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HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD WEDNESDAY, 31ST AUGUST, 2016

An Extraordinary MEETING of the HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD will be held in COMMITTEE ROOM 1, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on WEDNESDAY, 31 AUGUST 2016 at 10.00 am.

BUSINESS			
1.	**ANNOUNCEMENTS & APOLOGIES**		
2.	**DECLARATIONS OF INTEREST**		
3.	**MINUTES OF PREVIOUS MEETINGS** (Pages 1 - 22) Monday 20 June 2016 Monday 15 August 2016		
4.	***Item dealt with at meeting on 15 August 2016***		
5.	**STRATEGIC**		
	5.1 **Item dealt with at meeting on 15 August 2016**		
	5.2 **Integrated Care Fund Update** Interim Chief Financial Officer	(Pages 23 - 48)	
6.	***Item dealt with at meeting on 15 August 2016***		
7.	**FINANCE**		
	7.1 Monitoring of the Health and Social Care Partnership Budget 2016/17 Interim Chief Financial Officer	(Pages 49 - 70)	
8.	***Item dealt with at meeting on 15 August 2016***		
9.	**ANY OTHER BUSINESS**		
10.	**DATE AND TIME OF NEXT MEETING** Monday 17 October 2016 at 2.00 pm in Committee Room 2, Scottish Borders Council		

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Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 20 June 2016 at 2.00pm in the Board Room, NHS Borders, Newstead

Present:	(v) Cllr C Bhatia (Chair)	(v) Mrs P Alexander
	(v) Cllr J Mitchell	(v) Mr J Raine
	(v) Cllr F Renton	(v) Mr D Davidson
	(v) Cllr I Gillespie	(v) Dr S Mather
	(v) Cllr J Torrance	(v) Mrs K Hamilton
	Mrs S Manion	Mrs E Rodger
	Mr D Bell	Dr A McVean
	Miss J Miller	Ms L Jackson
	Ms A Trueman	Ms I Clark
In Attendance:	Miss I Bishop	Ms S Campbell
	Mr P McMenamin	Mrs J Stacey
	Mrs J McDiarmid	Mrs K McNicoll
	Dr E Baijal	Mr S Barrie
	Mr P Barr	Mrs A Wilson
	Ms F Doig	Mr C Svensson
	Ms S Donaldson	Ms T Wintrup
	Ms J Robertson	Mr A Pattinson
	Mr D Robertson	Mrs C Gillie

1. Apologies and Announcements

Apologies had been received from Dr Andrew Murray, Mr John McLaren, Mrs Elaine Torrance, Mrs Jane Davidson, Mrs Tracey Logan, Mrs June Smyth and Ms Lynn Gallacher.

The Chair confirmed the meeting was quorate.

The Chair welcomed a range of attendees to the meeting.

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 **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Integration Shadow Board held on 18 April 2016 were amended at page 8, line 8 and replace £2,663m with £2.663m and with that amendment the minutes were approved.

4. Matters Arising

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

5. Integrated Care Fund Update

Mr Paul McMenamin gave an overview of the content of the paper. Mr McMenamin highlighted the partnerships integration programme work and the wider financial resources delegated to the partnership. He further highlighted potential areas for investment and disinvestment and advised that the Integrated Care Fund was a transitional resource.

Mrs Susan Manion reported that a review of all existing pieces of work had been undertaken as well as the governance sub structure. She confirmed that the agreed pieces of work that were being taken forward were in line with the Strategic Plan.

Dr Stephen Mather enquired if in the unlikely event that the integrated care fund was not completely spent, if the balance of funds would be carried forward. Mrs Manion confirmed that funding would be rolled over as it was a 3 year fund.

Mr David Davidson noted that on page 1 of the report there was no comment on how much was already spent. He further suggested the 14 projects be listed in priority order of what could be achieved quickly. Mrs Manion advised that all projects had been previously agreed and were mapped against the national outcomes and had their own timescales.

Mr Davidson enquired if all the bus operators were included in the transport hub discussions and what the outcome was. Mrs Manion reported that the subject of transport was being taken forward through the Community Planning Partnership (CPP) and the funding was a contribution made towards that piece of work. The Chair advised that a paper was being submitted to the next CPP meeting on the outcomes and Cllr John Mitchell added that he expected the paper to address issues of subsidy and strategic direction for public transport.

Further discussion focused on: Eildon Community Ward and prevention of admission funding; and the narrative and layout of Appendix 2.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the progress made to date in the development of the partnership's transformation programme, in particular, those projects funded from within its Integrated Care Fund programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there would be a fuller report to the next meeting on the wider investment towards the delivery of the strategic plan with specific plans for service redesign in keeping with the commissioning and implementation plan.

6. Revised Governance Arrangements for Integrated Care Fund

Mr Paul McMenamin gave an overview of the content of the paper, highlighting the input of the Executive Management Team and a number of key high level roles across key stakeholder groups. Mr McMenamin described the flow of business within the revised governance arrangements and clarified that the Health & Social Care Integration Joint Board (IJB) would be asked to ratify proposals.

Mr John Raine welcomed the move towards a simpler form of governance. He also welcomed the inclusion of statements in the report that the IJB was ultimately responsible for the effective use of the Integrated Care Fund (ICF) and also the reference to the role of the IJB being to set the strategic intent of the partnership. He also emphasised that the Board was responsible and accountable for the success or otherwise of the whole enterprise of integration. There were however some contradictions in the report. It stated that the Executive Management Team (EMT) would be responsible for refining and approving proposals and that once approved they could be implemented. However, the report also stated that the Board would be asked to ratify proposals approved by the EMT and might refer proposals back.

Mr Raine stated the definition of `ratify` was to formally approve which could present difficulties if proposals were already being implemented. Board approval of proposals would not delay implementation if work was effectively programmed and also because the Board met frequently.

Mr Raine indicated that the process should be simple and clear with schemes supporting the delivering of the ICF programme going to EMT for endorsement and then on to the Board for final approval with an explanation as to what the schemes were intended to achieve, at what cost, over what timescale and how sustainable they would be. The Board would then ratify or refer back. Worked in this way, the governance would be simple and clear and support the fact that the Board was ultimately accountable.

Mrs Susan Manion advised that the role of the EMT was in terms of delivery. She explained that the EMT was the place where the Chief Executives as decision makers in commissioning services would agree to the delivery of the services requested by the IJB. The IJB on strategic matters was itself advised by the Strategic Planning Group. The role of the Chief Officer was to make the recommendation to the IJB to commission the services. She commented that the advantage in the setting up of the EMT was that it converged into a single group and was easier to then take a collective decision and collective view on the way forward in line with the IJBs requirements.

Ms Jenny Miller enquired if there would be third sector representative on the proposed Service Redesign Steering Group. Mr McMenamin advised that the membership and terms of reference for the working groups would be redefined with the intention that the former membership, form the main membership of the Service Redesign Steering Group plus other stakeholders.

Mr David Davidson suggested the second sentence in paragraph 4.6 was contradictory as per Mr Raine's earlier comments. Mr McMenamin advised that he would be content to remove that sentence from the report as it added little value by way of explanation.

Discussion further focused on: the purpose of the proposed new groups; description of the whole system in terms of the use and totality of resource; streamline process and provide assurance that funds were being spent in appropriate areas; and potential routes for appeal.

Mrs Karen Hamilton questioned whether any proposals not agreed by the EMT would be seen by the IJB. Mrs Jeanette McDiarmid explained that the EMT would provide the IJB with assurance that the recommendations submitted to it met the outcomes in the strategic plan, enabling the IJB with its decision making. She further advised that if the IJB did not approve a recommendation it would be referred back to the EMT.

