation document. Its terms are legally binding upon the LLP itself and in addition are binding on its Members. Examples of the type of decisions which will require the written agreement of Council are:

- Approval of the annual business plan
- Any future proposed changes to Support Service agreements with Council
- Entering into new areas of business
- Changes to the structure of the LLP Board

This list of examples will require to be further developed and will be set out in a schedule to the partnership agreement.

5.5 A second document which will play an important role in the scrutiny arrangements in respect of the LLP will be the Service Contract. In establishing the contract between Scottish Borders Council and the LLP for the provision of the care services, a number of Key Performance Indicators (KPIs) will be established. A Reporting Schedule shall also be established as part of the contract and the contract will contain provisions as to potential penalties in respect of failures to meet the KPIs agreed.

5.6 Therefore through the Partnership Agreement and the Service Contract, a regime will be established whereby the LLP reports regularly to the Council on issues including performance, financial management and key strategic decisions.

THE BOARD

5.7 It is proposed that the Partnership Agreement establish a Board for the internal governance of the LLP. As detailed in the report submitted in June 2014, it is proposed that the LLP Board may be made up of the following posts:

- Chair
- Managing Director
- Finance Director
- Operations Manager
- Non-Executive Directors (x 3)

It is of course important to the success of the LLP that this Board contains individuals with the correct experience to be able to contribute meaningfully to that success.

5.8 Officers have also been asked to consider whether, in addition to those posts detailed above, one or more SBC Councillors should be appointed to the Board. Audit Scotland has prepared a paper entitled: "Arm's Length External Organisations (ALEOs): Are You Getting it Right?" That paper is designed to promote and encourage good practice in the way ALEOs are set up and operated. It is the key message of the paper that where a Council seek to establish an ALEO, sound governance is needed from the outset and also that the monitoring of ALEOs should be risk-based and proportionate. The paper considers the role of Councillors in that monitoring process. It notes that Councillors do often serve on Boards of ALEOs and notes that this can be seen to help ensure that the Board acts in the interests of Council and to ensure Council has early warning of matters such as financial difficulties faced by the ALEO.

5.9 The paper does not state that such arrangements are necessary to achieve good governance. It neither advises in favour of, nor against, such an appointment. Rather it advises that, in deciding whether Councillors should be so appointed, careful thought be given to what that appointment will achieve. It also comments that becoming a member of the Board can impose significant additional responsibilities upon those Councillors appointed. In addition, appointment to such a Board gives rise to certain potentials for conflict of interest. The Audit Scotland paper suggests that where a Councillor is appointed as a member of a Board within an ALEO, that Councillor cannot be involved in any Council discussion or decision regarding the funding of that ALEO or indeed the scrutiny of that ALEO.

5.10 It is of note, perhaps, that if Councillors are to be appointed to the Board, those Councillors, under the model proposed in the report, will not have a majority control of that Board. It is therefore a matter for Council to determine, in the consideration of this report, whether it considers the appointment of a Councillor or Councillors to the LLP's Board would be helpful or necessary – mindful that such Councillors would therefore be unable to take part in further scrutiny of the LLP through the formal Council processes.

5.11 This issue has been considered and it is recommended that the proposed arrangements set out in the Business Case in June 2014 are adopted; that is that no Councillors should be appointed to the Board of the LLP. This clarifies roles of Members and avoids any potential conflicts of interest. Members will be fully involved in monitoring arrangements as set out in paragraph 5.12.

COUNCIL MONITORING

5.12 Scottish Borders Council will require to establish scrutiny, monitoring and control processes in respect of the relationships between the

LLP and Council. It is therefore recommended that a new monitoring group of Council be established- LLP Strategic Governance Group (the 'SGG'). It is recommended that the makeup of the Monitoring Group would include Councillors , the Chief Financial Officer, and the Chief Social Worker, the Lead Commissioner and a member of the Integration Board.

5.13 The SGG will be responsible for considering the reports from the LLP submitted to Council through the governance arrangements established in the Partnership Agreement and the Services Contract and where appropriate in turn form recommendations and report to the Executive. In addition an annual report will be presented to the Council.

5.14 The recommendations of the SGG, and subsequent decisions of the Executive, shall be much more than a superficial noting of the LLP's performance. Those recommendations and decisions will, when required, involve making key strategic decisions as to future direction and financial strategy for the LLP. They will also, if necessary, involve decisions as to the enforcement route to be adopted in respect of any remedies available to Scottish Borders Council under both the Services Contract and the Partnership Agreement.

5.15 Further work will be undertaken to define the role of the monitoring arrangement in more detail during the implementation stages which will be fully detailed in the partnership agreement which will be brought back to members in early 2015.

5.15 During the implementation phase it is proposed that an Officer and Member Reference Group be established to monitor the progress of the implementation and be appraised of any revisions to the implementation plan. It is proposed that 3 members would sit on the Reference Group.

6 IMPLEMENTATION OF BUSINESS CASE

6.1 Officers have commenced work on the early stages of the implementation of the Care Company which includes reviewing the original business case presented to members in June 2014 and an initial impact assessment on the Council.

6.2 A review of the business case has led to the removal of Local Authority Coordinators, who will now remain within the commissioning team in Scottish Borders Council. This change has no impact on new income or savings set out in the June 2014 business case.

6.3 An initial impact assessment on the Council of transferring the Council's services set out in the business case to the Council Care Company has been undertaken. The impacts fall into two main areas as follows:

New client/provider relationship

1) New commissioning strategy to reflect the transfer of Council services to the Care Company
2) Robust contract specifications and contract management
3) Performance monitoring of the Care Company will be introduced
4) Staff transfer to the Care Company to work under new delivery model
5) Improved management information for the contract

Support Service Contracts

a) Support services will continue through contractual arrangements between the Care Company and Council e.g. IT, HR, Communications, Legal and Property
b) Performance monitoring of support services by the Care Company will be introduced
c) New lease agreement for buildings required by the Care Company

6.4 As Council will continue to provide the majority of support services to the newly established Care Company for at least the first two years, it is not anticipated that there will be any staff redundancies within the support service functions as a consequence of establishing the LLP. The impact assessment will continue to be reviewed as the project implementation develops over the next few months.

6.5 Over the next five months there is a considerable workload to ensure that Council meets the implementation deadline of April 2015. The key areas of work that will need to be progressed will include:

i. Establishment of the Officer and Member Reference Group
ii. Appointment of the Managing Director and Finance Director
iii. TUPE transfer of staff
iv. Finalising governance arrangements
v. Designing and agreeing Service Contract
vi. Establishing Commissioning arrangements for Council
vii. Developing Service Level Agreements for Support Services
viii. Establishment of the Strategic Governance Committee

7 IMPLICATIONS

7.1 Financial

The Business Case will continue to be subject to review and refinement during project implementation. All assumptions and detail provided in the previous report to Council in June 14 regarding new income and savings are still considered to be correct. The budget to be transferred will be verified during the project implementation and as part of Council's financial planning process for 2015/16.

7.2 Staff Implications

(a) Managers and staff currently employed in the existing services will be TUPE transferred to the new organisation. The business case assures no change to terms and conditions for staff but does anticipate there will need to be new working practices adopted to ensure the benefits projected are realised. As Council will continue to provide the majority of support services to the newly established Care Company for at least the first two years, it is not anticipated that there will be any staff redundancies within the Support Service functions.

(b) HR support will continue to be provided by Council and additional support to manage the TUPE process has been put in place to ensure that all staff affected will be fully consulted.

7.3 Risk and Mitigations

(a) There is a risk that the company may not be successful in the future. The Business Case is based on a set of realistic assumptions and is subject to ongoing diligence and refinement.

(b) There is a risk that by not establishing an Arms Length Company the cost of Council's own services will increase and fewer people will purchase these services resulting in higher unit costs or closures or reductions in service options.

(c) There is a risk that staff are unsettled with the change during the implementation phase and a detailed communication plan is in place, including engagement and consultation with the Trade Unions to address this concern.

(d) The project maintains a Risk Register and all risks are managed and reviewed on a regular basis.

7.4 Equalities

An Equalities Impact Assessment has been carried out on this proposal and it is anticipated that there are no adverse equality implications as the company will continue to provide services to all groups across the Borders.

7.5 **Acting Sustainably**

The new company will operate across the Borders and therefore there will be no economic or social impact.

7.6 **Carbon Management**

There are no known effects on carbon emissions associated with this report.

7.7 **Rural Proofing**

The LLP will be set up to provide services across the Borders including rural areas.

7.8 **Changes to Scheme of Administration or Scheme of Delegation**

Changes to either the Scheme of Administration or the Scheme of Delegation as a result of the proposals in this report will be required to the remit of Executive.

8 CONSULTATION

8.1 The Corporate Management Team, the Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Service Director Strategy and Policy, the Chief Officer Audit and Risk, the Chief Officer HR, the Service Director Interim Projects, Clerk to the Council and Corporate Communications are being consulted and their comments incorporated into the report.

8.2 During the development of the Business Case, and since the June 14 report to Council, there have been discussions with staff, managers and Union representatives in the Council about the proposals and written information has also been sent out. In addition a session was held with service user/carer representative groups to explain the rationale and a presentation has also been made to the Integration Shadow Board. Further staff and managers sessions will continue to be arranged throughout the implementation phase. The Project Team also continues to meet with the Joint Trade unions on a monthly basis.

Approved by

Depute Chief Executive People **Signature**
……

Author(s)

Name	Designation and Contact Number
Elaine Torrance	Chief Social Work Officer 01835 825080

Background Papers: Council Care Organisation (CCO) Business Case
Previous Minute Reference: Minute – Scottish Borders Council 26 June 2014

Note – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Elaine Torrance can also give information on other language translations as well as providing additional copies.
Contact us at Elaine Torrance, Chief Social Work Officer, 01835 825080

PROGRAMME HIGHLIGHT REPORT – September & October 2014

Aim

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

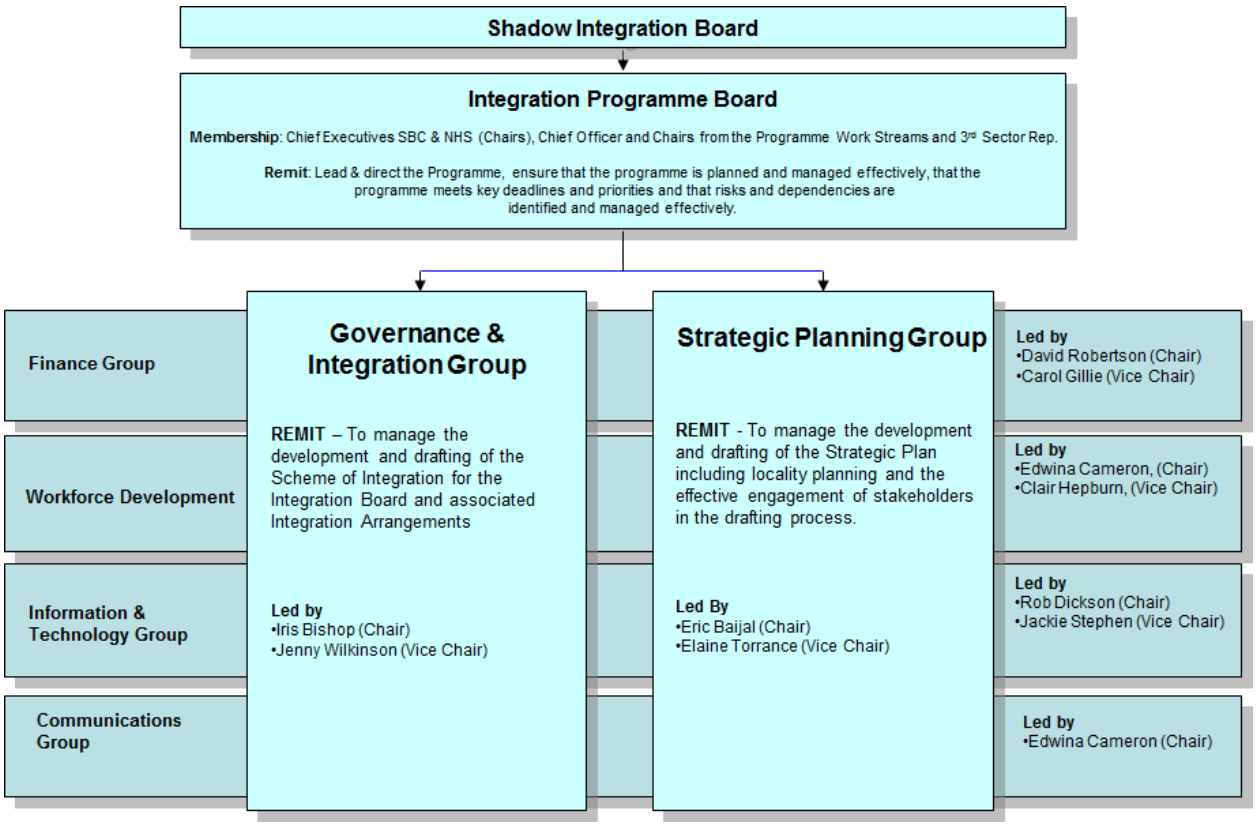
Background and Summary

2.1 The Programme aims to deliver:

1. a Scheme of Integration (effectively the governance and operating arrangements for the partnership) by April 2015 in line with national, legislative timescales. Work is **ON TRACK** to achieve the target date.

2. a Strategic Planning Framework for the delivery and commissioning of services under the new integration arrangements. The Strategic Planning Framework needs to be in place by April 2016 at the latest. Our local target is to have this in place by October 2015 and we are currently **ON TRACK** to achieve this.

2.2 There are now 6 work streams supporting the programme (The Communications & Engagement Group was established within the reporting period). The work streams are shown in the diagram below.



2.3 The two main Work Streams are:

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

2.4 These 2 work streams are supported by 4 Work Streams

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

2.5 Progress across each of these groups is summarised below.

Overall Progress in the Reporting Period

3.1 Progress continues to be made across all work streams over the reporting period. In particular:

- the development of the draft Scheme of Integration
- the start of a series of staff and third sector briefing and engagement sessions

3.2 Within the reporting period statutory regulations have been published on:

- prescribed functions LA and NHS functions
- National Health & Wellbeing Outcomes
- Content and Effect of and Integration Scheme

3.3 Draft Guidance has also been issued on Strategic Commissioning – views are sought over draft guidance. A response has been prepared on behalf of the partnership.

3.4 All regulations will be published before the end of the calendar year. The regulations are being reviewed by the appropriate groups (e.g. the guidance on the Scheme of Integration has been applied to the structure of the draft Scheme of Integration which is scheduled to be brought to the Shadow Board in December).

Governance & Integration Group

4.1 Work has continued to finalise the first draft of the Scheme of Integration. As stated above the first draft will be presented to the Shadow Board in the 8th December (it will have been presented to the NHS Board on the 4th December and will be subject to approval by the Council on 18th December). An associated engagement and consultation plan will be presented to the Shadow Board at the same meeting.

Strategic Planning Group

5.1 The Group have drafted a response to the published draft guidance issued in late October. A proposed approach to localities has been developed and is included at item 5.1 of this agenda. Work packages and project teams are being developed and initiated around:

- Data and performance
- Engagement and Communication
- Planning and Commissioning
- Strategic Finance

5.2 The work stream aims to produce a first draft of the Strategic Planning framework to the Shadow Board in April to the first meeting of the Integration Joint Board following agreement by both the NHS Trust and Council.

The Finance Group

6.1 The key area of progress has been the draft completion of the definitions of financial processes and key underlying principles for incorporation into the Scheme of Integration.

The Workforce Development Group

7.1 The Group has developed a project plan setting out how it will support the development of both the Scheme of Integration and the Strategic Planning Framework.

7.2 Good progress is being made against the plan including:

- The development of proposed Standard Operating Procedures for the joint appointment of staff
- The scoping and base-lining of current HR, Workforce Planning and Organisational Development policies and practices
- Supporting the Staff/Practitioner events in October/November.

The Information, Performance and Technology Group

8.1 The Group has produced content for the Scheme on:

- Freedom of Information Requests
- Information Sharing & Confidentiality
- Complaint Handling
- Performance Management arrangements

8.2 A review of the IT and Data sharing requirements of both organisations – and those services/functions which will be central to integration is nearing completion. A draft report has been prepared and is currently being reviewed. The analysis is being worked up into a prioritised set of issues to be addressed with an associated action plan. This will form the next phase of work for this workstream.