Towards the end of the discussion Mr Raine said he was happy to support the proposals following the assurances given by the Chair and Mrs McDiarmid that the governance process was intended to run in the way he had earlier outlined.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised governance arrangements for the Integration Care Fund subject to the deletion of sentence 2 at paragraph 4.6 on page 4 of the paper.

7. The Localities Framework

Dr Eric Baijal gave an overview of the content of the paper and highlighted several elements including: engagement of local communities, alignment of localities and GP clusters, resourcing, support for GP practices and long term conditions proposals.

Several items were highlighted during discussion including: locality working will only succeed with ongoing necessary resource; locality engagement and partnership groups; in review of existing partnership and engagement forums; flexibility of localities; review of quality controls; expectation that GP cluster arrangements would be known by 30 June; and the use of technology for sharing patient information to ensure the patient remains at the centre of the care package.

Dr Angus McVean commented that the GP community was in a current state of flux in regard to converting to clusters and discussions continued. He suggested there may be a potential outcome of 3 clusters instead of 5. He echoed Dr Stephen Mather's concerns that investment in the community was required to prevent admissions and allow support to be put in place early to support people in their own homes.

Dr McVean suggested GPs were moving away from chronic disease management and investment would be required to enable them to lead the delivery of those types of services if that was the expectation of the IJB.

Mrs Susan Manion commented that the Public Partnership Forum (PPF) was originally accountable to the Scottish Borders Community Health & Care Partnership that had been concluded. Discussions had been taking place regarding a revision of the PPF to ensure the

governance of patient and public involvement requirements for the IJB were met. She advised a paper on the PPF would be brought to a future meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report.

8. Equality Mainstreaming report.

Mrs Susan Manion reported that the Health & Social Care Integration Joint Board was obliged to provide and publish an equality mainstreaming report. The report was submitted to the IJB for comment and agreement and to highlight that both NHS Borders and Scottish Borders Council had already agreed equality outcomes (Appendix 1). She assured the IJB that the equality outcomes matched across to those within the Strategic Plan as well as the local outcomes. She reiterated that paragraph 8.2 within the report would ensure the IBJ met the equalities legislation requirements.

Discussion focused on: paragraph 5.8 should read paragraph 8.2; aspirational changes; how to make practical changes in areas such as discrimination; training; and how will people see change.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the equality outcomes outlined in paragraph 8.2 and Appendix 1 and noted the review by April 2017 to inform the development of the revised outcomes for 2017 onwards.

9. Delayed Discharges

Mrs Susan Manion advised that a formally agreed performance framework for the IJB was still under construction. She was keen to ensure that the future report would including monitoring and actions across all of the health and social care remit. She was further keen to collectively address delayed discharges and ensure duplication was removed. Mrs Manion further reported that the move to the 72hour target would take place on 1 July.

Dr Angus McVean commented that he was keen to see data on readmission rates (especially those presenting 2 or 3 times in quick succession) as potentially those discharged too quickly could be readmitted if their problems had not been resolved. Mrs Evelyn Rodger advised that she was very mindful of the potential issues of discharging patients too early in their care pathway and a focus and attention was being paid to readmission rates to ensure patients were not being disadvantaged.

Mr Alasdair Pattison commented that work was being progressed in identifying the 2% of the population in Borders who were high resource individuals to ensure they were appropriately resourced in the community to prevent admission and readmission.

Cllr John Mitchell enquired where the 2% figure originated. Mr Pattinson advised that it was a percentage taken from national data and he was keen to view the profile for the 2% in Scottish Borders and reasons for admission and readmission.

The Chair suggested that the arbitrary 72hour target wasn't necessarily best for the patient. Mrs Rodger advised that in terms of the target, it was no different to the Accident &

Emergency (A&E) target, in that it was a proxy measure for how the system was behaving. In terms of data intelligence in Scottish Borders, she advised that Scottish Borders had the lowest number of care packages, and the message received from Health Improvement Scotland was that health and social care wasn't functioning as well as it might in Scottish Borders. She advised that currently there were 5-6 patients who could not be moved to where they needed to be for their care needs due to delayed discharges in the system. Mrs Rodger suggested the IJB might want to see the trajectory to get to 72 hours and then a regular update on progress against the target.

Mrs Manion advised that the trajectories for future delays had yet to be confirmed and she suggested identifying what the likely impacts were going to be for the proposals in the action plan.

Dr Stephen Mather commented that there were areas of concern in regard to care home placement and patient choice for care home placement. He suggested a key measure of success for the IJB was to make a difference to delayed discharges and enquired if the ICF could be used to specifically target delayed discharges and improve care at home and choice of care home placement to make a tangible difference to individuals.

Mrs Manion reiterated that the ICF would be funding a range of initiatives which were in the action plan for delayed discharges, such as reablement, access to home care, rapid resource and other initiatives sitting within the context of the ICF.

Cllr Jim Torrance reiterated that it was a whole system approach that was required as historically there had always been an issue with delayed discharges in Scottish Borders, due to a lack of social care availability; lack of residential care nursing home placements; pressure on beds in the Borders General Hospital; and potential readmissions. He reminded the IJB that Waverly House had been purchased for the provision of fast tracking people and that facility had been blocked with long term clients and he emphasised the need to ensure there were appropriate services and equipment available to people to safely return to their own homes.

Mr David Davidson suggested he would be keen to see a detailed list of the obstacles to see what the interconnections were and whether they were assumed to be real or not. He was also keen to know the current status against the 72 hour target.

Mr Pattinson commented that it was a complex arrangement to manage people through the health and social care pathway and that delayed discharges were managed at the margins. Progress had been made in terms of occupied bed days but it was becoming more difficult.

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

10. Draft Corporate Services Support Plan Update

Mrs Susan Manion gave a brief overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and confirmed to proceed with the approach to develop the longer term Corporate Services plan.

11. Clinical & Care Governance Framework

Mrs Karen McNicoll updated the IJB on the work that had been undertaken to ensure the IJB would be provided with assurance on clinical and care governance matters. She suggested the IJB receive a report on clinical and care governance at each meeting moving forward.

Dr Stephen Mather commented that he welcomed the attendance of the Chief Social Work Officer at the NHS Borders Clinical Governance Committee. He also enquired how the information on clinical care in care homes would be brought to the attention of the IJB. Mrs McNicoll advised that information on clinical care in care homes was now being gathered as part of the care standards and would be submitted to Scottish Borders Council. That information would also be drawn together with information from the Clinical Governance Committee into a report for the IJB to ensure the IJB received appropriate information assurance.

Cllr Jim Torrance commented that a survey on pressure sores in hospitals and care homes had been carried out previously and had identified it was a 50/50 split. Mrs Manion reported that she was aware of the data for the acute setting but not for care homes. Mrs Evelyn Rodger advised that Datix was the system used by staff to record pressure ulcers and the district nurses captured that information for the community setting.

Further discussion focused on: streamlining systems and managing information more transparently; removal of duplication; ensuring qualitative information was monitored; information sharing; a clinical and care governance reporting timetable to be established for the IJB in due course: and clarifying high level governance arrangements.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the report.

12. Appointments to Sub Committees and Gorups

The Chair suggested nominees for membership of the 3 groups:-

Audit Committee: Cllr John Mitchell, Cllr Jim Torrance, Mr John Raine, Mr David Davidson. Cllr Frances Renton seconded the nominations.

Strategic Planning Group (Chair): Mrs Pat Alexander. Mr John Raine seconded the nomination.

SB Cares Governance Group: Mrs Karen Hamilton. Cllr Frances Renton seconded the nomination.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that membership for the Audit Committee be Cllr, John Mitchell, Cllr Jim Torrance, Mr John Raine, Mr David Davidson.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that the Chair of the Strategic Planning Group be Mrs Pat Alexander.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and agreed that the member for the SB Care Governance Group be Mrs Karen Hamilton.

13. Annual Report

Mrs Susan Manion suggested that in future the Annual Report would include a chart of what had been achieved in line with the outcomes in the Strategic Plan on the performance of the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Health & Social Care Integration Joint Board Annual Report 2015/16.

14. Monitoring of the Joint Integration Budget

Mr Paul McMenamin reported the provisional outturn position to 31 March 2016 as an adverse variance of £932k. He advised that pressures had been experienced during the year and had been met by savings in other related areas of the budget. Overspends at the financial year end would be addressed by the respective partner organisations. He further advised that the majority of savings achieved were non recurring.

Mr David Davidson sought assurance that the vacancy freeze did not impact on delivery. The IJB was assured that essential frontline posts were not subject to the vacancy freeze.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected provisional outturn position of £923k net adverse variance within the delegated joint budget at 31 March 2016.

15. Delegated Functions

Mr Paul McMenamin introduced the paper and gave an outline of the content. He highlighted the detail on savings and investments in order to provide assurance to the IJB on the sufficiency of resources. He further commented that the 2016/17 financial plan addressed the financial challenges experienced in 2015/16.

Mr John Raine commented on the fact that this report, like the previous financial report and the following financial report, had no apparent sign-off or input from the Director of Finance of the Health Board and asked if there was an explanation for this.

The Chair commented that the report did not require sign off by the Chief Financial Officer for Scottish Borders Council or the Director of Finance for NHS Borders.

Mrs Carol Gillie advised that there had been a number of points of detail and clarity that had not been included in the report and due to the tight timescales involved in signing off the report she was unable to sign it off on that occasion.

Mr David Davidson enquired where the social care funding had been used in relation to the range of items shown in the social care budget table on page 4. Mr McMenamin reminded

the IJB that the social care fund had been allocated to the partnership for the partnership to direct the use of the funding. He advised that Scottish Borders Council had assumed the funding would be utilised for social care to address the pressures they had identified (living wage, gap in home care, demographics) which when added together the assumptions came to slightly more than the social care fund itself. If the costs did not materialise the funding would not be required to the same degree. He suggested the next report on the agenda gave more detail on actual and projected costs and how the IJB may wish to direct the use of the social care fund.

Mr Davidson enquired if the £12k pay uplift in SBC on page 9 was correct. Mr McMenamin clarified that the pay uplift figure was correct as it reflected pay awards and increments only, give that the majority of care staff had transferred to SB Cares.

Mr Raine returned to the earlier issue saying he felt it to be important, for the assurance of the IJB, for there to be an input from the Health Board Director of Finance, particularly in respect of factual matters and bearing in mind the particular report was also about the planned efficiency and savings targets within NHS Borders, and the IJB would have greater confidence knowing there was close co-operation between the finance officers.

Mr McMenamin commented that cooperation from the finance teams within the partner organisations was vital to the success of the partnership and he echoed Mrs Gillie's comments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further detail provided as to the areas of targeted investment made by NHS Borders and Scottish Borders Council in relation to the 2016/17 budget for those services delegated to the IJB from 1st April 2016, specific to the summary of areas of key pressure experienced during and at the end of 2015/16.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further detail provided on each partner's 2016/17 efficiency/savings programme on which their Financial Plans were based and the full delivery of which was required in order to ensure that the 2016/17 delegated budget was fully affordable and funded, noting progress to date, associated risks of each proposal and resultant overall risk to the affordability of the delegated budget as a whole.

16. Alcohol & Drugs Partnership Funding 2016/17

Mr Paul McMenamin introduced the report and explained that Fiona Doig coordinated the work of the Alcohol and Drugs Partnership (ADP) who were commissioned by the Scottish Government to deliver treatments, support families, protect the vulnerable and provide preventative medicine. It was noted that there was a proposed reduction in national funding for ADPs for 2016/17.

The Chair enquired who the other partners in the ADP were and it was confirmed they included NHS Borders, Scottish Borders Council, Police Scotland, Third Sector and the Scottish Drugs Forum.

Mrs Evelyn Rodger enquired if there were proposals to make a reduction to allocations to the voluntary sector. Mrs Fiona Doig reported that the ADPs preferred option was not to make any savings, should a 20% saving be implemented across the over all budget then it would impact on all budget streams.

Further discussion focused on: contributions from all partners to the ADP; sustainability of services; potential for non recurrent funding; identified efficiency savings; targeting services to those most in need; quality of the paper presented to the meeting; Chief Executives view and Executive Management Team view.

Cllr J Torrance, Cllr John Mitchell left the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of £220k of 2016/17 social care funding on a non recurring basis to the Alcohol and Drug Partnership and noted the proposals for reducing spend in 2016/17 by £51k across non supported and treatment areas of budget.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** further requested that the ADP engage with other partners in regard to on-going funding.

17. 2016/17 Financial Plan – Social Care Funding

Mr Paul McMenamin outlined the proposals for the direction of the funding allocated to the partnership in line with social care funding of £2.048m in 2016/17 increased to £2.861m in 2017/18 assuming no other changes and reflecting the full year effect of the living wage.

Discussion highlighted several key issues including: living wage already paid by SB Cares; would SB Cares remain as the provider of last resort?; assurance sought that reablement would be looked at; and consideration of pressures on the acute sector in order to achieve the objectives of the Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of £2.048m of 2016/17 social care funding in order to meet the commitments outlined above

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of a further £220k in 2016/17, on a one-off basis, to the Alcohol and Drug Partnership in order to sustain services until transition to a new affordable model for delivery was made by 1st April 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the full year impact of those commitments from 2017/18 would be £2.861m and that further proposals for directing the remaining uncommitted social care funding would be brought to the Board when developed for consideration and approval.

18. Communications Quarterly Report

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

19. Chief Officer’s Report

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

20. Committee Minutes

It was noted that Mrs Elaine Torrance had been appointed as President of Social Work Scotland.

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

21. NHS Pharmaceutical Care Services Plan

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the NHS Borders Pharmaceutical Care Services Plan 2016/17.

22. Any Other Business

22.1 Emergency Department: Mrs Susan Manion distributed the “Welcome to your Emergency Department” leaflet to members for information.

23. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 15 August 2016 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.47pm.

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Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 15 August 2016 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr F Renton	(v) Mrs P Alexander (Chair)
	(v) Cllr J Mitchell	(v) Mr J Raine
	Mr D Bell	(v) Mr D Davidson
	Mrs S Manion	(v) Dr S Mather
	Mrs E Torrance	(v) Mrs K Hamilton
	Mrs J Smith	Dr A Murray
	Ms A Trueman	Mrs E Rodger
	Dr A McVean	Ms L Gallacher
In Attendance:	Miss I Bishop	Mrs J Davidson
	Mr P McMenamin	Mrs J McDiarmid
	Mrs A Wilson	Mrs J Robertson
	Mrs T Wintrup	Mrs A Howell
	Mrs S Martin	Mrs L Crombie
	Ms C Petterson	Mrs C Gillie
	Mr D Robertson	Mrs J Stacey
	Mrs A Howell	

1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Cllr Jim Torrance, Cllr Iain Gillespie, Mrs Tracey Logan, Dr Eric Baijal, Mrs June Smyth, Mrs Julie Murray, Ms Sandra Campbell, Mr Alasdair Pattinson, Mr John McLaren, Mrs Shona Donaldson, Mr Stewart Barrie and Ms Gwyneth Johnston.

The Chair confirmed the meeting was not quorate.

The meeting agreed to discuss and note the items on the agenda and noted it would be unable to approve any recommendations. The Chief Officer proposed the ability of the Health and Social Care Integration Joint Board to remit items to the Chair or Chief Officer to approve. This was rejected as it was not in line with the standing orders.

The Chair welcomed a range of attendees to the meeting including Mrs Shelagh Martin from the Scottish Health Council and Mrs Lynn Crombie from SB Cares.