8.3 Problems with IT, access to information and systems has consistently featured as a concern at the Staff briefing and engagement sessions.

8.4 Proposals to take part in an early test-case in terms of SWAN (the Scottish Area Wide Network) to enable both organisations to share the same network are being developed.

The Communications and Engagement Group

9.1 The Group has supported the development and delivery of staff and 3rd sector engagement events across the borders. Events have/are being held as follows:

- Hawick – 28th October
- Duns – 30th October
- Galashiels – 4th November
- Peebles – 6th November
- Kelso – 18th November
- BGH – 25th November

9.2 These are very much initial engagement events and a forward programme of staff and wider stakeholder engagement activity is being planned. A fuller consultation and engagement plan will be presented to the Shadow Integration Board on the 8th December at the same time – and in relation to – the draft Scheme of Integration (see attached Shadow Integration Work Programme).

9.3 A forward programme of news letters – bi-monthly starting in December has been developed. An interim news sheet was produced for the engagement events.

9.4 Analysis of the feedback from the engagement events will be undertaken and issues fed back to the appropriate workstreams for action.

Recommendation

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

Policy/Strategy Implications	The programme will result in Joint Working

	policies and a 10 year Strategic Plan, with a 3 yearly review and renewal cycle, for the commissioning and delivery of integrated adult Health and Social Care services across the Borders.
Consultation	The programme will involve extensive consultation over the development, delivery, review and renewal of integrated services as part of an associated Communications and Engagement plan.
Risk Assessment	A risk management approach is applies across the programme.
Compliance with requirements on Equality and Diversity	Integration arrangements will seek to identify and address equality and diversity issues and will be subject to the appropriate Impact Assessments.
Resource/Staffing Implications	None at this stage, however the Programme will address resource and staffing implications via its Workforce Development workstream and through its staff engagement arrangements.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
James Lamb	Programme Manager		

Strategic Planning	**G**	Consultation paper on Strategic Commissioning Regulations – Summary Paper produced for the Programme Board. Draft Consultation Response produced for the Board.

Programme Highlight Report Summary

Contribute to Business continuity & Civil Contingencies	**G**	Content being provided by Jim Fraser and Lorna Paterson
Initial Information Gathering	**G**	Completed Mid July - Joint/commissioning strategies have been brought together and an initial analysis of the strategies against outcomes has been undertaken
Determine Structure and Content/Framework for Strategic Plan	**G**	Complete - Initial draft produced in June. Further draft presented to the Board on 6th October. National Regulations published in Nov. will be "WIP" for the duration of the project.
Stakeholder Analysis	**G**	Complete - Stakeholder analysis undertaken and contribution to the process identified
Information and Data Analysis work scoped and initiated	**G**	Work package drafted and NSS engaged to support this work.
Practitioner and User/Carer Engagement Events	**G**	Events booked and agendas being developed. Notifications sent to staff/practitioners.
SPG Membership	**G**	Membership of the Project Board. Work started on identifying SPG group membership – as per Draft Regulations
Localities Paper	**G**	Paper going to the Shadow Board (see attached agenda). This may be updated following the Development Session with the Shadow Board on the 3rd November.
Outline Plan for Next Stage	**G**	Work Packages developed for next stage of the Project. These will be agreed at the Project Board in November and Plan will be updated.

Gov, & Integration	**A**	Version 5 of the Draft Integration Scheme will be submitted to the Programme Board for review and comment. The Draft Integration Scheme will then be revised and returned to the Programme Board for final approval on 28 November. Draft Integration Scheme to be submitted to Borders NHS Board on 4 December for approval, SBC Full Council on 18 December for approval and be shared with the ISB on 8 December (subject to SBC approval).
Section 2 - Local Governance Arrangements. Develop:	**G**	Section complete and included in Draft Integration Scheme for Programme Board to review and agree/amend
Section 4 – Local Operational Arrangements. Set out:	**G**	Section complete and included in Draft Integration Scheme for Programme Board to review and agree/amend
Section 14 – Dispute and resolution mechanism	**G**	Section complete and included in Draft Integration Scheme for Programme Board to review and agree/amend
Section 12 – Liability & Indemnity.	**A**	Input received from the Risk Manager at NHS Borders via the Care and Clinical Governance workstream. Workstream to review and finalise at next meeting.
Section 13 – Risk Management.	**A**	Input received from the Risk Manager at NHS Borders via the Care and Clinical Governance workstream. Workstream to review and finalise at next meeting.
Stage 1 – Scoping & Initiation	**G**	To be completed by mid August
Stage 2 – Research & Development of First Draft	**A**	To be completed by mid October
Stage 3 – Consultation on 1st draft and development of 2nd draft		To be completed by mid December
Stage 4 – Consultation on second draft		To be completed by end May 2015
Stage 5 – Production of final draft		To be completed by end June 2015

Workforce Planning	**A**	
Section 9 Workforce – Joint appointments	**G**	Standard Operating Procedure for Joint Appointments agreed. Previously developed "Joint Staff Framework" to be revisited and refreshed as required. Plan for initial stakeholder engagement developed. Baseline data being collated on workforce planning and HR policy currently being gathered. Draft OD Plan developed
Contribute to Section 7 – Local Operational Arrangements.	**G**	Staff Governance discussion. Group agreed to work within the management framework
Scope each orgs. existing HR policy - produce a report on significant differences	**G**	In progress for reporting in October
Agreement for staff to raise public service issues using existing policies	**G**	In progress for reporting in October
Develop a staff engagement Plan	**A**	Agreement to link more closely with Communications Group. Chair will be shared between both groups to ensure consistency and best use of resources - Complete
Develop an OD plan up to and including April 2015	**G**	Work in progress – interim report in October - Complete
Scope and develop joint training	**G**	Work is underway to scope existing Statutory and Mandatory Training. Work is also underway to look at the potential opportunities within eLearning

Info., Performance & Techn.	**G**	NHS have circulated a SWAN discussion paper with regard to sharing services and future integration. The paper is being reviewed by both BGH and SBC IT depts..
Section 15 – Information Sharing & Confidentiality	**G**	Content for the Scheme of Integration has been drafted and submitted
Section 16 – Complaints	**G**	Content for the Scheme of Integration has been drafted and submitted. It has been agreed with Iris that FOI sits better within Information Sharing so this has been moved over.
Section 23 – Performance Management	**G**	Content for the Scheme of Integration has been drafted and submitted. Performance will now move to Strategic Planning.
Detailed Information Gathering & Needs Analysis	**G**	NSS have completed their analysis of IT requirements and submitted a report that will be considered at the Nov meeting of the IT workstream

Finance	**G**	Key area of progress has been the draft completion of the definitions of financial processes and key underlying principles for incorporation into the Scheme of Integration.
Revenue Financial Planning	**G**	Revised Draft Regulations have now been issued and work is almost complete to remodel the draft shadow integrated budget. Budget setting principles and high-level process, together with financial planning timetable has also now been defined for incorporation within the Scheme of Integration.
Revenue Financial Management	**G**	A detailed timetable for the production of management reports to the Shadow Board is now in place. Work continues on developing and agreeing budget reports for all joint Budget Holders
Statutory reporting	**G**	
Governance	**G**	An appendix to the Scheme of Integration has been prepared outlining high level arrangements for the assurance of: Risk Management; Claims Handling; Financial Accountability; Resource Transfer; Due Diligence; Audit Committee; Financial Planning and Budget Setting; The Role of the Chief Financial Officer
Capital Planning & Asset Management	**G**	Work is currently ongoing to define all leased or owned properties currently occupied in whole or part by integrated health and social care services.

Decisions Needed from the Board :

INTEGRATION SHADOW BOARD WORKPLAN/BUSINESS CYCLE

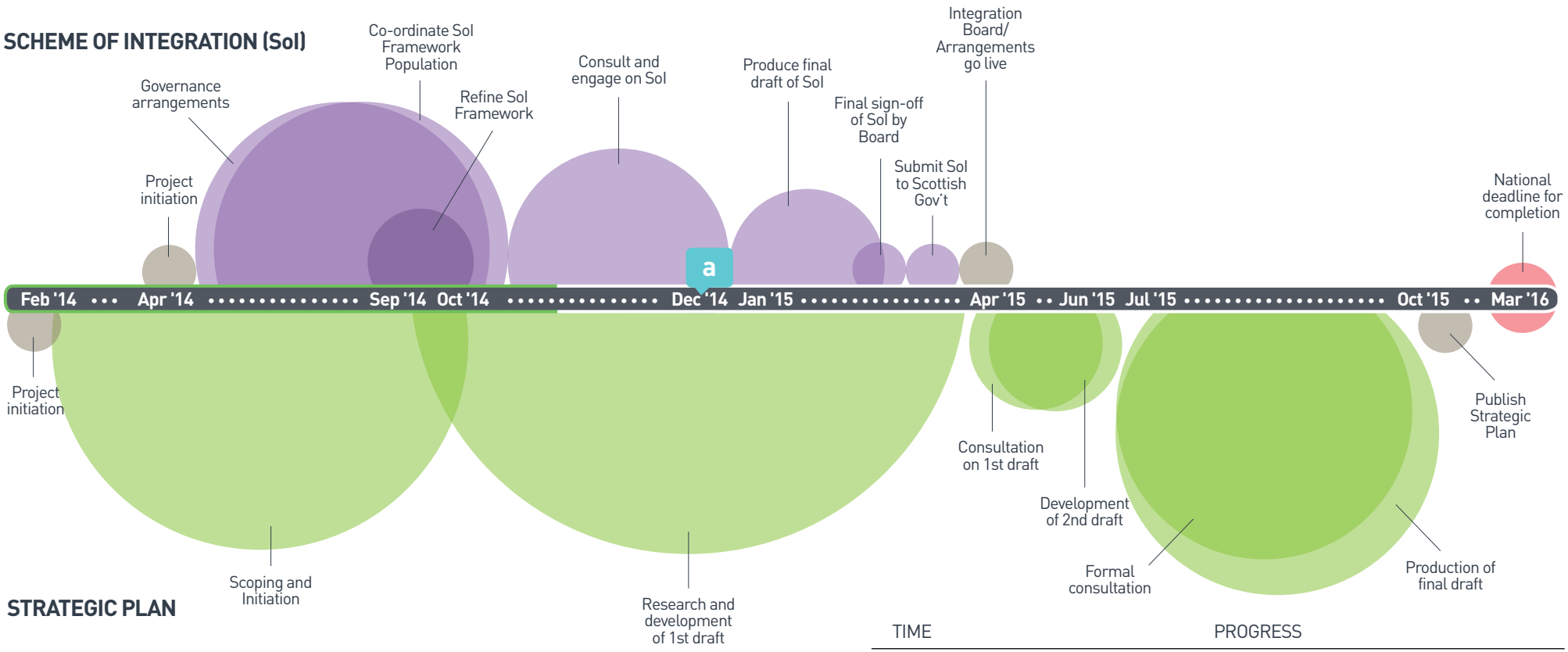
Meeting	Date, Time and Venue	Session Items	What on next session
AH&SC Integration Shadow Board	17 November 2pm Board Room, Newstead	Budget Monitoring Programme Highlight Report/Chief Officer Report ALEO Integrated Care Fund Localities Paper Autism Review	08.12.14 Budget Monitoring Programme Highlight Report/Chief Officer Report Early Years Collaborative (EYC) Progress Draft Scheme of Integration Proposed Consultation Process for Draft Scheme of Integration Engagement Plan
AH&SC Integration Shadow Board	8 December 2pm SBC	Budget Monitoring Programme Highlight Report/Chief Officer Report EYC Progress Draft Integration Scheme for review Proposed Consultation Process for Draft Scheme of Integration Engagement Plan	09.02.15 Programme Highlight Report/Chief Officer Report Budget Monitoring Annual Report Annual Budget Statement Proposal for Establishing the Standing SPG (Strategic Planning Group) Change Fund Report
Shadow Board **Development Session**	28th January 2015 (Time?)	Agenda to be confirmed.	
AH&SC Integration Shadow Board	9 February 2015 2pm Board Room, Newstead	Programme Highlight Report/Chief Officer Report Budget Monitoring Annual Report Annual Budgetl Statement Proposal for Establishing the Standing SPG (Strategic Planning Group) Change Fund Report	Date to be arranged Programme Highlight Report/Chief Officer Report Budget Monitoring Final Integration Scheme First Draft of the Strategic Planning Framework

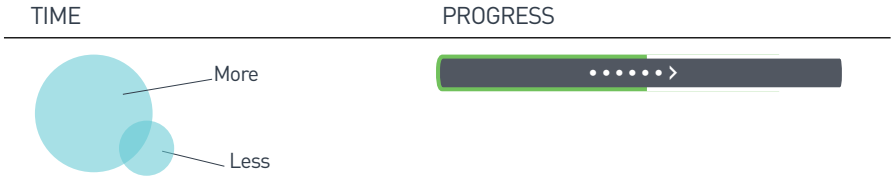
Meeting	Date, Time and Venue	Session Items	What on next session
AH&SC Integration Shadow Board	March -TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring Final Integration Scheme First Draft of the Strategic Planning Framework	TBC Programme Highlight Report/Chief Officer Report Budget Monitoring Ratification of the signed-off scheme of integration.
Integration Joint Board	April - TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring Ratification of the signed-off scheme of integration.	

Black – Standing Items
Red – Yearly Items
Mauve – Confirmed additional items
Blue – Tentative item
Green – Potential Items (items and timelines unconfirmed)

INTEGRATION OF ADULT HEALTH AND SOCIAL CARE PROGRAMME

HOW ARE WE DOING?





KEY RISKS IDENTIFIED (incl. risk score out of 25)

12	Inability to allow data sharing / IT
8	Risk that the scope may change
8	Too much focus placed on Integration Plan at expense of Strategic Plan and customer outcomes

UPCOMING DECISIONS REQUIRED (as shown above)

a	**Dec '14** Draft SoI for approval by NHS Borders Board / SBC full Council

For more on this project email **programme.office@scotborders.gov.uk**
Date of publication: October 2014

DRAFT GUIDANCE SUMMARY AND DRAFT CONSULTATION RESPONSE

Aim

1.1 On October 2014 the Scottish Government published a ***preliminary*** draft of the strategic commissioning process and is inviting comments by ***Friday, 14th November 2014.*** Final guidance will be issued in December (2014). It is intended that a series of more informal advice notes will sit alongside the guidance

1.2 This is the latest guidance to appear as a result of the Public Bodies (Joint Working) (Scotland) Act to legislate for the integration of adult social care and health care services. The intention behind the policy and legislative provision is the improvement of outcomes for people requiring care and support.

1.3 The Integration Authority, once established, must prepare a Strategic (Commissioning) Plan, which outlines how the Authority will meet the needs of the local population in the Borders, in accordance with the National Health & Wellbeing Outcomes. This must contain a financial plan for the delegated resources from both NHS Borders & Scottish Borders Council.

THE PRELIMINARY DRAFT GUIDANCE

2.1 The guidance document is broken down into five sections. The first two sections cover the Introduction and Background (paras 1-13). The remaining sections cover the Policy Context (paras 14-24), Strategic Commissioning (paras 25-31) and The Act (paras 32-81).

2.2 Below is a summary, in bullet point form, of the main items contained within the nineteen page document

Introduction (paras 1-10)

3.1 Effective strategic commissioning is expected to be the cornerstone of successful integration of adult health and social care services

- 'through the strategic commissioning process that the national health and wellbeing outcomes will be delivered and the required shift in the balance of care delivered will be achieved' para 3.

Background (paras 11-13)

4.1 The Act requires each Integration Authority to draw up a strategic plan for their area.

- 'As an integral part of the strategic commissioning process, locality planning will require the Integration Authority to make suitable arrangements to consult and plan locally for the needs of its population. This will require structures and processes that enable local people, local clinicians and professional Leaders, such as GPs, to have a strong voice and core role' para.12

- The minimum range of hospital services that will be required to be included within scope of the strategic plan (as set out in regulations) are those that offer the best opportunity for improvement under integration. Integration Authorities will be responsible for strategic planning, in partnership with the hospital sector; of those hospital services most commonly associated with the emergency care pathway, along with primary and community health care and social care?

Policy Context (paras 14-23)

5.1 Strategic Plans should be based on:-

- The 4 pillars of public sector reform outlined in report of Christie Commission
- The 4 key messages from Audit Scotland regarding the Commisioning of Social Care
- Taking into account the priorities of the 2020 Vision for Health and Social Care
- The self-directed support (SDS) scheme
- Use of technology – enabled care (e.g. video conferencing, telehealth, telecare and mobile health and wellbeing)

5.2 A good plan should:-

- Identify total resources available across health and social care (including carers) and relate this information to the needs of local populations
- Agree desired outcomes and link investment to them
- Assure sound clinical and care governance is embedded
- Selecting and prioritising investment and disinvestment decisions
- Closely reflect the needs and plans at locality level
- Take account of the 3 step Improvement Framework for Scotland Public Services

Strategic Commissioning (paras 25-31)

6.1 This is the term used for all the activities involved in assessing and forecasting needs. This links investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place

6.2 Acknowledges the importance of using the model i.e. ***analyse, plan, do and review***

The Act (paras 31-81)

7.1 This section outlines the main legislative requirements that require to be addressed:-

7.2 Requirement to prepare strategic plan i.e. 2 x mandatory elements

- Arrangements for carrying out integration functions, as a whole and by locality
- The arrangements for carrying out the functions intended to achieve or contribute towards the national health and wellbeing outcomes
- The first strategic plan must be prepared before the integration start date

Consideration in preparing strategic plans (paras 35-38)

8.1 The SP is required to take account of:

- The integration delivery principles
- The national health and wellbeing outcomes
- Other strategic plans, policy directions e.g. SOA, NHS Delivery Plan, Housing Strategies, NHS Clinical Strategies, Community and other corporate plans
- Duty of Best Value

Establishment of Strategic Planning Group (paras 41-55)

9.1 There is a statutory obligation to establish a strategic planning group for the purposes of preparing the strategic plan

- Details of prescribed membership (subject to change upon publication of final regulations)
- Views of localities must be represented within this group including clinicians and care professionals
- Acknowledgement of contribution Third Sector can and should make to this group e.g. through Third Sector Interfaces (TSI's) e.g. The Bridge Project
- The housing sector is recognised as bringing a range of distinct opportunities to strengthen the connections between housing and health and social care
- Outline of resources available to develop and support workforce on joint strategic commissioning i.e. 'A Learning Development Framework (IPC) and JIT

Preparation of Strategic Plan (paras 56 to 62)

10.1 The SP Group is expected to be involved in the development of the SP process from the outset

10.2 The Integration Authority is required to prepare proposals about content, consult Strategic Planning Group on such and then prepare first draft of SP.

- Following consultation with SPG a second draft is put together and circulated more widely to interested stakeholders (must include SBC and NHS Borders and representatives of groups prescribed by Scottish Ministers)
- Importance of an agreed communication and engagement plan at an early stage. Using a wider range of consultation methods and techniques.

Provision of information for purpose of preparing Strategic Plan (paras 63-67)

11.1 There is an expectation of the sharing of information for the purpose of preparing the Strategic Plan

- NHS National Services Scotland (NSS) to develop linked health and social care datasets to support Partnerships
- Joint Strategic Needs Assessments (JSNA) to analyse the needs of local populations and to inform and guide the commissioning of health, wellbeing and social care services within the Borders
- Expectation that any redesign process has the widest possible equipment and that Partnerships use transparent option appraisal process to support any major investment and disinvestment decisions

Publication of Strategic Plans (paras 68-69)

12.1 Partnerships have a duty to publish strategic plans including the nature and level of consultation that took place in developing the plan

- In addition to publication there is an expectation that the final plan will include an implementation plan

Review of Strategic Plan (paras 71-74)

13.1 An Integration Authority is required to review its strategic plan at least every three years

- In carrying out a review of the SP there must be consideration of

  ☐ National health and wellbeing outcomes
  ☐ The indicators associated with the national outcomes
  ☐ Integration delivery principles
  ☐ Views of the strategic planning groups

- Expected use of Performance Measurement Framework to assess whether aims being achieved and use of Risk and Issue Logs to chart risks and emerging from ongoing JSNA process

Strategic Plan = Annual Financial Statement (para 76)

14.1 The Partnership must publish an annual financial statement upon publication of its first strategic plan, and every year after that

- The financial statement must set out the total resources that the Integration Authority intends to allocate under the provisions of the SP

Scrutiny (paras 77-81)

15.1 The Public Bodies (Joint Working) (Scotland) Act 2014 provides an extension of the remit of the Social Care and Social Work Improvement Scotland and Health Care Scotland to inspect the planning organisation or co-ordination the services that Health Boards or local authorities delegate to Integration Authorities.

- Both of the above bodies are able to inspect health and social care services for the purpose of reviewing and evaluating how the planning and provision of services is contributing to the achievement of the outcomes. This includes benchmarking between partnership areas.

- HIS and Social Care and Social Work Improvement Scotland may jointly conduct an investigation into a service provided by the integration scheme and also a local authority, Health Board or Integration Joint Board in relation to a SP.

Recommendation

16.1 The Integration Shadow Board is asked to **note** the consultation response given the tight deadline for response.

Policy/Strategy Implications	As detailed with the paper
Consultation	None due to time constraints
Risk Assessment	As detailed with the paper
Compliance with requirements on Equality and Diversity	As detailed with the paper
Resource/Staffing Implications	As detailed with the paper

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Bob Howarth			

Item No. 6.2 - Appendix

DRAFT NATIONAL GUIDANCE ON PREPARING A STRATEGIC (COMMISSIONING) PLAN

Please send comments using this template to Brian Slater at:

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St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Brian.slater@scotland.gsi.gov.uk

Name	**Bob Howarth**
Organisation	Integration Shadow Board – Borders Partnership
Postal address	Council Headquarters Scottish Borders Council Newtown St. Boswells TD6 OSA
Telephone	01835 825080
E-mail	bhowarth@scotborders.gov.uk

I am replying as:	An individual		An organisation/Group	√

WHERE YOU ARE COMMENTING ON CONCERNS ABOUT SPECIFIC WORDING OR SECTIONS PLEASE IDENTIFY THE PARAGRAPH NUMBERS AND OFFER SUGGESTED AMENDMENTS.

Overall, I found the draft guidance useful and it met my expectations

YES		NO	

General comments:

Overall it would have been helpful to have looked at more a detailed section on 'what should a good plan look like' than is provided at paras 22-24.

I found the layout appropriate

YES	√	NO	

General comments:

I found the style appropriate

YES	√	NO	

General comments:

I found the language appropriate

YES		NO	√

General comments:

The language is easier to understand if you are working with such on a regular basis. I do not think the language is very accessible otherwise e.g. it is not intended for third sector , community and stakeholder engagement. A plain English or easy read version might be advantageous

Overall, I found the content helpful

YES	√	NO	

General comments:

Please see general comments above and comments relating to specific sections below.

CONTENT BY SECTION

Introduction

I found this section helpful

YES	√	NO	

General comments:

This section (paras 1-10) are helpful in terms of a summary of the general approach and process involved in producing a strategic commissioning plan. However it might have also been of benefit to offer a brief and general overview of the expected contents of a strategic commissioning plan.

Background

I found this section helpful

YES		NO	

General comments:

The three paragraphs (paras 11-13) that shape this section are useful for the general approach and methodology outlined.

Overall the section could be more expensive (currently a third the size of the introduction) and include more background information e.g. relationship between care group commissioning plans and the strategic commissioning plan.

It is noted that further definitions are awaited through the use of a further informal advice note.

Policy context

I found this section helpful

YES	√	NO	

General comments:

This section (paras 14-23) provides good summary information in bullet point format. Perhaps consideration could also be given in summary form to the referencing of national health , care group and carers key policy documents along with the Community Empowerment (Scotland) Bill and the National Standards for Community Engagement.

Para 22 'What should a good plan look like' is worthy of expansion and further detail than the five bullet points provided.

It is noted that further definitions are awaited through the use of informal advice

notes.

Strategic Commissioning

I found this section helpful

YES	√	NO	

General comments:

This section (paras 25-31) provides a useful summary, in bullet point format, of the main points for consideration under the four main aspects of the strategic commissioning process.

The Act

I found this section helpful

YES	√	NO	

General comments:

This section (paras 31-81) is beneficial and largely a reiteration of the main provisions of the Act insofar as they are concerned with the Strategic Plan.

Paras 77-81 re-Scrutiny is particularly informative.

It was noted that further definitions are awaited for the following:-

- Link to health and wellbeing outcomes and indicators
- Informal advice note on workforce policy context
- Informal advice note on Joint Strategic Needs Assessment
- Informal advice note on market facilitation plans
- Informal advice note on Finance

ADVICE NOTES

Advice notes will be prepared to supplement the more formal, statutory guidance. These are proposed to include:

- Hospital services within the scope of the strategic plan
- Good practice/support available
- Workforce issues
- JSNA, data and information, option appraisal
- Market facilitation, SDS, links to procurement
- Finance and the need to link to a Financial Plan

Are these the right areas on which to provide further advice

YES		NO	

General comments:

It is not easy to assess this question not knowing what constitutes 'more informal advice' alongside 'more formal, statutory guidance'.

Distribution list

The draft guidance and response template has been sent to the following individuals or groups:

The Alliance
CCPS
Scottish Care
Members of the national steering group
NHS Boards
Local authorities
Director of Planning Group
Director of Public Health Network
Shadow Chief Officers
Coalition of Carers
Attendees and nominated (unsuccessful) attendees of 8 October commissioning event
NHS National Services Division
NHS Health Scotland
Care Inspectorate
NHS Healthcare Improvement Scotland

THE SCOTTISH BORDERS AUTISM STRATEGY

Aim

1.1 To acquire approval for the local autism strategy and delivery plan which take forward the recommendations as highlighted in the national autism strategy as well as identifying a planned approach to addressing the 7 priority areas highlighted within the local Borders service map.

Background

2.1 The 'Same As You?' report was published in 2000; reviewing services for people with a learning disability. The report acknowledged and referenced autism, in part, including Asperger Syndrome. 29 recommendations were made, including:-

- Establishment of "Partnership in Practice" agreements;
- Development of a National ASD network;
- Right to a "personal life plan" if desired.

2.2 As a result the PHIS (Public Health Institute Scotland) report was produced in 2001 which contained 32 recommendations. These included how to approach the commissioning of autism services.

2.3 More recently the Scottish Government has published the Scottish Strategy for Autism in 2011. This strategy has 26 recommendations around developing and delivering services for people with Autism. This strategy coincided with a national autism mapping project where we worked with our own mapping coordinator supplied by the SG to develop our local 'Service Map'.

2.4 Following the receipt of our local mapping data in October 2013 we commissioned the same mapping coordinator to help us develop our local strategy. This was resourced by money that each local authority received to support the development of their local strategy. This project has been reported on at the Autism Strategy Steering Group which has representation from health and social work as well as voluntary sector representatives. The service areas represented cover all age groups.

Summary

3.1 The development of the strategy followed two phases of engagement. During the initial engagement phase a number of meetings with key individuals, teams and groups were held in order to discuss and agree the priority areas. These priority areas were identified by asking people what they thought was working well, what they thought needed improving and what they thought were the gaps. Themes within the responses received were pulled together and the 7 priority areas identified as a result.

3.2 During the second phase we developed a questionnaire which was available on line as well as in paper form and easy read versions asking for peoples' views about the priority areas. These responses were pulled to together and helped to shape a later draft of the strategy.

3.3 A final draft strategy and delivery plan (both attached) were brought to the Planning & Delivery Committee in April 2014 which launched a period of 3 months consultation which ended at the end of June 2014. (Consultation Response Grid is available on request).

3.4 Once it is established where accountability for the strategy and delivery plan will sit work will continue to establish a structure involving relevant officers across all organisations to support the work within the delivery plan. Lead officers in the plan will be established as part of this process. The strategy will be launched early in 2015.

Recommendation

The Integration Shadow Board is asked to:

1. **Approve** the Scottish Borders Autism Strategy as recommended by the CHCP Planning & Delivery Committee at their meeting of 2nd October 2014.
2. **Approve** the associated Delivery Plan.

Policy/Strategy Implications	The launch of the Scottish Borders Autism strategy will bring the Borders in line with national strategic priorities and developments in relation to the delivery of services for people with autism.
Consultation	A full three months consultation process has been followed including engagement with all relevant boards and stakeholders through a variety of means (note Consultation Response Grid is available on request).
Risk Assessment	A key action within the delivery plan is a detailed scoping of the current financial and resource allocation for people with autism. It has been identified early in the process that the majority of resources are currently allocated to people with autism who also have a learning disability with very little resource for people with high functioning autism such as Aspergers Syndrome.
Compliance with requirements on Equality and Diversity	A full Equality Impact Assessment will be carried. The developments proposed with this strategy and delivery plan will inevitably address current inequalities in accessing services.
Resource/Staffing Implications	Many of the developments detailed in the delivery plan focus on services and staff making small changes to the way services are delivered and staff perform through

	increased awareness and understanding.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Bryan Davies	Group Manager, Mental Health & Addictions	Neil Hendry	Consultant

Scottish Borders Autism Strategy

Contents

Foreword

The Scottish Strategy for Autism was published in 2011; marking growing recognition that autism deserves an agenda in its own right. The development of the national strategy ensures progress will continue to be made in delivering quality services for individuals on the spectrum.

It is our vision that people with autism and their families, living in the Scottish Borders, feel accepted and valued by their community, and have equal access to knowledgeable services, when they need them, so that they are able to live the lives they choose.

In response to the national agenda for autism, the Scottish Borders has developed a local strategy, to ensure the needs of individuals on the spectrum of all ages living in the Borders will be acknowledged, and addressed.

A group of professionals from the National Health Service (NHS), education, social work and the third sector, including parents and carers, have been meeting to develop this strategy. The group has discussed the priority areas of need, identified through the Autism Mapping Project, conducted in 2013, and through professional and personal contributions.

The core part of the strategy is split into seven main sections addressing each of the priority areas, each linked to a section in the delivery plan. The thematic sections detail local context, a strategic overview and findings from our engagement process (including the mapping project).

Seven priority areas have been identified for action, locally:

1. Autism awareness and training – Improving public and professional awareness and understanding of autism;

2. Diagnosis – Good-quality early diagnosis and intervention for both children and adults;

3. Getting the right services at the right time, for adults with autism and no learning disability – Addressing the eligibility criteria and improving access to appropriate support;

4. Purposeful occupational activities – Finding the right opportunities to pursue individual interests and employment;

5. Social support and opportunities – Opportunities to develop social skills and accessing a range of social opportunities;

6. Improving access and provision of housing – Addressing the barriers to finding, securing and maintaining individual housing needs;

7. Ensuring inclusion for people with autism and their families – People will have their voices heard and acknowledged by professionals.

It is our vision that people with autism and their families, living in the Scottish Borders, feel accepted and valued by their community, and have equal access to knowledgeable services, when they need them, so that they are able to live the lives they choose.

Our Vision

Our vision symbolises the fundamental principles we will aspire to, over the next ten years and beyond and has been shaped entirely by people with autism, families and professionals from a range of backgrounds.

How will we achieve our vision?

The purpose of this strategy is to help guide us towards realising this vision, by setting the tone and direction for improving outcomes for people with autism and their families, across the lifespan. Through our engagement, we have learned what is important to people living in the Borders and what they think needs to change. Our vision exists to represent these changes and outcomes.

The delivery plan sets out some of the actions under the priority areas in need of change, to help us achieve our vision. The delivery plan sets out these changes over the next 2, 5, and 10 years and incorporates the feedback we have received through our engagement.

The services and support referenced throughout this strategy and plan will be provided by the Scottish Borders Council, NHS Borders and our partners (*).

What is Autism?

Autism is a complex, lifelong developmental disorder and is sometimes referred to as autism spectrum disorder (ASD) or autism spectrum condition (ASC).

Autism is known as a spectrum condition, incorporating a wide range of characteristics that some people may or may not share, which can make some aspects of life difficult. Just like the non-autistic population, people with autism can have any measure of intelligence (IQ); however, people diagnosed with Asperger Syndrome or High Functioning Autism will typically have an average or greater IQ.