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.

Mr David Davidson declared that in regard to the item on Integrated Care Fund Update, he was the Chair of two independent charity organisations.

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The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted Mr Davidson's declaration.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 20 June 2016 were amended at page 2, last line replace "fulsome" with "fuller" and page 4 last paragraph, first line replace "Patient" with "Public" and with those amendments the minutes were noted and would be held over for approval at the next meeting.

4. Matters Arising

4.1 Action 1: Draft Strategic Plan: It was suggested that the session on Commissioning be held sooner rather than later.

4.2 Action 6: Inspection of Adult Services: It was noted that Item 6 was now complete as the session had been held earlier that day.

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

5. GP Contract Update and Cluster Approach

Dr Angus McVean gave an overview of the content of the paper and highlighted: a move to a four cluster approach; demographics; appointment of quality cluster leads; appointment of practice quality leads; and funding of the quality leads.

Dr Stephen Mather enquired how the Practice and Cluster Quality Lead appointments would be resourced. Dr McVean advised it would be for the Health & Social Care Integration Joint Board to provide the resource. Mrs Susan Manion commented that the specific decision making was a matter for the Health Board as the contractor for GP services, however resources for primary care funding to support GPs had been provided as part of the functions delegated and therefore sat within the delegated budget.

Dr McVean advised that he understood that the Practice Quality Leads would be funded from the primary care budget however the Quality Cluster Leads might not be.

Mrs Manion advised that funding currently flowed from the Health Board to GPs through the Health & Social Care Integration Joint Board and the next step would be to identify what was required and what was approved and then understand the implications and whether it could be funded from another source.

Dr Mather commented that it appeared the assumption was that the Health Board would be funding the posts and he asked for assurance that the appointment process would be robust as the posts were essentially becoming lead positions. He further enquired if the appointees would become Health Board employees. Mrs Manion responded that she understood that the current process was to employ and then agree how funded and she would continue with that approach.

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Dr Mather requested that the recruitment and appointment and funding of the quality lead posts be reviewed and brought back to the Board for further discussion.

Mr Andrew Murray enquired about the next steps. Dr McVean advised that the legislation passed to GPs was that GP Practices would agree the cluster approach to be taken locally. Discussion had taken place at the Local Medical Committee (LMC) where the preferred option had been to have 4 locality clusters and the LMC were settled on that position. In regard to the cluster quality leads the LMC were clear that a robust interview and appointment process was required to ensure the right person was appointed with the right experience and ability to speak for and to the constituent GP practices.

Mrs Jane Davidson commented that the matter was yet to be discussed by and with the Health Board, including the engagement with the LMC. She was aware of informal engagement taking place but reminded the Health and Social Care Integration Joint Board that the Health Board was the contractual agent with GPs and required to understand and discuss with the LMC their proposal.

Mrs Manion commented on the need to be supportive and work with GPs and in relation to locality plans. She suggested it was a good compromise to ensure it was local and offered opportunities to think about across the health and social care system. She further suggested that at the point when the contractual arrangements were discussed by the Health Board, the mechanics of recruitment and funding would take place to support the process.

Mrs Elaine Torrance enquired if the arrangements could be tweaked if they did not work. Dr McVean responded that the arrangements would be entirely flexible and he and colleagues were aware that there were possibilities the approach might not work and would need to be relooked at.

Mrs Jenny Smith commented that in terms of locality plans were the localities being asked what they felt would work best for them. Dr McVean commented that he was keen that the localities were not seen as GP clubs and he was keen to ensure the clusters were seen as whole system clusters encompassing all health and social care agents such as the third sector, allied professions.

Mrs Jane Robertson advised that the Locality Co-ordinators were in the process of formalising localised working groups to develop the 5 locality plans and sought assurance that whatever the outcome of the 4 GP cluster proposals the locality coordinators were kept informed.

Mrs Jane Davidson suggested the challenges of several services operating across more than one cluster would need to be thought through.

Mr David Davidson sought assurance that the delivery of quality would be on an equal basis across the whole of the Borders. The Chair echoed Mr Davidson's comment and cited postcode prescribing as a potential challenge in ensuring localities did not just deliver what the local community wished.

Mr John Raine enquired, in recognising primary care was pivotal to the success or otherwise of the Health and Social Care Integration Joint Board (IJB) where the accountability lay, in the

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sense that GPs had a contract with the Health Board and also a responsibility and accountability to the IJB and he sought the views of Dr McVean and Mrs Manion of how they saw that accountability in order to enable the IJB to monitor progress and how the cluster arrangements would succeed over time. He questioned it is was a dual accountability?

Mrs Manion responded that as independent contractors the accountability sat with the individual practices and in terms of the performance of individuals it sat with the Health Board. Given the locality approach and development of the performance framework around services, ultimately the GP practices would be accountable for themselves. She advised GPs would report performance to the IJB from their GP practices.

Dr McVean commented that his contact was with the Health Board and he reported to the Health Board, he did not have a responsibility to the IJB, he had a responsibility to his contract provider and defence organisation but no responsibility to the IJB. Dr McVean reiterated that as an independent GP working in Practice that was his reporting and responsibility route.

The Chair thanked Dr McVean for providing the first look at what GP practice clusters would look like and noted that further reports would be received and would also clarify some of the issues raised during discussion. She emphasised that IJB colleagues would be keen to see localities and GP clusters working well together and that there was an expectation that there would be an equality of service across the Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and considered the report and that it would receive further update reports in due course.

6. Integrated Care Fund Update

Mr Paul McMenamin provided an overview of the Integrated Care Fund (ICF) programme spend position at 30 June 2016, as well as an overview of the latest position for budget approval and development of the programme. He confirmed that there were 19 projects that had been approved by the Steering Group with a further 5 projects identified for approval. The total value of all approved projects amounted to £2.41m.

Mrs Jane Robertson gave an overview of the five new projects: development of locality plans; locality management; health and social care coordination; community led support; and the matching unit.

In regard to the projects recommended to the Health and Social Care Integration Joint Board (IJB) for approval, Mr John Raine sought assurance from the Executive Management Team (EMT) that the projects were sustainable and would assist the achievement of the aims of the IJB, given the EMT was the route for recommendations to the IJB.

Mrs Susan Manion contradicted the minutes of the previous meeting in regard to the approval route for ICF projects and stated that in terms of the process the ICF Steering Group and the Chief Officer approved the projects, the EMT considered and reviewed specific proposals with an oversight to ensure delivery and then recommended to the IJB. She was keen to revisit the approval process again and commented that at each stage of the process the ICF

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Steering Group carefully monitored the application against the outcomes and drew the Board's attention to Appendix 2 and 3 of the paper which she suggested provided the assurance required.

Mr John Raine pointed out that in the minutes of the last meeting Mrs Jeanette McDiarmid had clearly stated that the Executive Management Team would provide the IJB with assurance to the recommendations submitted to it against the Strategic Plan. Mrs McDiarmid confirmed that the EMT went through each project in detail in order to be able to provide that assurance to the IJB and suggested that it be more clearly referred to within future reports.

Dr Stephen Mather commented that he failed to see how "development of locality plans" and "locality management" actually improved services for the patients, he suggested both initiatives looked at changes to the way things were managed. In regard to the other 3 projects he could see a direct correlation to improvements in patient care and patient access. He suggested that to state redesign was a key priority was incorrect as the key priority should be the most important things for patients.

Mr Paul McMenamin suggested his terminology could be reviewed and whilst he agreed that projects 1 and 2 were not key priorities to the patient, all the stakeholders he had engaged with saw service redesign as a priority to enable them to achieve their outcomes.

Mrs Manion advised that the locality coordinators were crucial to the development of the locality plans and she emphasised that it was short term funding to set up the new arrangements.