Therefore, each individual with autism is unique and may or may not require support, in various forms, to live an independent life.

There are broad characteristics that are common to all individuals on the autism spectrum, which can be present in varying degrees of severity. These are sometimes referred to as the 'triad of impairments' and currently form the basis of the diagnostic assessment for autism.

These common characteristics are detailed below, along with more specific details of difficulties people with autism may experience:

Social communication (i.e. Use of verbal and non-verbal language)

- Language processing
- Varying speech abilities
- Understanding language
- Using and understanding appropriate facial expressions, eye contact and body language

Social interaction

- Working out other people's thoughts, emotions and expectations
- Picking up on unwritten social rules
- Social skills
- Building and maintaining relationships

Social Imagination/Flexibility of Thought

- Need for structure and routine
- Self-organisation - the concept of time and planning ahead
- Coping with change
- Transferring skills and knowledge from one situation or task to another

(Note, the American Psychiatric Association classification of autism has recently changed)

Perceiving the world and other people differently

Autism can be defined as a distinct cognitive style, or way of thinking, according to the 'social model' of autism. Therefore, people with autism interpret and process information about the world and other people differently. Difficulties arise due to attitudes and structure in society, leading to a misunderstanding of this thinking style. This is in contrast to the 'medical model' of autism, which classifies autism as a disorder; limiting one's ability to function.

It is important to note that a range of **additional characteristics have become associated with autism;** some people with autism, but not all, may experience them. Some of these characteristics are listed below, with further detail provided for your information.

Stress and anxiety

It is generally accepted that people with autism often have associated anxiety and stress issues. Anxiety and stress can happen for a number of reasons, and people with autism can vary in their ability to manage these emotions. This may be because of difficulties with a lack of predictability and control, relating to others, and other factors which affect the individual's sense of stability.

Over- or under-sensitivity to noise, lights, textures, balance, taste and/or proprioception (sensing your own body in relation to the physical space)

Some people with autism experience an over- or under-sensitivity to sensory stimuli, present in the environment. Over-sensitivity to stimuli can be overwhelming and potentially painful for people with autism. Loud, or unexpected noises can cause significant stress for the person. Under-sensitivity to stimuli can be potentially harmful too, with people unaware of injuries they have sustained, or not picking up on incoming information or messages being sent through the senses.

Co-existing conditions

People with autism may also present with characteristics of other difficulties/diagnoses, such as: ADHD, dyslexia, dyspraxia, dyscalculia, depression, anxiety, eating conditions and sleep disorders.

Use of language in our strategy

The complex nature of autism gives rise to a number of personal and professional perspectives, therefore it can be difficult to find a common language to use. However, it is important to note that we will adopt the language and terminology used within the National Autism Strategy; as such, we have tried to reflect the diversity of this community in a positive way.

Furthermore, we understand there is a need to be sensitive when using words like 'impairment' or 'disorder'. These words are recognised clinically and in a professional realm, however many people with autism do not accept these terms, instead preferring to stress that they have a different way of perceiving and engaging with the world.

We have used the term 'autism' throughout our strategy to represent the whole spectrum; this includes Asperger Syndrome, High Functioning Autism, Atypical autism and Pervasive Developmental Disorder Not Otherwise Specified.

For a full list terms and descriptions, please see the Glossary of terms.

Why do we Need an Autism Strategy for the Borders?

It is essential to understand that individuals with autism may think about, perceive and, therefore, understand others and the world around them differently from the general population.

'Never mind thinking outside the box, I just wish I could think inside the box'

(Person with autism)

It is also important to understand that no two people with autism are alike, therefore each individual's needs are unique and personal. Some people with autism may require a high level of support, on a daily basis, to help them with daily tasks, while others may only need a little support now and again to help them when they need it. Autism is a life-long condition and it is important to remember that people's needs change as they go through life. Therefore, some people may need different types of support as they age.

Currently, individuals with autism may not find the services they specifically need or find them difficult to access. As such, they may miss out on achieving the things they wish to achieve in life. This is unfair and can lead to a poor quality of life and subsequent mental health problems.

Responsibility for delivering successful services for people with autism is widespread - there is not a singular agency that is responsible for providing services for people with autism. People with autism may be in contact with both specialist and mainstream services. This strategy will aim to make a link between specialist and mainstream services, to support coordinated responsibility and improve access to mainstream services.

We need an autism strategy to promote and develop change, in order to improve the quality of life for individuals with autism.

*We can do this through **educating the population about autism** and by **making adjustments** to our existing services to **remove the barriers** individuals with autism face and by **further investing in and developing** services across all sectors, who provide valuable services*

An example of feedback in relation to 'where we want to be'

The National Picture of Autism

There are a number of key national documents that are relevant to achieving the aims of our autism strategy. They impact upon the planning, commissioning and the delivery of a wide range of services. It is important for us to understand and incorporate these national initiatives, to ensure our local autism strategy reflects the strategic direction of the Scottish Government.

The Scottish Strategy for Autism, Scottish Government (2011)

'Autism is a national priority'

Scottish Strategy for Autism, 2011

In 2011, the Scottish Strategy for Autism was published, declaring autism as a 'national priority', following a decade of autism specific initiatives (see Appendix A). The national strategy aims to harness these initiatives and address the entire autism spectrum and the whole lifespan of people living with ASD in Scotland, over the next ten years.

Considerable efforts have been made to improve diagnosis and assessment, to create consistent service standards, to match resources to need and to underpin this with appropriate research and training opportunities.

The vision of the Scottish Strategy for Autism is that '**individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives.'**

The Scottish Government also agreed the following values that underpin the National strategy:

- Dignity
- Privacy
- Choice
- Safety
- Realising potential
- Equality and diversity

The Scottish Government described 10 ways in which good services for people with autism should be developed:

1. A local strategy

2. Access to training and development

3. Easy access to useful and practical information about autism

4. An autism training plan

5. A process for data collection which improves the reporting of how many people with autism are receiving services and informs the planning of these services

6. A multi-agency care pathway for assessment, diagnosis and intervention

7. A way to get feedback to inform service improvement and encourage engagement

8. A multi-agency coordinated focus on meeting the needs of people with autism

9. Clear transitions at each important life stage

10. A self-evaluation framework to ensure best practice implementation and monitoring.

26 recommendations were listed in the Scottish strategy, which, in summary, said that:

- The Scottish Government would provide strategic leadership and create a strategic vision for the development of services and support for those with or affected by autism
- Resources would be effectively targeted with the aim of improving people's lives
- People with autism and their families should be involved in decision making
- Cross agency working would be developed
- Adults should be able to get a diagnosis and support following a diagnosis
- People with autism should be supported to gain employment

The Ten Year Plan

To ensure the Scottish Government address their recommendations by the time the strategy concludes, they have set goals over 2, 5 and 10 year time periods. This is shown below and will guide the timeline of our local delivery plan.

Foundations; 2 year goals	**Whole Life Journey; 5 year goals**	**Holistic, Personalised Approaches; 10 year goals**
1. Access to mainstream services where these are appropriate to meet individual needs. 2. Access to services which understand and are able to meet the needs of people specifically related to their autism. 3. Removal of short term barriers such as unaddressed diagnoses and delayed intervention. 4. Access to appropriate post-diagnostic support for individuals and families (particularly when there has been a late diagnosis). 5. Implementation of existing commissioning guidelines by local authorities, the NHS, and other relevant service providers.	1. Integrated service provision across the lifespan to address the multi-dimensional aspects of autism. 2. People with ASD have access to appropriate transition planning across the lifespan. 3. Consistent adoption of good practice guidance in key areas of education, health and social care across local authorities. 4. Capacity and awareness-building in mainstream services to ensure people are met with recognition and understanding of autism.	1. Meaningful partnership between central and local government and the independent sector. 2. Creative and collaborative use of service budgets to meet individual need (irrespective of what entry route to the system is). 3. Access to appropriate assessment of needs throughout life. 4. Access to consistent levels of appropriate support across the lifespan including into older age.

'Autism impacts on the whole life experience of people and their families; they need to be supported by a wide range of services such as social care, education, housing, employment and other community based services. A holistic, joined up approach is necessary.'

Scottish Strategy for Autism, 2011

Other national drivers that have influenced the development of our strategy and our action plan:

Social Care (Self-directed support) (Scotland) Act 2013

Self-directed support (SDS) is a term that describes the ways in which individuals and families can have informed choice about how their support is provided to them. It is most commonly used in the delivery of social care and support, but it can cover a much wider range of services.

SDS gives people control over an individual budget and allows them to choose how it is spent on support which meets their agreed health and social care outcomes.

SDS includes a number of options for getting support. The person's individual budget can be:

- Taken as a Direct Payment (a cash payment);
- Allocated to a provider the individual chooses. The council or funding body holds the budget but the person is in charge of how it is spent (this is sometimes called an individual service fund);
- Or the individual can choose a council arranged service;
- Or the individual can choose a mix of these options for different types of support.

SDS allows people with autism and their carers to choose the support that is right for them and enables them to access a much greater range of supports to suit their needs and help them to achieve the outcomes that are important to them.

Public Bodies (Joint Working) (Scotland) Bill (2014)

This Bill seeks to achieve greater integration between health and social care services in order to improve outcomes for individuals and to improve the efficiency of services. There is no single definition of what constitutes integrated care, but the term is commonly used to refer to the joined up delivery of health and social care services. Integration is viewed as a way of tackling a number of problems such as unscheduled admissions to acute care, delayed discharges, budgetary battles between bodies, delays in accessing care and duplication of efforts. It is also seen as a way of 'shifting the balance of care', from the expensive acute sector, to care in less expensive community settings.

The concept of integration is not new to Scotland and the Bill is the latest in a line of attempts to achieve integrated care. Previous attempts have included the Joint Futures Agenda and the creation of Community Health Partnerships. The Bill proposes to require health boards and local authorities to create an integration plan for the local authority area. This will be required for adult services, but other services may also be included. The integration plan will be required to detail which model of integration had been chosen and also sets out principles that should guide the creation of integration plans.

Integration proposals have the potential to greatly improve the way services are delivered for people with autism through a more joined up approach from diagnosis and treatment through to on-going support.

Mental Health Strategy for Scotland 2011 – 2015, Scottish Government (2011)

The Mental Health Strategy for Scotland indicates the priority placed on mental health by the Scottish Government and covers 14 high level outcomes. These include:

- People and communities protecting their mental well-being;
- People having a better understanding of their mental health;
- Care and treatment focuses on the whole person; and
- Professionals understanding the role of families and carers.

This single mental health strategy will encompass:

- Mental health improvement work;
- Mental illness prevention work; and
- Work to improve mental health services in general.

This will be a key influence in the coming years on the delivery of autism services and will help shape the services to include mental health improvement and the prevention of mental health problems.

The Keys to Life: Improving quality of life for people with learning disabilities, Scottish Government (2013)

The Scottish Government published 'The Keys to Life' in 2013, as a renewed and refreshed strategy for people with learning disabilities, following the publication of 'the same as you?' in 2000.

The Keys to Life sets out human-rights based principles, with aim of continuing a cultural shift towards meaningful change for people with learning disabilities, as well as continuing to improve quality of life for people with learning disabilities.

The strategy includes over 50 recommendations, embedded in 7 broad sections, including:

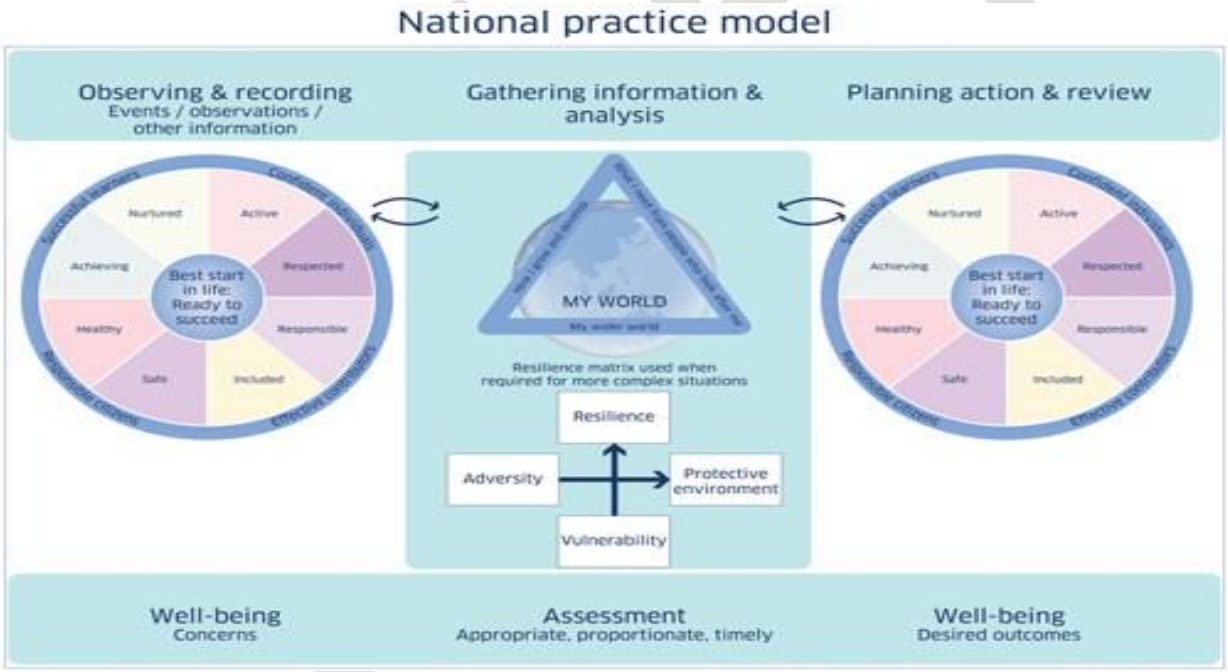
- Health;
- Independent living;

- Shifting the culture and keeping safe;
- Breaking the stereotypes;
- People with profound and multiple learning disabilities;
- Criminal justice;
- Complex care.

A local plan for people with a learning disability is currently in development in response to the National strategy.

Getting It Right for Every Child (GIRFEC), Scottish Government

The National Practice model is a dynamic and evolving process of assessment, analysis and review and a way to identify outcomes and solutions for individual children or young people. It allows practitioners to meet the *Getting it right for every child* core values and principles by being **appropriate, proportionate and timely -** *(The Scottish Government)*



GIRFEC in the context of the Scottish Borders Autism Strategy

The values and principles of GIRFEC will be recognised within the implementation of the priority areas identified in the Scottish Borders Council autism strategy. The National practice model will be used as a guide to implementing, monitoring and evaluating the actions from the strategy which relate to improving opportunities and experiences for children and young people living in the Scottish Borders. The local strategy also acknowledges the importance of practice which currently demonstrates how the GIRFEC framework is used within the region and the impact this has on outcomes for children and young people.

Scottish Intercollegiate Guidelines Network (SIGN): Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders – A national clinical guideline (2007)

In 2001, the Public Health Institute of Scotland (PHIS) Autistic Spectrum Disorders Needs Assessment Report recommended that a SIGN guideline should be developed to improve the assessment and management of autism spectrum disorders (ASD) in Scotland.

The guideline applies to children and young people up to the age of 18, which may include the period of transition from childhood to adult services, focussing on assessment, diagnosis and clinical interventions for ASD. The guideline also considers joint working and consultation with children and young people, and with parents and carers. It also highlights how multidisciplinary and multiagency working can best address the needs of individuals with autism at all levels of service provision.

National Institute for Health and Clinical Excellence (NICE): Autism: recognition, referral, diagnosis and management of adults on the autism spectrum (2012)

This guideline covers best practice guidance on the recognition and assessment of autism in adults. It also focusses on the care provided by primary, community, secondary , tertiary and other health and social care professionals who have direct contact with, and make decisions concerning the care of, adults with autism.

Our strategy for the Borders will reflect and incorporate these priorities and national drivers; it is the responsibility of everyone involved to be mindful of these at the point of service planning and delivery.

The Local Picture

Locally, there are policies in place which will inform the development and delivery of our autism strategy. Also, we can learn from previous autism specific projects that have been available locally, in order to help us identify what is working well, what needs improved and what is missing, for people with autism living in the Borders.

A description of these and their relevance are provided below; a link to each document can be found in Appendix B.

Local Policy

Scottish Borders Single Outcome Agreement (SOA), Scottish Borders Council (2013)

Scottish Borders Council and their community planning partners are responsible for working for the benefit of people living in the Borders. The outcomes of the council are published in the Single Outcome Agreement – a document agreed between the council and

"By 2023, quality of life will have improved for those who are currently living within our most deprived communities, through a stronger economy and through targeted partnership action"

the Scottish Government.

The current SOA focuses on the key priority improvement areas for the Borders and highlights the areas where concerted partnership effort is required. These priority outcomes then have Performance Indicators. By monitoring things on a regular basis, it will be possible to see if the work being done by public sector partners is having a positive impact.

Scottish Borders Single Outcome Agreement

The Scottish Borders Local Housing Strategy 2012-2017, Scottish Borders Council (2012)

The Local Housing Strategy (LHS) provides the strategic direction to tackle housing need and demand and to inform the future investment in housing and related services across the Scottish Borders area. The LHS was developed through a consultation and community planning approach, setting out the key issues to be tackled over a five year period.

"every person in the Scottish Borders has a home which is secure, affordable, in good condition, energy efficient, where they can live independently and be part of a vibrant community"

The LHS vision helps set the strategic tone for the document:

The Scottish Borders Local Housing Strategy 2012-2017

The LHS identifies four outcomes which Scottish Borders Council and its Community Planning partners are committed to delivering. These are closely aligned to a number of the Scottish Government's national outcomes and there are direct linkages with the Scottish Borders Single Outcome Agreement.

Outcome 4 is of particular relevance to our autism strategy: 'More people with particular needs and/or requiring support are able to live independently in their own home'.

Children and Young People's Services Plan 2012-2015, Scottish Borders Council (2012)

The Scottish Borders Children and Young People's Planning Partnership (recently replaced with the Children & Young People's Leadership Group) set out the key priorities for the group over three years, building on the outcomes from previous years' plans.

The focus of the 2012-15 plan is centred on early intervention and the redesign of universal services to support this, through the continued implementation of GIRFEC. The priority areas identified include:

- Early years
- Promoting children's rights
- Keeping children safe
- Looked After and Accommodated Children and Young People
- Parenting
- Parental involvement
- Improved attainment and achievement for all our children and young people
- Improved health and wellbeing for children and young people
- Transitions 16+
- Workforce planning and development

The subgroups of the Children & Young People's Leadership Group have responsibility for delivering on these key priority areas.

Children and Young People's Health Strategy for the Scottish Borders 2013-2018, NHS Borders (2013)

The Scottish Borders Youth Voice engaged with Borders young people to collect key messages about the provision of health services in the area and to identify their expectations for health practitioners.

The strategy describes how NHS Borders plans to further improve the health and wellbeing of children and young people up to the age of 18 years old.

Five outcomes are identified in the health strategy:

- Have the best possible start in life and improvement in their wellbeing
- Have access to high quality person and family centred health care at the right time and in the right place
- Receive care and support that is targeted for those who are vulnerable and at risk of poor health outcomes, including mental health
- Be involved in decisions and planning that affect their health and when appropriate include their families too
- Have an improved experience for their transition into adult health services

Local policy and strategy development needs to ensure that services for people with autism are inclusive and meet all equality and diversity strands. Links between the

autism strategy and local policy priorities should be developed and strengthened as part of improving the outcomes for people with autism living in the Scottish Borders.

Previous local Autism specific projects

The Scottish Borders Autistic Spectrum Disorder Coordinator Project Report (2006), Scottish Borders Council & NHS Borders (2006)

From 2005 to 2006, the Scottish Executive (Scottish Government) funded the Adult Autism Spectrum Disorder (ASD) Co-ordinator post. The remit of the co-ordinator was firstly to be a 'change agent' in the lives of adults with ASD, their families, friends, carers and the services that support them in the Scottish Borders. Second, the co-ordinator was responsible to help plan, in partnership with NHS Borders and Scottish Borders Council, services for adults with ASD and their families.

There were 8 key areas to action:

- Driving forward the agenda for adults with ASD;
- Audit the numbers of adults with ASD in the Scottish Borders;
- Promote the development of an ASD database;
- Audit services and provision available to adults with ASD;
- Create ASD information base;
- Promote the use of a multi-agency care pathway for adults with ASD and the use of Person Centred Planning;
- Raise awareness of ASD in the Scottish Borders;
  Promote the review of adults with ASD who are placed outwith the Scottish Borders.

The Autism Co-ordinator project was the beginning of a number of positive initiatives and was key in raising the profile of adults with autism living in the Scottish Borders.

National Autism Mapping Project (2013), Scottish Government (2013)

As part of the National strategy launch, the Scottish Government announced £13.4 million of additional investment to be distributed over 4 years, some of which would be dedicated to mapping out autism services and improving coordination of these services.

Coinciding with a one-off investment of £35k for each local authority in Scotland to develop their own local Autism Action Plans, **the aim of the Autism Mapping Project ('the project') was to**:

- consult with people with autism, their families and carers, service providers and local agencies;
- map out existing autism service provision in all local areas in order to build up a local and national picture;
- identify priority areas for action that reflected local need;
- work collaboratively with local partnerships, councils, NHS, criminal justice, third sector organisations and other relevant public bodies;
- provide local authority with a 'Service Map' of their area, to inform their Autism Action Plans.

A national mapping report was developed which provides a 'snapshot' of autism services across Scotland, setting out the key issues identified by people with autism and their carers, and provides an overview of how services are meeting their needs or where there may be gaps in services.

The local autism service map was compiled using evidence collected in the Scottish Borders. We asked people with autism, parents & carers and professionals for their views on what is working well, what needs improved and for any gaps in service provision in the local area.

The local autism service map was used to help us identify the priority areas of need for development. We organised two focus groups for parents & carers, two focus groups for people with autism and one focus group for professionals. We also used a number of questionnaires to collect individual and organisational responses. A breakdown of the respondents is shown below (please refer to the full report for more information):

Focus Groups	No. of participants	Questionnaire	No. of participants
Multi-agency professionals	17	**Multi-agency professionals**	3
Service providers	N/A	**Service providers**	8
Parents & Carers	17	**Parents & Carers**	8
People with autism	7	**People with autism**	3

The data collected from the workshops and the questionnaires was analysed to create a number of key themes across all key stakeholder groups.

The key themes from each stakeholder group (people with autism, parents & carers, and professionals) were compared and **the priorities that matched became our initial priorities, for further engagement.**

Autism, in Numbers

Collecting data about autism can be used to promote early identification, plan for training and service needs, guide research and inform policy, so that people with autism and their families get the help they need. It is difficult to gather data accurately, due to the range of information recording systems used between services and professionals. As a result, there can be instances where data is absent, or is counted more than once. It is important to also note that a number of people with autism exist in the population whom have never been formally diagnosed, and as such, will not be represented in the data recorded.

National estimated prevalence

The prevalence estimates in the Public Health Institute of Scotland (PHIS) ASD Needs Assessment Report (2001) suggested 60 in every 10,000 people have autism. However, the Scottish Strategy for Autism (2011) reports that more recent studies estimate the prevalence of autism in children and adults in Scotland to be around 1 in 100.

Autism is diagnosed more commonly in males than females, at a ratio of approximately 4:1, although this varies across the spectrum.

Local estimated prevalence and recorded data

According to Scotland's 2011 Census, the population of the Scottish Borders is 113,870. Using the estimated prevalence of 90 per 10,000, as detailed in the Scottish Strategy for Autism, there would be an estimated 1,025 people with autism living in the Scottish Borders.

Adults

The Scottish Consortium for Learning Disabilities (SCLD) reports in the 2013 release of Learning Disability Statistics Scotland (eSAY) report that there are 3,655 adults in Scotland

with autism spectrum disorder who are known to local authorities; most of these adults have a learning disability.

SCLD reports that in the Scottish Borders, there are 107 adults identified with an autism diagnosis. This includes: 98 people with a diagnosis of 'Classic Autism'; and 9 people with a diagnosis of 'Asperger's Syndrome'.

Children and Young people

The Additional Support for Learning and Young Carers Report for Parliament (2013) reports that in the Scottish Borders there are 1,757 children and young people in education with additional support needs. The report highlights that 76 of these individuals have autism in the Scottish Borders.

People with autism known to statutory services

We asked Scottish Borders Council and NHS Borders to collate the number of people with a diagnosis of autism (including Asperger Syndrome) known to their services.

SBC Social Work data

The table below shows the number of people in contact with social work services. Please note:

- The people represented below may or may not have a formal, clinical diagnosis of autism or Asperger Syndrome;
- Some people with autism who have had contact with social work services may not appear in the table, due to recording methods;
- Some people with a diagnosis of autism or Asperger Syndrome are recorded in the NHS data, but have not been in contact with SBC Social Work, so will not be represented in the table below;
- These figures represent a snapshot of data currently held

	Autism			Asperger Syndrome			Grand Total
	Female	Male	Total	Female	Male	Total	
Child under 16	1	27	28	0	2	2	30
Adult 16+	21	68	87	2	9	11	98
Grand Total	**22**	**95**	**117**	**2**	**11**	**13**	**130**

NHS Borders data

Children

The multi-agency team situated within the Child and Adolescent Mental Health Service (CAMHS) provides assessment of children and young people with possible autism up to the age of 18 years.

From 2009 to 2014, there were 114 children referred to this service, and 60 were diagnosed with autism.

Adults

The NHS Borders data supplied gives the number of people with autism who have had an inpatient episode, or have been seen by the Mental Health Service, or the Joint Learning Disability Service. Data on wider prevalence is not currently available.

Team	Total
Joint LD Service	29
Adult Mental Health Teams	40
Total	**69**

Wherever possible, we have tried to avoid duplication of numbers within the data presented; however, due to the recording methods used, a degree of duplication may exist.

For information regarding spend across agencies, please refer to Appendix B.

Towards an Autism Strategy for the Borders

Our autism strategy represents extensive engagement with key stakeholder groups. Their feedback has directly shaped the content of our strategy and has signalled the changes required for better outcomes for people with autism and their families.

Listed below are the steps taken to ensure our strategy was successfully co-developed with those it would affect.

Step 1: Identifying our priorities

A strategic group have been meeting since June 2012 to identify areas of need and develop action points to address them. Members of the strategic group include representatives from NHS Borders, Scottish Borders council, education (including further education), learning disability services, the voluntary sector, a carer organisation and parents of people with autism.

We used the local Borders Service Map from the Autism Mapping Project (for a full description, see 'Local Autism Specific Projects' above) to help us identify our initial priorities for further development.

Step 2: Asking people what they thought of our initial priorities

Over a 6 month period, we engaged with a range of key stakeholders, including senior managers, practitioners, clinicians, parents and carers, and people with autism. Using a variety of methods, including meetings, interviews, questionnaires and interviews, we asked

people if they agreed with our initial priorities and for their opinions and personal experiences related to them. The table below shows the record of engagement.

Group meetings	Individual interviews	Workshops	Questionnaires
3	5	2 adult groups 2 children and young people groups	170 responses 10 easy read responses

Step 3: Incorporating people's views into our strategy

The statements and content detailed under each priority area in the following pages of the strategy have been drawn from all stages of the engagement process, including our questionnaire, workshops, meetings and interviews.

The feedback was summarised and the main themes are included as part of the narrative running throughout the strategy.

Step 4: Final draft version consultation

Once the final draft version of the strategy was finished, we launched a 12 week consultation period beginning on World Autism Awareness Day on 2nd of April 2014, to find out what people thought of our strategy. We attended group meetings, held an individual interview and made consultation versions of the strategy available for feedback. The table below shows our record of consultation.

Group meetings	Individual interviews	Feedback forms
14	1	8 responses 4 Easy Read responses

The feedback was collected and analysed, with any necessary changes made for the final version of our strategy.

What is Working Well?

In order for our strategy to be successful and improve the lives of people with autism, we must learn from, and continue to build on, the vast amount of good work that already exists here in the Borders.

Engagement with people with autism, their carers and families and professionals, during both the mapping project and through the development of the strategy, highlighted a number of examples of effective autism practice. Below are two examples selected to reflect the developments of effective practice in the early years.

Effective practice example 1: Co-ordinated Support in Education

A number of positive experiences were reported within primary education. An Individualised Education Programme/plan (IEP) is key in coordinating various strands of support: input from Speech and Language therapy and Occupational therapy have a significant impact on the educational experience of the child. Additional adjustments made by a teacher whom has attended autism awareness training were also highly beneficial. Positive approaches include ear defenders, having a quiet place to go, and supporting the child as an individual, rather than a diagnosis. Good practice was also evident in the communication between professionals around the IEP.

Effective practice example 2: Transition Planning for Child in Primary Education

Spectrum Support, the education outreach team ensure that a dedicated transitions teacher is allocated to each P6 pupil with autism at the very start of the primary/secondary transfer process. The teacher gets to know the child in their familiar primary setting before introducing them to their local secondary school where they will continue to support them throughout their secondary career. The support includes: supported visits; developing pupil profiles; transition booklets; working with parents; supporting independent travel to their new school; and training of school staff in the receiving school prior to them starting. This ensures children and their parents/carers are well-informed about the new school, have a known face to continue support in the new setting and school staff have been prepared for their new pupils.

Priority Areas Identified for the Borders

The Scottish Borders Council, NHS Borders and its partners recognise that the needs of people with autism are diverse, and are committed to ensuring change to improve people's quality of life, and to help people achieve what they want to in life.

It is our vision that people with autism, living in the Scottish Borders, feel accepted and valued by their community, and have equal access to understanding and knowledgeable services, when they need them, so that they are able to live the lives they choose.

We will work together towards achieving our vision, over the next 10 years.

We have engaged with key stakeholder groups and asked them what they think is working well, what needs to improve and what gaps exist for people with autism living in the Borders. This information has helped us identify the foundations of good practice to build upon, and other areas of life that we will aim to develop.

The themes for further development were cross referenced between each stakeholder group and we identified 7 specific, consistently referenced priorities.

The following sections will detail what people have said about each theme, and the call out boxes show direct quotes from questionnaire respondents. The resulting actions for change can be found in the corresponding thematic section in the action plan:

1. Autism awareness and training – Improving public and professional awareness and understanding of autism;

2. Diagnosis – Good-quality, early diagnosis and intervention for both children and adults;

3. Getting the right services at the right time, for adults with autism and no learning disability – Addressing the eligibility criteria and improving access to appropriate support;

4. Purposeful occupational activities – Finding the right opportunities to pursue individual interests and employment;

5. Social support and opportunities – Opportunities to develop social skills and accessing a range of social opportunities;

6. Improving access and provision of housing – Addressing the barriers to finding, securing and maintaining individual housing needs;

7. Ensuring inclusion for people with autism and their families – People will have their voices heard and acknowledged by professionals.

1. Autism awareness and training

'This is very important for a number of reasons; early intervention, management of the condition, and understanding how, very often, people on the spectrum see and understand the world in a very different way from someone who is not on the spectrum`

Improving public and professional awareness and understanding of autism **Questionnaire respondent**

Feedback Received Summarised

Over 90% of the respondents to our questionnaire agreed that autism awareness and training should be a priority for further development in the Borders. People stressed the importance of increasing autism awareness and understanding in order to make a significant difference to the life of people with autism.

Improved awareness and understanding of autism can improve access to key, mainstream services. There is evidence which shows that basic awareness training on autism can significantly improve people's ability to communicate with people with autism. Developing a better understanding of autism will also address commonly held misconceptions in society, which can be potentially harmful.