Mr David Davidson noted the engagement of the third sector and enquired about the input of charitable organisations. Mrs Jenny Smith suggested she and Mr Davidson met outwith the meeting to explore the matter in more detail.

Mr Davidson enquired about the overspend in regard to the contract for the Joint Borders Ability Equipment Store tender. Mrs Elaine Torrance gave background to the tender and explained that the technical specification had increased since the award of the tender due to infection control requirements and suitability of accommodation.

Mr Davidson then enquired about the funding for the transport hub and what the outcomes of the hub were. Mrs Smith advised that the transport hub was a third sector based project with engagement between the third sector, Red Cross and the Bridge. Funding had allowed a redesign and streamlining of the Bridge booking system to a single point of contact for the patients and public to access the service.

Mrs Evelyn Rodger enquired if the report had been developed in partnership. Mr McMenamin advised that the paper had been endorsed through both partners roles in the EMT. He commented that in essence neither Mrs Carol Gillie nor Mr David Robertson needed to approve the report.

Mrs Smith commented that in terms of the ICF, she had a third sector reference group who were keen to have a clearer picture of the governance process and terms of reference for the groups being set up as well as an understanding of the formation and role of the EMT and

how the projects flowed up to the IJB. She also asked that there be a more consultative approach before initiatives and projects were put before the ICF Steering Group and cited the matching unit as a potential project where there could be issues with third sector providers.

Mr John Raine commented that he thought it right that the ICF Steering Group, who embraced all partners, should make a case for all projects, however in terms of committing the expenditure of public monies he reiterated that that decision could only be made by the IJB and that was why he had sought assurance from the EMT that they scrutinised the projects before they were recommended to the IJB as they were the custodians of the public purse and had to be assured that each project would be achieved and correlate to the outcomes of the strategic plan.

Mrs Davidson commented that the ICF had an approved governance process and she suggested the EMT and IJB refresh itself on that process.

Mrs Lynn Crombie advised the IJB that the JBAES tender price had been extended to 26 August and any delay in a decision would result in an increase in costs.

The Chair proposed the next Development session be focused on governance processes for the IJB and that the Audit Committee be tasked with reviewing the governance processes ahead of the session.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the progress made to date in the development of the partnership's transformation programme, in particular, those projects funded from within its Integrated Care Fund programme.

Given that the meeting was not quorate the **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold an extra ordinary meeting as soon as possible.

7. Prescribing Efficiencies

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting.

8. Performance Management Framework

Mrs Susan Manion introduced the proposed performance management framework and advised that she was seeking comments on the format and content. She acknowledged the significant amount of work that had been undertaken by Mrs Stephanie Errington and Mrs Gillian Young in producing the draft framework.

Dr Stephen Mather noted there was a duplication of item 18 on page 7. Mrs Elaine Torrance suggested adult protection be included. The Chair suggested the colours be changed to lighter tones.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further development of the Performance Management Framework and noted a revised version would be submitted to the next meeting.

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9. Health and Social Care Public Governance Arrangements

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting as it required consideration by the Public Partnership Forum, the Public Governance Committee of NHS Borders, inclusion of a quorum, inclusion of conflict resolution process, and inclusion of social care.

10. Monitoring of the Health & Social Care Partnership Budget 2016/17

Mr Paul McMenamin gave an overview of the content of the report and highlighted that it was a purely factual report and that actions were being taken to address the actions the report raised.

Mr David Robertson commented that the report was due to be submitted to the SBC Executive meeting the following day and he said that he would inform them that as the IJB meeting was inquorate no decisions on the content of the report could be made.

Mrs Jane Davidson suggested she would have expected, given the various overspends in health, that the report would have referred to the activation of Section 8 of the Scheme of Integration around financial recovery plans, especially given the level of overspend on NHS unscheduled care services.

Mrs Susan Manion advised that in the first instance the paper detailed the current financial monitoring position. She suggested a second issue was the process by which the social care fund would be accessed and allocated based on the content of the John Swinney letter and to address the pressures within the Health Board. She commented that the social care fund would not address all the pressures across all the agencies.

The third issue related to how overspends and pressures would be dealt with. She commented that discussions would take place with colleagues in the Health Board around recovery plans and scrutinising efficiency plans.

The Chair made further suggestions that the use of the social care fund be worked up taking into consideration the pressures in both SBC and NHS Borders to ensure a joined up partnership approach was taken to allow the IJB to make a fully informed decision. She suggested a recovery plan be submitted to the IJB for the whole of the budget.

Mr McMenamin advised that since the 30 June further considerable pressures had emerged across the wider delegated budget. He commented that in GP prescribing the financial pressure had significantly increased in recent months. Mr McMenamin further advised that in his professional judgement, whilst he did not quote Section 8 of the Scheme of Integration, his report did refer to working in partnership to address the financial position.

Mr John Raine commented that whilst the IJB was unable to make a decision at that time on the £1.427m social care fund, any decision taken in isolation from all other pressures would be a problem for the IJB in the future as there were considerable budget pressures across both partner organisations.

Mrs Manion suggested there was an explicit expectation of how the social care fund would be spent and that the IJB had already agreed an element of that spend. She commented that consideration and agreement in principle had been reached regarding spend on the flex beds within the Health Board, but she urged the IJB to be mindful that the allocation of the social care fund needed to be in line with the expectations of the Scottish Government.

Mrs Elaine Torrance commented that a lot of additionality was Scottish Government driven and SBC could not have estimated how much should have been put in the budget. She suggested that if older people with mental health issues and the vulnerable were to be cared for at home then the budget needed to be allocated for that purpose in the first instance, in order to keep people safe in the community.

Mr David Davidson sought clarity that the recommendation in regard to the £1.427m had been discussed by both the Health Board Director of Finance, Scottish Borders Council Chief Financial Officer and the IJB's Interim Chief Financial Officer, he commented that it was not clear if that had happened and if not he sought an explanation of the governance around that series of proposed allocations. He suggested when the matter was to be discussed again more clarity on that point be given, as well as Elaine Torrance's issues, what percentage uplift was to address past pressures and current issues and what the percentage spend would be on new services.

Mr McMenamin responded that Mrs Gillie and Mr Robertson and he had discussed the report and the main areas at the EMT. He commented that at the last meeting of the IJB it had been noted that a report to the IJB of this nature contained his recommendations as professional advisor to the IJB and those of the Chief Officer and whilst he was keen for full consensus he had a stewardship role for the IJB and he believed the recommendations to be considered and measured.

He further commented that he thought it strange that the social care fund came through the NHS funding mechanism as the letter was part of the local authority settlement. He further commented that there were a range of ongoing pressures within the delegated budget which had yet to be addressed, such as client payments for self directed support.

Mr David Robertson commented that the information gathered to prepare the report had been produced by SBC and the Health Board and he advised that neither he nor Mrs Gillie had any difficulty with the factual accuracy of the report. He advised that additional information could be provided to the IJB from the wider NHS and SBC finance departments.

The Chair commented that the IJB would inevitably need to take difficult decisions based on a full comprehensive report and reminded the IJB that the Audit Committee would also wish to scrutinise and challenge the whole budget at part of its governance and assurance role to the IJB.

Mrs Jeanette McDiarmid welcomed the opportunity for Mr McMenamin to provide more evidence on each of the pressure areas in social care and how they met the requirements of the John Swinney letter.

Mrs Jane Davidson acknowledged the monitoring information provided and welcomed a joint quality discussion whereby both parties were part of a symbiotic relationship and could have an understanding of what was going into the financial report. She welcomed the involvement of the Audit Committee and on a point of note suggested the report and discussion should not focus on the John Swinney letter per se but should focus on the provision of the social care fund resource by NHS Borders to the IJB as that was what was provided on a practical basis.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and sought additional information in regard to the recommendations for the next meeting.

Stephen Mather left the meeting.
Annabel Howell left the meeting.