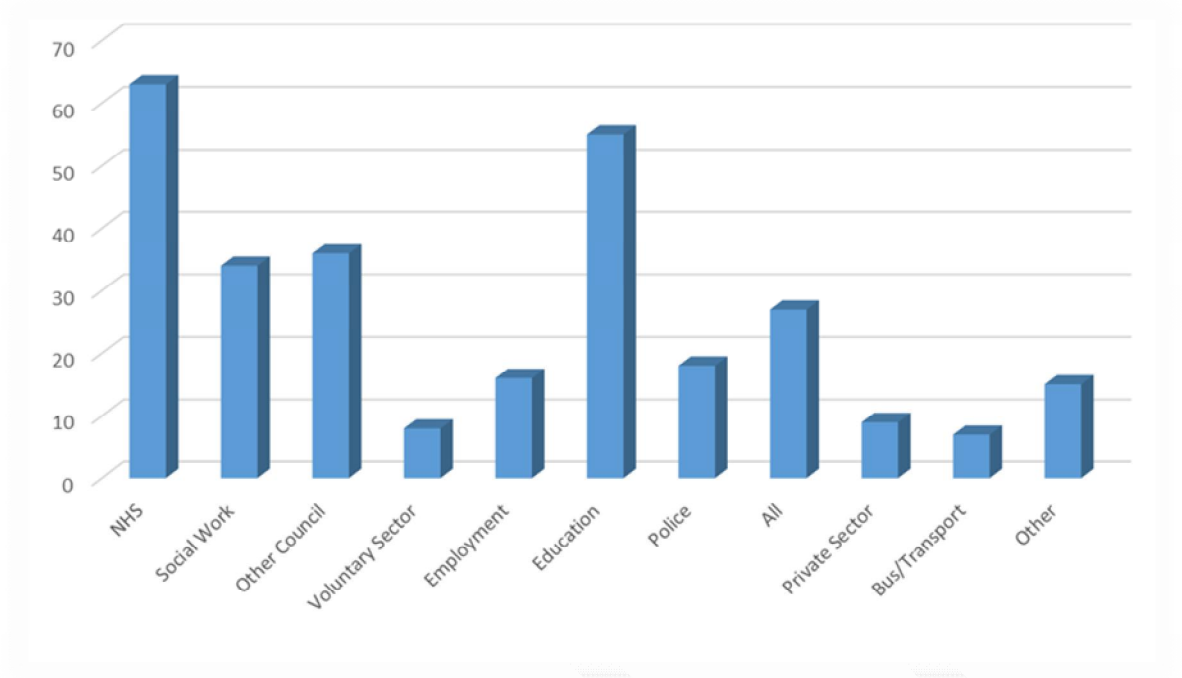
Autism is a complex condition and, for some people, it may not seem obvious that they have a diagnosis – some people refer to autism as an 'invisible condition'. People commented that autism awareness initiatives should specifically include information about Asperger Syndrome and the difficulties somebody may experience in their daily life.

Through our engagement, people highlighted the need for society in general, and both mainstream and specialist services to develop a better understanding of autism, for people with autism to lead fulfilling lives. There is a lot of good, individual work that exists already to increase autism awareness, however people are not always aware of it and it can often be inconsistent. People with autism said there needs to be a shared understanding of autism across both NHS services and Scottish Borders Council.

"There is a lot of good individual work, however there needs to be a cohesive approach used"

The graph below shows services people specifically named that they feel need further autism training. Some of the responses were from service providers themselves, demonstrating the people working in the field are keen to develop their own autism knowledge.

The responses were grouped into relevant agencies – for the full list of these services, please see the Appendix C. The table shows that statutory services (NHS Borders, Education and Other council services) are among the top three agencies in need of further autism training.



Where we want to be

The National Training Framework for Autistic Spectrum Disorders provides a scaffold to support individuals and services to find pathways through training and to select from the variety of study programmes available - from informal, community-based or on-the-job training, through to award-bearing, credit-rated courses of formal learning. This should be incorporated in the Borders, to allow the identification of training needs for the individual or service. People with autism could be involved in the development and the delivery of training.

We want the general population to recognise autism. This begins with a broad approach to developing awareness in society, represented in the first tier of the triangle figure below. Some people suggested using creative and innovative methods of increasing autism awareness locally; this could include plays or drama shows.

In order to ensure services meet the needs of people with autism, service providers need to be targeted with an in-depth level of autism training. This would apply to some of the services shown in the graph above and is represented as the middle tier of the triangle figure.

The top tier of the triangle represents the highest level of training for specialist professionals working in the autism field. In order for services to be equipped with the most up to date information, specialist practitioners need to continue to receive this level of training.

This model of training shows the various levels of training that should be available locally; ranging from the broad awareness and basic level training for mainstreams services and the community, to high-level training intended for specialists.

2. Diagnosis

'The earlier autism can be diagnosed and assessed, the better the quality of life for the individual'

Good-quality, early diagnosis and intervention for both children and adults

Questionnaire respondent

Feedback Received Summarised

Over 95% of questionnaire respondents support the diagnostic assessment of autism as an area for future development.

Going through an assessment for autism and receiving (or not receiving) a diagnosis can be both a positive personal experience and a stressful, emotive experience. We know that having a diagnosis of autism can be the first step towards self-understanding and can be the key to accessing the right support.

Early assessment and intervention are reported as significantly improving outcomes for people with autism. However, feedback showed that some people had difficulty being referred for an autism assessment and others had to wait a long time for the assessment. In some cases, people were diagnosed much later in life after going through various other routes in mental health services.

"The earlier, the better"

<u>Pre-diagnostic awareness & support</u>

Feedback indicated some people are not sure of any existing pathways or routes to and through the diagnostic process and do not know where to look to find this information. We are aware that a pathway exists for children, however not everyone is aware of this. Therefore, people are often not sure how to start going about obtaining an assessment for autism. This often led to people carving out their own path to an autism assessment, which prolonged the process greatly. Some feedback showed that for adults without a learning disability, the route to diagnosis is especially not clear. Although the process begins with an appointment with the GP, the next steps are still not well known.

"Clear guidelines should be available as to how to access an assessment, what it will involve and how long the process takes"

People thought that regular autism training for frontline staff across a number of agencies (including health visitors, community based services, nursery/primary/secondary teachers,

and adult service practitioners) and the public in general, would help people recognise autism and direct people to the next action, towards an autism assessment. It was thought that this would allow for a quicker referral to the relevant diagnostic service.

The Assessment Process

Going through an assessment for autism can be very stressful for the individual and their family. It was reported that there is a lack of support during the assessment process. People said that information about the assessment and what to expect would be helpful in reducing stress and anxiety.

We have been told that for adults without a learning disability, the assessment process is very difficult and there is a need for a local service, dedicated to assessing this client group.

People also talked about the length of time the assessment takes to complete; some people thought it took too long and wanted to know the outcome quicker than is currently happening. Feedback from clinicians, however, indicates that the length of assessment is dependent on the complexity of the assessment and the number of professionals involved, due to the multi-disciplined nature of the assessment.

Post-Diagnostic support

People highlighted both short term and long term intervention as important. Key to both these timescales is information; people want information to be made available on various mediums, including websites, mobile phone apps, books and a list of key contacts and services in a directory. Access to appropriate services for the short term and long term planning was highlighted as important. Furthermore, people were not sure of any existing pathways which map out an individual's route from diagnosis to existing services, particularly in adult services. It was also reported that families should receive information for where they can find support, to ensure a holistic approach is taken to support.

Feedback included the need for regular reviews to occur, following a diagnosis, in order to plan out key life stages.

"This should be re-assessed on a regular basis, with forward planning being incredibly important"

Voluntary organisations were reported as being supportive and helpful following diagnosis; people are keen that the assessment service develop stronger links with existing support services, in the voluntary sector.

Where we want to be

We want people to have easy access to a single point of information about the diagnostic process, including pathways, so they are clear about who to contact, what the assessment will involve and what will happen after the assessment; irrespective of whether or not they have an existing mental health condition or learning disability. This should be available in a variety of formats and should link together NHS Borders and Scottish Borders Council information. It is hoped that with clearer pathways, transitions between services and professionals is more effective and smoother.

We want the assessment process to be completed to a high and consistent standard, in line with current clinical guidance. People should be informed about what to expect and be aware of the estimated time periods to complete the assessment.

We want people to have equal access to appropriate support following a diagnosis of autism, with information about the condition and about available services.

3. Getting the right services at the right time, for adults with autism and no learning disability

I feel there is a lack of support and services for people with autism and no learning disability. People assume if you are of high intelligence you do not require any support'

Addressing the eligibility criteria and improving access to appropriate support **Questionnaire respondent**

Feedback Received Summarised

Over 90% of respondents agreed that getting the right services at the right time, for adults with autism and no learning disability should be a priority for further development. This client group are frequently known as having Asperger Syndrome or High-Functioning Autism.

The needs of this group of people can be intricate and complex; their needs can be difficult to identify through typical assessment and can be dependent on environmental factors.

People reported a gap in services for this client group; often, people with autism and no learning disability fall in between mental health services and learning disability services. Some people told us the needs of this client group are not fully understood and are not incorporated well in social work assessment tools as a result, which means they often miss out on the support they need.

We understand that people are not aware of existing services, available locally or how to access them; feedback indicated a lack of information also contributed to the feeling of a lack of services in the Borders.

> *"having a directory of services which is available to all, accessible and updated regularly"*

People described a range of services that were required for this client group to work towards independent living, including: post-diagnostic support; employment support; benefits advice; befriending; social activities; housing; and further education support. The benefits of having an expert level of autism knowledge in these services was apparent through our engagement.

The geography of the Borders was raised as a potential barrier for finding a central location for services, which could cater for a number of rural towns.

Where we want to be

The needs of people with autism and no learning disability are sometimes referred to as 'hidden' or 'invisible'. This client group are more likely to be diagnosed later in life, or will remain undiagnosed than those with autism and a learning disability. Therefore, this group is often disadvantaged when having their needs recognised and met by services.

We want understanding of autism and no learning disability (commonly referred to as Asperger Syndrome or High Functioning Autism) to improve greatly, so that the needs of this client group are accurately assessed and supported. We want people to know where to go to find information, that is accessible and up-to-date, and for people to know how to access services that are right for the individual. We also want professionals to know where to refer individuals to, at appropriate times, to ease transitions between services and professionals.

"If they (people with autism) have a learning disability or not, all autistic adults should have equal access to support"

4. Purposeful occupational activities

'Autism ceases to be a label when you have a purposeful occupational activity. You are what you do'

Finding the right opportunities to pursue individual interests and employment

Feedback Received Summarised

Questionnaire respondent

Being able to find and pursue individual interests and employment was regarded as 'critical' to young people's lives, and over 90% of questionnaire respondents agreed this should be a priority for future development in the Borders.

Leaving school and knowing the options you have is important. Being able to pursue your interests as an adult, in a meaningful way, either through further education/training or employment, is also vital.

People have told us that they sometimes do not know the options they have upon leaving school and this can be a source of stress and anxiety for both the individual with autism and their families. Transitions in life are referenced frequently as being key to securing good outcomes and minimising stress and anxiety.

There are barriers which can prevent people with autism from accessing further education, training and occupational opportunities that were reported through our engagement. Feedback showed that a lack of understanding of autism from employers is thought to be the most significant barrier to obtaining and maintaining employment.

> *"there should not be barriers to fulfilling one's potential, whatever that may be"*

Voluntary work was cited frequently as a good step towards gaining paid employment and a way to actively engage in a personal interest.

It was recognised that in order to be successful in training or further education, some people require additional support, to help manage anxiety and social issues that may arise during the course or work placement. Getting the right support from employment staff who are knowledgeable about autism, to help find and apply for training and jobs, was also raised as a priority. Autism specific courses were also raised as a method of ensuring access to training was made easier.

It was also reported that people with autism would benefit from having support available while in employment, to help maintain their role.

"needs to be the right opportunities with the right support and expectations"

"Support to integrate into employment"

"people need to be supported to gain a full understanding of their own condition so that they can answer questions/challenges in the workplace"

'"buddying' in the workplace from an understanding colleaaue"

Where we want to be

Having a purposeful occupation and activities can provide people with a sense of meaning, enjoyment and social opportunities. In a broader sense, purposeful occupation provides society with economic contributors and this can be valuable to the local community.

We want life-long planning, beginning in education, for people to map out options based on their personal strengths, skills and interests to improve transitions and outcomes. We also want local employers to develop a better understanding of autism, to improve equal access to opportunities for employment.

"We could establish an effective network of professionals already providing employment support, so that repetition is avoided and perhaps some specialisms could be developed in terms of the type of support on offer and at what point in the employment pathway that support is given"

5. Social support and opportunities

"Great idea. Of course I crave social activities, like most folk, but do find it difficult, often entering into conflict, I am often unaware of why these conflicts develop, and I seem to have an amazing ability to upset certain people without understanding how"

Opportunities to develop social skills and accessing a range of social opportunities

Feedback Received Summarised

Developing more social opportunities and support in the Borders is a priority for the future, with over 90% of questionnaire respondents in agreement.

Questionnaire respondent

Social interaction can be a very challenging and stressful experience for people with autism; however this does not mean that all people with autism do not want to mix with other people. The feedback demonstrated that having the choice to socialise was important, and that 'neuro-typical' values should not be imposed on this client group.

For some people with autism, having a range of social opportunities is important; ranging from developing community based activities which are tailored to the individual, to more supported means of socialisation. Some people advocated the development of autism specific social services, as a way of interacting with people with the same condition.

"Having a range of options and choices is important. Focus on service user involvement, supported as necessary."

"The social side can be the hardest bit for those with autism. It is important to find social places that they feel comfortable and to have support workers to help make sure they are in the community more to help with social situations"

It was also thought that the public have a responsibility to become more accepting and understanding of autism, through awareness raising, so that existing community based activities become more accessible for people with autism.

"the general public need to adapt to the needs of others, particularly people with autism, rather than force those with autism to develop social skills with which they have less of a connection (to the neuo-typical psychology)"

There is evidence to show that many people with autism feel that with appropriate social support, quality of life would drastically improve and mental health issues would reduce. Some people said having the opportunity to share their favourite activity with others would help manage their anxiety and provide them with a chance to meet other people.

The feedback shows that some people with autism need specialist *social support*, available locally, *to learn aspects of socialisation* that would allow them to access a greater variety of existing opportunities, for children, teenagers and adults. Transitioning from social activities in children's services to over-16 opportunities was also thought to be key.

Peer mentoring and 'buddying' or befriending schemes in the voluntary sector received very positive feedback; the one to one nature of the scheme was recognised as essential in working towards broader inclusion and building confidence.

"working one to one and building a relationship with the person, and taking them to social events"

Where we want to be

We want people with autism to have access to a range of social opportunities, which are genuine, varied, and tailored to meet the need and expectation of the individual. Having choice in the activities you do is vital. The feedback showed that in order to do this, partner agencies need to work together, to make transitioning between services better and to overcome potential funding problems people expressed.

We want people with autism to have more opportunities to learn social skills, in a supported environment, should this suit the individual.

We also recognise that social opportunities need to be available locally; as the geography of the Borders can present numerous challenges to travel, resulting in isolation.

We also want to address the existing barriers to wider community based activities that people with autism want to access.

6. Improving access to and provision of housing

"the light at the end of the tunnel is knowing that the person you care for is in appropriate housing for their needs"

Addressing the barriers to finding, securing and maintaining individual housing needs

Feedback Received Summarised

Questionnaire respondent

Moving out of the family home and having a flat or house of your own is seen as a fundamental step towards living independently. For people with autism, this can be challenging, for a number of reasons. Our questionnaire shows that over 90% of respondents agree that improving access and developing the provision of housing in the Borders should be a priority for future development.

Some people told us that they felt there is a lack of appropriate housing options for people with autism in the Borders, which meant that individuals were staying at home with their parents for a longer period of time than is desired.

"My son lives at home, as far as I am aware he has no other alternative"

Some people expressed a need for increased housing stock, available locally, built with the needs of people with autism in mind at the point of planning.

The feedback also reflected that a range of housing options are required, to meet the various levels of need associated with autism. Some people referred to the existing supported accommodation as working well, however others reported a need for more specialist provision to be made available. On the other hand, feedback also highlighted a need for more independent living opportunities, with support to apply for and manage tenancies.

"needs to be autism specific with supervision by confident and well trained staff"

"supported independent housing and a supported application process"

The process for applying for social housing was raised by a significant number of people through our engagement. People felt that the needs associated with autism were not always taken into account when finding or applying for housing. It was thought that the vulnerability of some people with autism should be acknowledged in this process, which should influence the potential areas selected for living.

"the online bidding process in the Borders is not always ideal. It is often hard to tell what the neighbourhood is like and if the house is really suitable for their needs"

Where we want to be

We want people with autism to have equal access to a range of housing options, which are carefully selected, to meet the unique needs of the individual. We want people to know where to access information about housing and who to contact for advice. Again, it is vital for all parties involved to be clear about available housing options to ensure transitions are as simple as possible. Transitions between housing circumstances need to be understood and supported effectively.

We also want to work with our partners, to look to the future, in developing more appropriate housing which has been planned with autism in mind.

7. Ensuring inclusion for people with autism and their families

People will have their voices heard and acknowledged by professionals

'I think it is a great idea. The people who require, and will be using the services are the best people to be involved with these decisions. They are the only ones who can give personal opinions, feedback and advice on current and future services.'

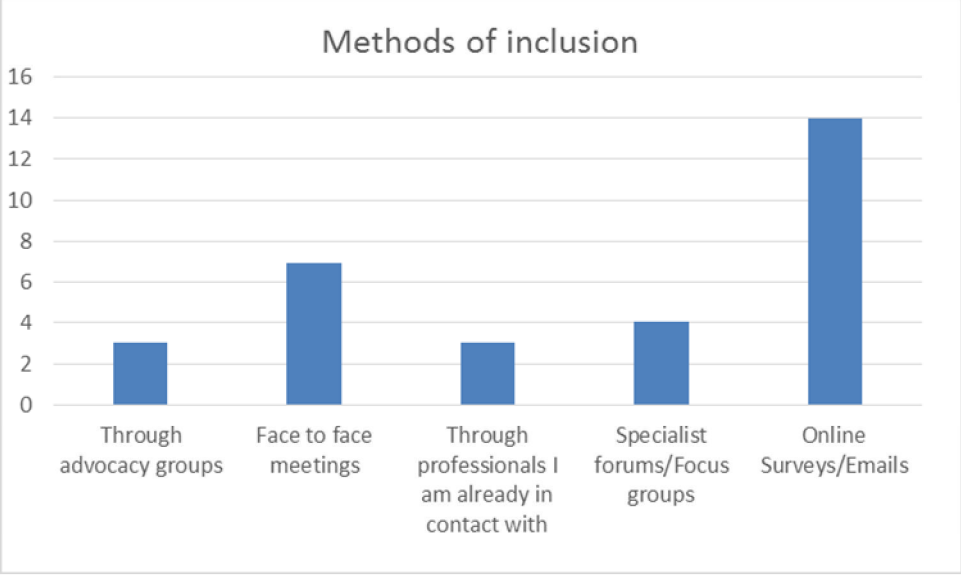
It is essential that the views of people with autism and their families are heard and acted upon. Over 95% of respondents to our questionnaire agree that further developing inclusion should be an area of development in the Borders, as part of our autism strategy.

People highlighted good practice that exists in education, through the Education Act Scotland, which ensures equality and inclusion. The 'Meeting Around the Child' meetings and the Children's panel are reported examples of this good practice.

The feedback clearly shows that people want to be heard; people told us that listening to parents, carers and people with autism is key to developing tailored services and meeting the needs of the individual. Another key point reported is the need to transfer information collected from stakeholders into action, to make real changes.

"Very important to hear from those who have autism. It is them at the end of the day that live with this (autism)"

People suggested a range of methods for how they could best express their views and opinions. The graph below shows the methods suggested and the number of people that



suggested the method.

From the data, it is clear that online methods are considered a popular, accessible way of sharing opinions and views. It was also reported that everybody has access to the internet or wants to access the internet and as such, other means of communication should be used as well.

The feedback also stated that effort should be made to find the most suitable method of communication, which might include using writing or pictorial based communication methods, for the individual.

> *"There is no 'best' way (to communicate) as people on the spectrum don't all respond in the same way – needs an individualised, person centred plan"*

Where we want to be

We want people with autism, and their parents and carers, to have equal opportunities to express their opinions and views to knowledgeable professionals, to help manage and plan existing and future services.

We want a range of communication methods to be available, to empower people with autism to have choice, and ensure their voices are heard and taken into account in the future.

Appendix A

List of previous initiatives

Public Health Institute of Scotland Autistic Spectrum Disorders Needs Assessment Report, (2001)

http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/learning-disability/Resources/PHIS

SIGN publication No 98. Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders

http://www.sign.ac.uk/guidelines/fulltext/98/index.html

Commissioners of health and social care services for people on the autism spectrum, Policy and Practice Guidance, (2008)

http://scotland.gov.uk/Publications/2008/03/27085247/0

Education for pupils with autism spectrum disorders, HMIE, (2006)

http://www.hmie.gov.uk/documents/publication/epasd.html

National Guidance on the Implementation of Local Area Coordination, Scottish Government, (2008).

http://www.scotland.gov.uk/Publications/2008/03/27092411/0

A Guide to Getting it right for every child (GIRFEC), (2008)

http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright

Appendix B

Breakdown of current estimated spend on people with autism:

It has been extremely difficult to calculate the current spend on support and services for people with autism. All figures below are indicative only and apply to the current financial year only and may not necessarily be representative of actual spend.

Joint Learning Disability Service:

The Joint Learning Disability Service calculates that current spend per annum on people with a learning disability and also autism is **£3,202,503.** This comprises of individual packages of care for **59 clients** which equates to an average cost of **£52,690 per person**. The types of support provided within this sum are community support, housing support, personal care, day care, residential as well as other services.

Access to Number 6 One Stop Shop,:

The cost is currently **£15,000** per annum to provide access to people with Asperger Syndrome and High Functioning Autism from the Borders.

Staffing Costs:

It has proved difficult to calculate costs relating to staffing time devoted to working with people with autism. An indicative or proxy figure of **£24,000** per annum has been given as the estimated costs of time devoted by three NHS posts involved in diagnosis and assessment.

It is impossible to calculate what the indicative costs will be, linked to all the time spent by a wide range of NHS and SBC staff in their working with people with autism.'

Appendix C

Full list of services specifically named by questionnaire respondents as in need of further autism training:

All staff/front line employees
Medical
Community/public
Podiatrists
Employment support
GP/Doctors
Hospital
Legal
Health
Nurseries
Supermarkets
Cinema
Restaurants
Community services
Out of school clubs
Housing officers
Modern technology
Befrienders
Advocacy services
Skills Development Scotland
Psychiatrists
Teachers
Police
Dentists
School
Call centres
Social Work
Education
Leisure/recreational
Charitable organisations/3rd sector
Local businesses/private sector
Cafes
Libraries
Mental Health Services
Childcare
Pharmacy workers
Carers
College/University
Health visitors
Citizens Advice
Psychiatric nurses
Job Centre Plus Staff

References

Children and Young People's Health Strategy for the Scottish Borders 2013-2018, NHS Borders, (2013)

http://www.scotborders.gov.uk/info/828/activities_and_support_for_young_people/141/strategies_for_children_and_young_people

Getting it Right for Every Child (GIRFEC), Scottish Government

http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright

Mental Health Strategy for Scotland: 2012-2015, Scottish Government, (2012)

http://www.scotland.gov.uk/publications/2012/08/9714

National Autism Mapping Project Report, Scottish Government, (2013)

http://www.autismstrategyscotland.org.uk/news/autism-mapping-project-report.html

National Institute for Health and Clinical Excellence (NICE): Autism: recognition, referral, diagnosis and management of adults on the autism spectrum, (2012)

http://www.nice.org.uk/guidance/cg142

Public Bodies (Joint Working) (Scotland) Bill (2014)

http://www.scottish.parliament.uk/help/63845.aspx

Scottish Borders Autistic Spectrum Disorder Coordinator Project Report, Scottish Borders Council & NHS Borders (2006)

Scottish Borders Autism Service Map, Scottish Government, (2013)

http://www.scotborders.gov.uk/downloads/file/6949/national_autism_services_mapping_project_scottish_borders_service_map

Scottish Borders Children and Young People's Services Plan: 2012-2015, Scottish Borders Council, (2012).

http://www.scotborders.gov.uk/downloads/file/2760/scottish_borders_children_and_young_peoples_services_plan_2012-2015

Scottish Borders Local Housing Strategy: 2012-2017, Scottish Borders Council, (2012)

http://www.scotborders.gov.uk/downloads/file/1840/local_housing_strategy_2012-2017

Scottish Borders Single Outcome Agreement, Scottish Borders Council, (2013)

http://www.scotborders.gov.uk/info/691/council_performance/1351/single_outcome_agreement

Scottish National Census, Scottish Government, (2012)

http://www.scotlandscensus.gov.uk/

Social Care (Self-directed Support) (Scotland) Act, (2013)

http://www.legislation.gov.uk/asp/2013/1/contents/enacted

Statistics Release: Learning Disability Statistics Scotland 2013 (eSAY), Scottish Consortium for Learning Disability, (2013)

http://www.scld.org.uk/scld-projects/esay/publications-and-resources/statistics-releases

The Keys to Life - Improving Quality of Life for People with Learning Disabilities, (2013)

http://www.scotland.gov.uk/Publications/2013/06/1123

The National Training Framework for Autistic Spectrum Disorders, cited in The Autism Toolbox: An Autism Resource for Scottish Schools, Scottish Autism Service Network and National Centre for Autism Studies University of Strathclyde, (2009)

http://www.scotland.gov.uk/Publications/2009/07/06111319/85

The Scottish Strategy for Autism, Scottish Government, (2011)

http://www.scotland.gov.uk/Publications/2011/11/01120340/0

	Scottish Borders Delivery Plan							
	Priority Area 1 – *Autism Awareness and Training*			Scottish Government Best Practice Indicators: 1, 2, 3 & 4				
Broad theme	**Engagement Feedback**	**Action**	**Lead Person**	**By 2016**	**By 2019**	**By 2024**	**Comments**	**Progress**
Awareness Raising	Local campaign and events, supported by established autism networks and community resources	-consider local events/workshops and campaigns to promote autism locally -planned involvement in annual autism awareness day -establish SBC and NHS Borders membership for Autism Network Scotland -establish lead officers to attend national autism events		√ √ √ √				
	Develop a role of autism champions across mainstream services	- identify the potential for such a role within existing teams -link to specific professions and team roles -outline the scope of the autism champion role		√ √ √				

		-establish level of autism training needed -establish what level of time commitment is required		√ √				
Information & Advice	Information and advice for people with autism and their families/carers	-develop an online resource that will give information about: diagnosis; services available locally; other resources specific to autism; neuro-typical psychology -explore potential within existing commissioning arrangements as well as other autism organisations and statutory services such as the Local Area Coordination Team, Community Psychiatric Nurse etc., to provide information and advice		√	√			
Training	Lead autism advisor (or subgroup) to coordinate the disparate existing training	-explore the potential for establishing a lead autism advisor, from existing personnel, or subgroup -map out existing autism training provision -conduct a training needs analysis -develop a quality 'kite-mark' system for approved training which meets the standards of SBC		√ √				

		& NHS Borders – this could be linked to NES developments in autism training						
	Mandatory autism training modules to be included as part of CPD in education, health and social work. Training will be broad in nature at the most basic level, with more specific training made available for speciality roles.	- locate workforce development strategies and plans across NHS Borders and SBC -arrange meetings with workforce development leads to discuss inclusion of autism training in plans -acquire sign off for inclusion of autism training from senior management teams across both organisations		√ √ √				
	Establish a framework linked to Getting it Right for Every Child, which outlines an approach to autism training and awareness across children and young people's services	-ensure GIRFEC guidelines and principles are included in any autism training developed for children and young people -link this to transition services policies and procedures		√ √				
	The promotion of improved communication between professionals, people with autism and their carers	- ensure that communication features as part of autism training at all levels. -consider e-module training to include focus on communication		 √	√			
	Training made available for	-scope external and internal		√				

	parents and carers	training resources and provision						

Scottish Borders Delivery Plan

Priority Area 2 - *Diagnosis – Good-quality early diagnosis and intervention for both children and adults*

Scottish Government Best Practice Indicators: 1, 2, 3, 5, 6 & 8

Theme	Engagement Feedback	Action	Lead Person	By 2016	By 2019	By 2024	Comments	Progress
Pre-assessment	People should have easy access to central information on the diagnostic process or pathways, regardless of whether or not they have an existing mental health diagnosis or learning disability	-information will be available in a range of formats, including an online hub and leaflets posted in libraries, GP surgeries and other community spaces regarding: who to contact; what an assessment involves; and whom to contact in the first instance -Information will also be hosted on internal webpages including Ref Help, SBC intranet, NHS Borders -explore potential within existing commissioning arrangements as well as other autism organisations		√ √ √				

	Develop an equivalent of a 'named person' for adults to advise and guide through the assessment process	-look to develop such a role for adults, over a longer period -explore access to advocacy services for people with autism and their carers/family, as appropriate			√			
The autism assessment	Provide specialist multi-disciplinary/multi-agency team of professionals who are experienced in the assessment of autism, for assessment of children, young people and adults presenting with features of autism. These teams should include Speech and Language Therapy, Psychiatry (children and adults) or Paediatrics (children), and may include other disciplines such as Community Psychiatric Nursing, Occupational Therapy, Music Therapy, Psychology, Educational psychology, Education and Social Work.	-work with lead consultant psychiatrist around developing dedicated consultant time for autism assessment across a wide range of teams - assess the feasibility of developing further the regional assessment team for adults -include a sensory profile integration assessment should be considered as part of the autism assessment -establish a protected local service/group/team with links to external autism services		√ √ √	 √			

		-clinicians and appropriate multi-agency professionals (e.g. CPNs) have opportunities to be trained in using a range of diagnostic tools, in line with SIGN and NICE guidelines -using a coordinated, joined up approach to make sure that it runs smoothly; this includes accurate report writing, information about individual assessments being shared at multi-agency meetings on a scheduled basis and linkage with the post-diagnostic services involved		√	√			
Post-assessment	Develop appropriate immediate post-diagnosis support	-expanding system so that people will be provided with a clear and consistent written confirmation of diagnosis (or not), in a timely manner -individuals will be provided with a full written report of their assessment		√ √				

		-opportunity to discuss the above with clinician -clinician or autism advisor to consider completing the menu of interventions to identify needs and potential local services -develop an integrated care pathway, to create consistency between children and adult processes, in addition to specialist education provision		√ √ √				
	Develop appropriate longer term post-diagnostic support	-people are supported to engage with a range of services that meet their needs, possibly by the Local Area Coordination team (need to explore potential for primary diagnosis of autism)			√			
	Information at key stages for parents and carers	develop further the online resource that will give information about: diagnosis; services available locally; other resources specific to autism -link with the Carers Strategy and explore capacity for		√				

		autism resource -look to develop carer support through the local carer strategy and accessing local carer organisations		√	√			
Data recording	Data collection should be further developed to make best use of existing databases, following diagnosis	-develop a system for routinely inputting diagnosis, into existing databases across all client groups and should be considered as part of the assessment pathway -establish shared terminology relating to autism assessment, to improve consistency - work with performance teams within SBC and NHS, to develop information held on the respective databases -identify inclusion of autism		√ √ √ √				

		in workflows ,episodes, and joint assessments -develop a system for cross referencing data held within different sources, across the sectors. The information sharing protocol between SBC and NHS Borders needs explored.			√			

	Scottish Borders Delivery Plan							
	Priority Area 3 – *Getting the right services at the right time, for adults with autism and no learning disability*		Scottish Government Best Practice Indicators: 1, 3, & 8					
Broad theme	**Engagement Feedback**	**Action**	**Lead Person**	**By 2016**	**By 2019**	**By 2024**	**Comments**	**Progress**
Access to information	There should be a central point of access for information regarding all available services, locally, across all sectors – this could be used as a platform for specialist services to promote their services and the use of Self-Directed Support	-develop further the online resource that will give information about: specialist and mainstream services available locally; including advice on how to access them -explore potential within existing commissioning arrangements, as well as other autism organisations and statutory services such as the Local Area Coordination Team, Community Psychiatric Nurse etc, to provide information and advice on services available and how to access them.			√ √			
	use the menu of interventions to identify area of need for the individual and link to available services	-explore the potential for a role of autism advisor, as above -develop further a comprehensive menu of interventions, linked with the online resource		√	 √			
	(Through the role of autism champions), the online	-incorporate the online resource in			√			

	resource should be promoted and shared amongst other professionals	autism champion training						
Access to services	Fund services for people with autism and no learning disability	- map current spend on all provision for people with autism -explore potential for establishing access to existing services for people with autism and no learning disability, through re-design and re-commissioning services		√ √				
	Strengthen transport links to facilitate better access to services	-link into the Borders Transport Strategy -ensure needs of people with autism and no learning disability are detailed in the Transport Strategy -establish whether there are processes in place to facilitate subsidised travel, including the availability of the application for Scotland-Wide Free Bus Pass Travel for Disabled People		√ √ √				
	When assessments are conducted within statutory services, to establish a level of need, AS characteristics should be reflected in the assessment process	-ensure that the characteristics of people with autism and no learning disability are included in any training provided around assessment – including adapting approaches to communication		√				

		and questioning -ensure that the characteristics of people with autism and no learning disability are reflected in eligibility criteria for access to services		√				