11. Chief Officer's Report

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

12. Delayed Discharges

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

13. Any Other Business

13.1 Awayday Evaluation: 23.05.16: The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the evaluation would be withdrawn from the meeting agenda and submitted to the next Development session.

14. Date and Time of next meeting

The Chair confirmed that an Extra Ordinary meeting of the Health & Social Care Integration Joint Board would be arranged.

The meeting concluded at 4.32pm.

Signed: …………………………………..

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INTEGRATED CARE FUND UPDATE

Aim

1.1 The aim of this report is to provide IJB members with an update on the partnership's Integrated Care Fund (ICF) Programme and further detail on those projects approved to date in terms of their cost commitments and targeted outcomes.

Background

2.1 Integrated Care Funding was first allocated to the shadow partnership in 2015/16. The ICF commenced on the 1st April 2015 with the award of £2.13m per annum (2.13% of £100m p.a.), a total allocation of **£6.39m** over the 3 years of the programme. During this year, a number of projects were approved by the partnership through the governance structure in place at that time. Of the £2.13m allocated for 2015/16, **£224k** was spent by the partnership in 2015/16 and a further **£132k** to date in 2016/17, a combined total of **£356k** over the life of the programme to date. Analysis of the spend to date on those projects approved by the IJB is detailed in **Appendix 1**. Each project has also been classified as a partnership priority, non-priority or enabler, based on they degree that they are deemed to support the delivery of new, improved pathways of care or the implementation of a locality model for health and social care services.

Current Position

3.1 Overall, 19 projects, projected to cost **£2.401m** have been commissioned as part of the ICF programme to date. In summary, these are:

Table 1 – Summary of 3-Year Resource Requirements of ICF Projects approved by Steering Group to date

1	Programme delivery	£	219,563
2	Community Capacity Building	£	400,000
3	Independent Sector representation	£	93,960
4	Transport Hub	£	139,000
5	Mental Health Integration	£	38,000
6	My Home Life	£	71,340
7	Community Ward delivery(18mth pm, pso)	£	53,655
8	Health Care & Co-ordination (18mth pm, pso	£	53,655
9	Delivery of the Autism Strategy	£	99,386
10	BAES Relocation	£	241,000
11	Delivery of the ARBD pathway	£	102,052
12	Health Improvement (phase 1) and extension	£	38,000
13	Stress & Distress Training	£	166,000
14	Transitions	£	65,200
15	Delivery of the Localities Plan 18 mths)	£	300,000
16	Locality Managers x 1 locality for 1 year	£	65,818
17	H&SC Coordination x 1 locality for one year	£	49,238

18	Community Led Support	£	90,000
19	The Matching Unit	£	115,000
		£	**2,400,867**

3.2 This represents further Steering Group-approved spend of **£620k** since the last report to the IJB in June and the board is now asked to ratify the five further projects to which this further direction of funding relates and an increase in the allocation to two of the existing projects based on the ICF Steering Group / EMT review of updated briefs.

Update

3.3 Five projects have been approved by the ICF Steering group since the last IJB report. These are:

1 - The Development of Localities Plans

The redesign of services to meet needs within each locality (£300k).

Scottish Borders Council and NHS Borders have committed to developing an infrastructure to support planning and delivery at a locality level, as outlined in Scottish Government legislation.

Building on the existing work by SBC to devolve services to localities supported by a Locality Planning Group, it has been recognised that by using the opportunities afforded by the health and social care strategic plan and the potential for joining up delivery arrangements locally, a truly integrated locality approach can be taken forward. The intent is to translate the national health and wellbeing outcomes into local targets based on need.

So far in Borders we have:-

- Established a localities planning group to be a focus for change linking the existing initiatives, the integrated care funded projects e.g. health and care coordination and the virtual ward and the emerging strategic plan priorities.
- Collated and mapped information on a locality basis relating to local demographics and needs.
- Reviewed previous locality management initiatives to build on what works.
- Set up local working groups responsible for the development of locality plans.
- Developed proposals for the implementation of co-located, locality based multidisciplinary teams.
- Given a focus to localities in the strategic planning consultation, seeking views from GPs, the third sector, the independent sector and local communities, helping us shape future arrangements.

Through Locality Co-ordinators leading the development and delivery of locality plans this project will bring about the redesign of services in each locality to meet the needs of the local population and local communities. This will result in better integration, communication and coordination of services and easier access to local services for service users, their families and GP's. This will also make recommendations to the Localities Group on future planning arrangements.

This project has a high impact across all of the Local Strategic Objectives and all of the National Health and Wellbeing Outcomes. The key outcome being outcome 4 "Health and social care services are centred on helping to maintain or improve the quality of life for the people that use those services" by providing the relevant services within the individuals locality. The key local strategic objective for this project is objective 5 "Deliver services with an integrated care model". This will be achieved by the creation of integrated teams within each locality.

This project has requested £300k over 18 months.

2 - Locality Management

Pilot Scheme: Overall management and strategic development of Adult Health and Social Care services within one locality for one year (£66k).

Scottish Borders Council and NHS Borders have committed to developing an infrastructure to support planning and delivery at a locality level, as outlined in Scottish Government legislation.

The Locality Manager will be responsible for the overall management and strategic development of Adult Health and Social Care services within each locality. They will direct, lead and be accountable for the effective management and delivery of high quality, cost effective clinical and non-clinical services within the Locality. They will manage multi-disciplinary staff from health and social care including Community Hospitals, community nursing, a range of adult social work services, care staff, local commissioners, health centres and a range of other professional disciplines and services.

They will establish effective partnership working across all agencies within the Locality (including the Third and Independent sector), facilitate integrated working with the District General Hospital, ensure effective joint working with other Local Authority departments and encourage and support the involvement of independent contractors in the delivery of the integrated services. The locality manager will also lead the engagement and involvement of local communities and service users and carers in the design and delivery of services. This will be aligned with the model for GP clusters.

This project supports the delivery of a localities approach across the Health & Social Care Partnership to enable the implementation of locality plans linked to the key outcomes for integration.

This project will contribute to a number of the local strategic objectives and national health and wellbeing outcomes. The key outcome being outcome 4 "Health and social care services are centred on helping to maintain or improve the quality of life for the people that use those services" by providing the relevant integrated services within each locality.

The key local strategic objective of this project is objective 5 "Deliver services with an integrated care model". This will be achieved by the creation of integrated teams co-located within each locality/community.

This project has requested £66k for a one year pilot in one locality.

3 - Health and Social Care Coordination

Pilot scheme: The Introduction of a Health and Social Care Coordination approach through an integrated team, within one locality for one year (£49k).

Currently referral pathways have separate routes for each service/profession, level of need/urgency, and some are unnecessarily complex and some are unsupported by information technology.

This project will develop the role of a Duty Co-ordinator who will streamline and control a new referral process and screening functions at a local level providing a single local point of access for health and social care services, similar to the Torbay model. The Torbay model has been identified as the best practice model with regards to integrated health and social care teams.

The Health and Care Co-ordinator role will facilitate liaison between newly developed integrated teams. It will also provide the main point of contact for GPs, patients and carers at a local level and will take on the initial assessment function to provide small packages of care to prevent crisis. If a patient's needs change, where a nurse would previously have had to make a referral to the local social work office for a social work assessment; under the new system, the co-ordinator would introduce changes based on the assessment of the nurse.

The project will also provide a link with the discharge coordination function in the acute hospital settings to help facilitate supported hospital discharges. The project will improve the overall outcomes for people within the locality who are frequently exposed to health and social care systems.

This project maps strongly to the majority of the local strategic objectives and the national health and wellbeing outcomes. The strongest impact being against outcome 7 "People using health and social care services are safe from harm" by streamlining services, providing a single point of access and providing small packages of care to prevent crisis.