	Priority Area 4 – *Purposeful occupational activities*		Scottish Government Best Practice Indicators: 1, 2, 3, 6, & 9					
Broad theme	**Engagement Feedback**	**Action**	**Lead Person**	**By 2016**	**By 2019**	**By 2024**	**Comments**	**Progress**
Transition planning	Each person should have an individual plan which details their employability goals linked to their interests and strengths	-review existing transition arrangements for children and young people, leaving education -develop pathways for children and young people, which are person centred and detail routes from school to further education, training and other employability opportunities -identify resources to build capacity into existing employment services to better respond to the needs of people with autism			√ √ √			
Support pre-employment	Support should be in place to prepare an individual for employability opportunities. This support could focus on skills development, for example: CV writing; preparing for and attending interviews; and informing employers of an autism	-Review employment services for people with autism - work with existing employability and employment services around gaining access for people with autism to facilitate these types of support		√ √				

	diagnosis.	-Consider links with Lothian employability schemes and services						
Awareness	Liaise with potential employers and other agencies around increasing their awareness and understanding of autism	-work with existing employability services and the autism advisors (if role in place) -consider awareness training being made available to potential employers		√ √				
Building capacity to provide opportunities	Develop a bank of agencies that can provide specific opportunities tailored to an individual's strengths and skills	- work with existing employability services		√				
	NHS Borders and SBC should develop opportunities for volunteering or work experience placements for people with autism	-link into SBC work opportunities scheme to provide such opportunities within each organisation -follow the procedures for responding to and meeting volunteer and work placement enquiries		√ √				
	Strengthen links with Job Centre Plus	- contact is made with Job Centre Plus, locally, to discuss developing protocol outlining how Disability Employment Advisors can best work with people with autism		√				

		-feed into any National initiatives to work with Job Centre Plus, locally.			√			

Scottish Borders Delivery Plan

Priority Area 5 – *Social support and Leisure opportunities*

Scottish Government Best Practice Indicators: 1, 2, 3, & 8

Broad theme	Engagement Feedback	Action	Lead Person	By 2016	By 2019	By 2024	Comments	Progress
Access to services	Support is available for people with autism to access a range of social opportunities	-map existing supports for people with autism as well as other client groups -consider the potential to extend access within existing support services to make them more autism friendly -consider the peer-support model and the potential for developing this locally for people with autism		√ √ √				
	A range of autism specific social activities are available locally and nationally	-liaise with autism networks and autism organisations to map out existing social opportunities for people with autism, locally -advertise available social opportunities on the online resource		√	√			
	Develop and promote more autism befriending opportunities	-map existing befriending services - explore potential within existing commissioning arrangements as		√	√			

		well as other autism organisations and statutory services to improve access for people with autism -Strengthen links with the Volunteer centre about the attributes of befrienders for people with autism						
Leisure	Develop links with leisure opportunities locally, including Borders Sport and Leisure, to enhance access for people with autism - this could include both autism specific sessions and developing mainstream sessions to be more autism friendly	-make contact with Borders Sport and Leisure lead officer and explore potential options to improve access for people with autism		√				

Scottish Borders Delivery Plan

Priority Area 6 – *Improving access and provision of housing*

Scottish Government Best Practice Indicators: 1, 2, 3, 8 & 9

Broad theme	Engagement Feedback	Action	Lead Person	By 2016	By 2019	By 2024	Comments	Progress
Developing appropriate housing options	A range of different types of housing support, including clustered housing, individual flats and residential housing	-link into the SBC housing strategy and ensure that the needs of people with autism are identified and recognised in future developments -explore potential within existing commissioning arrangements as well as other autism organisations and statutory services -link into the central information point on the online resource		√	√ √			
	Liaise with housing providers and planning agencies to ensure that an allocation of new build accommodation is developed with the needs of people with autism taken into account	-set up meeting with housing colleagues -conduct a needs assessment of people with autism and housing -incorporate needs assessment into housing strategy -use a person centred approach to maintain individuality		√	√ √			
Improving access	Improved access for people with autism, with a housing need	- identify system for housing allocation in the Borders and build autism into the assessment				√		

		for housing need						
Access to information	There should a central point of information for housing options available and how to apply for housing	- the online resource to include information regarding available housing options and updates regarding the above actions			√			

	Scottish Borders Delivery Plan							
	Priority Area 7 – *Ensuring inclusion for people with autism and their families*			Scottish Government Best Practice Indicators: 1, 8 & 10				
Broad theme	**Engagement Feedback**	**Action**	**Lead Person**	**By 2016**	**By 2019**	**By 2024**	**Comments**	**Progress**
Developing methods of inclusion	Develop a forum for people with autism, which is flexible in its approach to inclusion and has an online capacity	-liaise with existing network, service user groups and parents/carers groups to discuss the best platform of managing a forum -identify appropriate support for the forum		√ √				
	Develop a forum for parents and carers of people with autism, which is flexible in its approach to inclusion and has an online capacity	- liaise with existing network, service user groups and parents/carers groups to discuss the best platform of managing a forum -identify appropriate support for the forum		√ √				
	Develop service user involvement within services themselves and represented in strategic decision making	-look at creative ways to develop service user feedback in service planning and delivery			√			
Monitoring feedback of the strategy	Ensure key stakeholder groups (people with autism, parents and professionals) are able to provide feedback on the progress of the implementation of the	-Include communication links within the proposed structure for monitoring the effectiveness of the strategy.		√				

	strategy.							

MONITORING OF THE SHADOW INTEGRATED BUDGET 2014/15

Aim

1.1 To provide the Shadow Board with:

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

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

Projected Outturn

2.1 At 30th September 2014, pressures of £0.4m are evident and managers continue to work on action to mange this situation.

2.2 A key underlying factor in the ability to report this position is due to the considerable investment made in the revenue budgets supporting the delivery of services in year and during the 2014/15 financial planning process. 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 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.

2.3 Joint Learning Disability Service

The Joint Learning Disability Service while still experiencing pressure due to increased number of packages has reduced the project outturn from £0.455m at the end of June to £0.107m at the end of September against the shadow integrated budget of £17.473m. The pressures in this area mainly relate young adults with complex needs coming into the service and requiring increasingly costly packages. While investment was made in this service in 2014/15 demand has outstripped funding.

2.4 Joint Mental Health Service

At September the Mental Health Service is currently reporting an overspend on the in year position due to increased patient dependency in the older adults service but is projecting a small underspend on the outturn position. Work within the service will continue to ensure that this position, however challenging, is achieved at the year end.

2.5 Older People Service

Adult services have seen an increase in demand during the six months to September 2014 which has resulted in a projected overspend of £0.176m. Although additional investment has been made in the older peoples service across areas such as homecare and residential care, this service continues to be under pressure due to increased demand above the level budgeted.

2.6 Physical Disability Service

Increasing client numbers and the complexity of need as well as market rates for homecare continues to cause financial pressures in the physical disability service resulting in an overspend of £0.178m at the end of September.

2.7 Generic Services

Generic Service are currently projecting an almost break even position overall however there are individual areas of concern.

2.8 Community Nursing and Community Hospitals are predicting a break even out turn although they are experiencing financial pressures due to a variety of reasons including 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.

2.9 The GP prescribing budget is reporting a year end overspend of £0.4m. This projection should be treated with a degree of caution due to the ever changing position on drug pricing. Shortages in supply of certain drugs is causing volatility in the price, leading to difficulty in accurately projecting the out turn position.

2.10 Considerable savings are being projected within Generic Services. This is a managed position in order to enable a balanced projected outturn overall for those local authority budgets which form part of the integrated service. 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

3.1 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.

3.2 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. In addition barriers may emerge to the delivery of planned efficiency and savings plans within partner organisations.

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

3.4 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.

3.5 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.

3.6 Acting Sustainably

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

3.7 Carbon Management

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

3.8 Rural Proofing

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

3.9 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

4.1 The revenue monitoring position set out in this report is based on the actual income and expenditure to the 30 September 2014. At this point the Partnership is experiencing a projected pressure for 2014/15 of £0.4m. Management teams are working with finance to identify and implement a range of remedial actions to reduce this position in addition to delivering the range of management actions to address the underlying pressures identified on which the projected outturn position is predicated.

Recommendation

It is recommended that the Integration Shadow Board:

Approves the budget monitoring reports at Appendix 1 and notes the projected 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 both underlying pressures and those currently projected in the current forecast year end position of £0.4m.

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	Janice Cockburn	Deputy Director of Finance

MONTHLY REVENUE MANAGEMENT REPORT

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

	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	**17,605**	**8,120**	**7,723**	**396**	**17,473**	**17,580**	**(107)**	**122**	**20**	**19**	
Residential Care	4,284	2,032	1,910	122	4,223	4,142	81	0	0	0	A combination of additional
Homecare	467	348	297	51	712	660	52	0	0	0	costs arising as a result of
Day Care	2,891	978	847	131	2,999	2,248	751	74	0	0	further increases in the
Community Based Services	7,573	3,634	3,713	(79)	7,264	8,259	(995)	0	0	0	number and complexity of
Respite	275	124	102	22	275	281	(6)	0	0	0	need above the level of
Same as You	110	0	0	0	0	0	0	0	0	0	budget investment made this
Other	2,004	1,004	855	149	1,999	1,990	9	48	20	19	year.
Joint Mental Health Service	**15,176**	**7,613**	**7,653**	**(40)**	**15,653**	**15,642**	**11**	**332**	**324**	**328**	
Residential Care	87	19	0	19	21	23	(2)	0	0	0	Challenging Efficiency
Homecare	215	108	64	45	259	203	56	0	0	0	Targets, plans being
Day Care	179	89	82	7	178	176	2	5	0	0	formulated now to achieve
Community Based Services	794	241	347	(106)	797	813	(16)	3	0	0	targets
Respite	18	9	19	(10)	18	34	(16)	0	0	0	
SDS	50	3	62	(59)	6	110	(104)	0	0	0	
Choose Life	69	7	(49)	57	69	69	(0)	1	0	0	
Mental Health Team	13,764	7,137	7,128	9	14,306	14,215	91	323	324	328	
Joint Alcohol and Drug Service	**1,544**	**476**	**443**	**34**	**1,160**	**1,160**	**(0)**	**7**	**3**	**3**	Budget has been transferred
D & A Commissioned Services	1,147	367	320	47	771	747	24	0	0	0	to Mental Health for BAS
D & A Team	397	109	123	(14)	389	413	(24)	7	3	3	since base was set
Older People Service	**23,002**	**11,077**	**10,633**	**338**	**23,717**	**23,893**	**(176)**	**484**	**0**	**0**	
Residential Care	10,638	4,560	4,738	(178)	10,568	10,664	(96)	176	0	0	Significant additional costs in
Homecare	8,306	4,428	4,389	39	8,351	8,161	189	248	0	0	Homecare of £1m, together
Day Care	1,042	357	344	13	751	789	(38)	24	0	0	with further additional costs
Community Based Services	964	436	526	(90)	887	1,254	(367)	0	0	0	(£200k) due to a higher
Extra Care Housing	575	282	187	96	566	602	(36)	30	0	0	number of resdidential beds
Housing with Care	0	106	93	13	212	225	(13)	0	0	0	than budgeted (c.50 more)
Dementia Services	235	0	0	0	0	0	0	7	0	0	has led to considerable
Delayed Discharge	251	146	120	26	541	565	(24)	0	0	0	pressure on the OP Service.
Other	992	462	(11)	473	1,124	915	209	0	0	0	Additional investment has
Change Fund	0	299	246	(53)	718	718	(0)	0	0	0	been made int he budget to
											address this and it is proposed
											to charge certain areas of
											spend to the Olders Peoples
											Change Fund in 2014/15.
Physical Disability Service	**2,816**	**1,380**	**1,528**	**(148)**	**2,815**	**2,993**	**(178)**	**5**	**0**	**0**	Significant additional
Residential Care	441	205	260	(55)	441	432	9	0	0	0	complexties of PD need has
Homecare	1,622	949	808	141	1,961	1,718	243	0	0	0	led to considerable increase in
Day Care	194	95	64	31	194	157	37	5	0	0	the level of homecare
Community Based Services	480	92	353	(261)	141	615	(474)	0	0	0	required, offset by the further
Other	79	39	42	(3)	79	72	7	0	0	0	budget investment in part.

MONTHLY REVENUE MANAGEMENT REPORT

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

	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
Generic Services	**58,851**	**36,314**	**35,990**	**324**	**72,885**	**72,836**	**49**	**608**	**502**	**502**	
Community Hospitals	4,620	2,237	2,240	(3)	4,473	4,473	0	122	124	125	
GP Prescribing	20,839	10,420	10,688	(268)	20,798	21,198	(400)	0	0	0	Concern due to limited information on drugs shortages
AHP Services	5,332	2,738	2,607	131	5,514	5,514	0	146	133	131	
General Medical Services	15,501	8,854	8,853	1	16,597	16,597	0	0	0	0	
Community Nursing	5,424	2,771	2,830	(59)	5,577	5,577	0	141	140	142	
Assesment and Care Management	411	158	148	10	302	300	2	8	0	0	Considerable savings are projected in order to enable a balanced projected outturn for all Social Care Intergrated budgets. In particular a range of measures such as vacancy management, the reduction of a number of areas of discretionary spend and a withdrawl of identified soft commitments have been undertaken and their financial impact accounted for.
Group Managers	244	120	126	(5)	241	221	20	3	0	0	
Service Managers	160	80	89	(9)	158	158	(0)	3	0	0	
Planning Team	259	133	127	6	258	223	35	5	0	0	
Locality Offices	2,572	1,352	1,232	121	2,623	2,487	136	61	0	0	
BAES	713	342	504	(162)	707	704	3	11	0	0	
Duty Hub	169	33	29	4	64	44	20	5	0	0	
Extra Care Housing	353	180	146	35	353	233	119	0	0	0	
Joint Health Improvement	116	58	0	58	56	53	3	0	0	0	
Respite	57	14	13	1	42	41	0	0	0	0	
SDS	(99)	0	0	0	0	(99)	99	0	0	0	
OT	58	29	28	1	57	57	(0)	1	0	0	
Grants to Voluntary	34	21	26	(4)	43	60	(17)	0	0	0	
Out of Hours	134	51	23	28	127	49	78	0	0	0	
Community Based Services	0	0	8	(8)	0	11	(11)	0	0	0	
Sexual Health	0	288	262	26	578	578	0	6	6	6	
Public dental Services	0	2,039	1,772	267	4,097	4,097	0	85	86	83	
Community Pharmacy Services	0	1,863	1,863	0	3,726	3,726	0	0	0	0	
Continence Services	0	226	259	(33)	438	438	0	3	3	3	
Smoking Cessation	0	122	108	14	242	242	0	4	4	4	
Patient Transport	0	0	0	0	0	0	0	0	0	0	
Accomodation Costs	0	652	560	92	1,299	1,299	0	0	0	0	
Resource Transfer	0	1,282	1,277	5	2,563	2,563	0	0	0	0	
Other	1,956	249	175	74	1,953	1,991	(38)	5	6	9	
Total	**118,995**	**64,980**	**63,969**	**905**	**133,705**	**134,105**	**(400)**	**1559**	**849**	**852**	
Financed By:											
AEF, Council Tax and Fees & Charges	47,098	0	0	0	47,530	47,530	0	0	0	0	
NHS Funding from Sgovt etc	71,897	0	0	0	86,175	86,575	(400)	0	0	0	
Total	**118,995**	**0**	**0**	**0**	**133,705**	**134,105**	**(400)**	**0**	**0**	**0**	