This project maps to local strategic objective 5 "to deliver services with an integrated model". This is by the creation of integrated teams at a local level.

This project has requested £49k to test in one locality for one year.

4 - Community Led Support

To transform arrangements for access to Social Work staff and ensure more efficient use of staff and resources (£90k for 18 months).

The Social Care (Self-Directed Support) (Scotland) Act aims to ensure that care and support is delivered in ways that support choice and control over one's own life and which respect the person's right to participate in society.

The Community Led Support model provides a real opportunity to embed the Statutory Principles outlined in the Act of participation, involvement and

collaboration by providing a direct link between communities and health and social work practice.

The National Development Team for inclusion have developed a Community Led Support model which aims to remodel initial access to Social Work Services by developing a Community Hub model, in local community settings.
These are manned by the local community/volunteers who meet and greet customers with Voluntary Organisations supporting delivery. These will provide signposting to local services and advise on self-directed support.
Customers will also have the option of a pre-booked slot with a Social Worker/or other professional but drop-ins can also be organised. Recording needs to be minimal and a full needs assessment is only undertaken if required at a later time.

The model also provides a focus for the locality planning groups to deliver change at a tangible, local level.

This will result in a change of culture, creating a different conversation at each stage of the process. Conversations will focus on prevention and will promote aspiration and independence. The process will be more efficient, timely, proportionate and light touch and pathways will be simple, efficient and effective.

The project will increase customer satisfaction and increase staff morale and motivation. The focus will be on prevention, access to social care will be improved and there will be reduced waiting times for service users and carers. Demand and expectations will be managed effectively and there will be significant savings on health and social care budgets.
This project maps strongly to the majority of local strategic objectives. The key objective being objective 1 “Make services more accessible and develop our communities” by providing easily accessible drop in social care sessions and services to promote self-directed support in local communities. The key national health and wellbeing outcome that this project supports is outcome 1 “People are able to look after and improve their own health and wellbeing and live longer”. This will be delivered by the provision of self-directed support within the community.

This project is requesting £90k over 18 months.

5 - Matching Unit

The creation of a small central administrative team “Matching/Brokerage Unit”, to match clients, assessed by care managers as needing care at home services (£115k for 1 year).

A significant part of care managers time is taken up in trying to find external provision for clients (i.e.) rather than having full focus on assessment, managers are also spending time identifying and securing a service for clients. The creation of a small central administrative team (i.e.) Matching/Brokerage Unit, to match clients, assessed by care managers as needing care at home services will improve the productivity of the Care Managers and the quality of communication with customers.

The Matching Unit will perform a critical role in ensuring that the client needs are met quickly and efficiently by a Care at Home provider and that there is a handover period to ensure the new provider is fully aware of the care requirements of the

individual client. The focus for the Matching Unit will initially be Care at Home, however the remit of the Matching Unit could be developed over time to cover other services such as respite, day services, placement in care home, befriending and volunteering.

This project will –

- Reduce the time that care home managers spend trying to identify and secure provision for clients.
- Give a borders wide overview and resource.
- Provide a more consistent and effective approach to securing provision.
- Increase the amount of successful matching, which will have an impact on readmissions.
- Reduce long term home care hours required per client.

This project will impact on a number of the local strategic objectives, the key objective being objective 7 “We will further optimise efficiency and effectiveness” and outcome 9 “Resources are used effectively and efficiently in the provision of health and social care services” by creating a central matching unit, which will streamline the matching process.

This project is requesting £115k for the creation of a three person matching unit for six months focusing on care at home matching, and then increasing this to a five person unit for the remaining six months. If the six month evaluation shows capacity the five person team will extend their remit beyond care at home matching. If successful, the function will be mainstreamed and a permanent and sustainable source of funding put in place for this service.

3.4 Each of the approved projects is outlined in in **Appendix 2** to this report where further detail of their planned timeframes, aims and objectives, progress in their delivery to date and funding requirement is provided.

3.5 Supplementing the addition of these 5 new projects to the programme, 2 existing projects have been approved by the Steering Group for further funding allocations and endorsed by the Executive Management Team:

- **Borders Ability and Equipment Store (BAES)** – Following the outcome of the recent tender exercise and a robust process of due diligence over the cost of the preferred option in terms of opportunity, timescale and value for money, a further £141k is required to enable the relocation (£141k)

- **Health Improvement (phase 1)** – an extension of this project was agreed by the Steering Group for 6 months to 31st December to enable development of the community aspect of the remodelling pathways of care project and evaluation of how this project will contribute to its outcomes. (£19k)

3.6 **Appendix 3** of the report maps in detail how each particular project will deliver its contribution to both the National Health and Wellbeing Outcomes and more specifically, the partnership’s local strategic objectives as outlined within its Strategic Plan.

3.7 **Appendix 4** of the report shows where the approved, recommended and pending projects sit along the care pathway.

Development Plans

4.1 Service redesign is a key priority of the Health and Social Care partnership's plans going forward and clear themes are emerging as to what models of care, delivery structures and targeted priorities are required in order to achieve the Partnership's strategic aims and local objectives. It is in funding the transformational shift to these models, structures and priorities that the enabling financial resources and in particular, the ICF, can deliver the greatest benefit.

4.2 A number of other projects within the programme therefore are currently being developed to support this this shift, at varying levels of development and approval within the fund's governance structure. In totality however, these proposals are being planned to deliver the partnership's new models of care.

This includes two projects which EMT have requested more information:

- Access to information - To improve online and offline access to information by the creation of a directory style website.
- Palliative care - To provide specialist palliative care, that patients currently receive in the Margaret Kerr Unit in patients' homes and other community settings.

Four further projects are in the process of developing briefs:

- IT integration – Putting in place an information sharing solution to enable practitioners to access full patient/client information so that they can operate in an integrated way and deliver more joined up care to the individuals along the whole care pathway.
- Transitional care – A discharge to assess model of care to be provided at Waverley Care Home.
- Remodelling pathways for older people - The development of seamless pathways for acutely ill older people requiring a hospital level of care.
- Enablement - The creation of a unified approach to mainstream the enablement approach and take a lead role on enablement activities

4.3 Following approval by the IJB, planning is underway for the implementation of the revised governance structure and the reorganisation of the associated groups/boards.

4.4 As the transformation programme develops, further reports will be brought forward to the IJB in order to ensure that a clear picture of each element of the partnership's plans is formed, in addition to an overall view, a picture that will consider not only how Integrated Care Funding is being used, but how all funding available to the partnership including its core delegated budget, large hospital budget set-aside, social care funding and change fund will support its delivery and enable future mainstreaming of the new delivery models.

Summary

5.1 As the Partnership's vision for health and social care integration develops and key themes for new models of care, delivery structures and key priorities emerge, the ICF programme continues to form in order to resource and deliver the transformation required.

5.2 To date **£2.401m** of the ICF has been approved by the Steering Group, although of this, only **£356k** has been spent to date. Work is continuing to develop further proposals that will enable transformation to new models of health and social care. As progress is made, further reports over this delivery, the required temporary (transformational) and permanent (mainstreaming) resource requirements, funding sources and expected priorities for investment and disinvestment will be made to the IJB.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report and the progress made to date in the development of the partnership's transformation programme, in particular, those projects funded from within its Integrated Care Fund programme.

The Health & Social Care Integration Joint Board is asked to **ratify** approval by the Steering Group 5 new projects (**Table 1 Projects 15,16,17,18 & 19**) and a further increase in funding to 2 existing projects (**Table 1 Project 10 & 12**).

Policy/Strategy Implications	The programme is being developed in order to enable transformation to new models of care and achieve the partnership's objectives expressed within its Strategic Plan and national health and wellbeing outcomes
Consultation	The recommendations to the IJB have been made following consultation with a wide range of stakeholder representatives through the ICF Steering Group and Executive Management Team.
Risk Assessment	There are no risk implications associated with the proposals
Compliance with requirements on Equality and Diversity	There are no equality implications associated with the proposals
Resource/Staffing Implications	The proposals approved within the programme to date will be funded from the ICF grant allocation over its life

Approved by

Name	**Designation**	**Name**	**Designation**
Susan Manion	Chief Officer	David Robertson	Scottish Borders Council Chief Financial Officer

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Interim IJB Chief Financial Officer	Clare Richards	Project Manager

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APPENDIX 1

INTEGRATED CARE FUND - APPROVED PROJECTS

	Total Spend 15-16	YTD Actual June 16	Total 3-Year Approved
1 Project Management Team	87,721	18,409	219,563
2 Community Capacity Building	337	34,336	400,000
3 Independent Sector Representation	19,000	28,165	93,960
4 Transport Hub	70,600	1,600	139,000
5 Mental Health Integration	37,393	0	38,000
6 My Home Life	1,631	34,389	71,340
7 Community Ward (PM, PSO)	0	1,296	53,655
8 Health Care & Co-ordination (PM, PSO)	0	1,296	53,655
9 Autism Strategy	0	0	99,386
10 BAES Relocation	0	0	241,000
11 ARBD	0	0	102,052
12 Health Improvement (*phase 1*)	8,000	0	38,000
13 Stress & Distress Training	0	0	166,000
14 Transitions	0	0	65,200
15 Delivery of the Localities Plan	0	12,317	300,000
16 Locality Management Pilot	0	0	65,818
17 Health & Social Care Co-ordination Pilot	0	0	49,238
18 Community Led Support	0	0	90,000
19 The Matching Unit	0	0	115,000
	224,682	**131,808**	**2,400,867**

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Appendix 2 – Integrated Care Fund Projects Approved to Date

Project	Objectives	Benefits Realised (ROI)		Progress	Sustainability	Funding
		Contribution to National Health and Wellbeing Outcomes	Contribution to Local Strategic Objectives			
ICF Project Delivery April 2015 - March 2016	To allocate the Integrated Care Fund in line with the ICF Plan 2015-18	• Providing support to all ICF projects in order to assist them in the delivery of their outcomes. • The team therefore contributes to all National Health and wellbeing outcomes and Local Strategic Objectives.		13 Projects are in progress and 3 are being supported to produce project briefs for appraisal. The governance structure is under review and the projects are under scrutiny for their performance and alignment the Strategic Plan. A resource has been secured to assist the projects with their monitoring and evaluation.	One off cost for the term of the ICF Funding. No ongoing costs.	£219,563
Independent Sector Representation April 2015 – March 2018	The provision of Independent Sector advice to the programme.	Outcome 4 • Training/educating care providers • Providing tools to assist delivery • Working with the service users	Objective 2 • Training/educating care providers • Providing tools to assist them in prevention and early interventions • Assisting providers in delivery of new models of care • Working with partners in gaining trust	Progress has been made in 3 key areas – the review of care assistants training needs, the setup of a second rapid reaction team from a care home and the development of the My Home Life Project.	One off cost for the term of the ICF Funding. No ongoing costs.	£93,960
Transport Hub	Putting in place a co-ordinated, sustainable	Outcome 1 • Simplification of	Objective 9 • Providing a more	Improvements have been	The project will be part of a bigger review of	£139,000

April 2015-March 2017	approach to community transport provision.	accessing transport to health services • Greater levels of support for users	efficient service with better utilisation of vehicles • Reduced duplication of journeys • Better coordination with planned facilities discharge.	reported around ease of use, appropriate transport provision, better vehicle utilisation, greater partnership working, improvement of the skill of the volunteer base and respite provision for carers. In the first year the transport hub has facilitated 482 journeys by using 56 volunteers. In June the Transport Hub received an award for the Accessibility project of the year.	transport provision in the Borders with a primary aim of being sustainable.	
Health Improvement, Self-Management Phase 1 September 2015 – June 2016	To improve shared management of LTCs amongst older people (Phase One). The new proposal (Phase Two) extends the basic concept to include all adults with Long Term Conditions (LTC's), including those with multiple conditions, so learning from	Outcome 1 & 2 • Promoting shared management of existing conditions • Helping to bridge the gap between community and acute care • Development of knowledge, skills, pathways and processes	Objective 2 by • Equipping practitioners to build health improving measures into their assessments • Integrated anticipatory, treatment and recovery/re-ablement care	Phase 1 of this project is underway and showing improvement in service with 49% of people questioned rating the service as good and 50% rating the service as Excellent. This project has also evidenced a 10% improvement in wellbeing scores across the project.	The project will end with no ongoing costs as all the changes will have become business as usual.	£19,000 (for the extension to phase 1.)

	experience and maximising the use of short-term funding.	• Supporting and enabling carers to look after their health	plans • Supporting people to live well with their conditions			
Transitions August 2015 – May 2018	This project will focus upon young people who have a diagnosed learning disability between the ages of 14 and 21 who are moving towards and are progressing through the transition from children's to adult services across Health, Social Care, Children's Services and Education.	Outcome 3 • Ensuring people receive the correct information at the right time • Giving timely collaborative assessment and support plans	Objective 7 • Creating a clear transitions pathway, accessible to all partners including young people and their carers.	Planning is underway for the delivery of this project, which should commence fully in June 2016. Recruitment is underway (interviews took place on 23rd June).	The project would specify that recommendations must be achieved within the existing resources across services. This may mean disinvestment in one area and re investment in another. More efficient and effective pathways for the customer would also have a positive impact upon staffing resources	£65,200
Borders Community Capacity Building September 2015 – May 2018	To develop a series of community support projects to bring together services and to support further development and growth of local services and activities.	• Outcome 1 Encouraging people to engage and participate in activities • Improving their mental and physical wellbeing • Reducing isolation	Objective 1 • Encouraging and supporting communities to create and run their own services.	BCCB have reported an increase in the number of people, from different communities, becoming engaged in physical activities and being more active in their communities. They are also reporting an improvement in their participants physical and mental wellbeing.	Projects initiated by this Team during the term of the ICF funding should be self-sustaining by 2018.	£400,000
Mental Health Integration –	The transition from a dedicated social work team to having social	Outcome 9 • Integrating social work into the	Objective 5 • Providing support to admin staff and	This project is now complete and has reported improvement in the service	One off cost to implement a new integrated model of	£37,500

April 2015 – October 2015 **Project now complete**	work functions such as care management and assessment and use of IT software such as Frameworki embedded within the integrated teams.	community • Reduce duplication • Ensuring referrals are managed effectively	team managers • Ensuring effective and efficient delivery of social work services within an integrated model.	provided to patients, working relationships and communications. It has also reported a reduction in duplication of work. A final project evaluation evidencing this improvement is currently being developed.	service delivery.	
My Home Life January 2016 – February 2017	A fourteen month programme of leadership support and training to help improve quality of life in care homes.	Outcome 4 • Educating and providing tools to assist care homes in delivery of service improvements • Ensuring that staff are trained to the same level of competency. Developing care homes to provide different models of care	Objective 3 • Providing different models of care supporting the discharge agenda and prevention of admission to hospitals	This project is underway and delivering training to care home Managers. A full evaluation against their identified outcomes will be undertaken in January 2017.	One off project – no ongoing costs.	£71,340
Delivery of the Autism Strategy April 2016 – August 2018	Delivery of all of the work streams within the Borders Autism Strategy.	Outcome 3 • Improving awareness and understanding of the needs of those with autism	Objective 2 • Improving awareness and understanding of the needs of those with autism • Ensuring that those with autism receive the right support at the	A project initiation document has been produced and the project delivery planned. Recruitment is currently underway.	One off cost to deliver the Autism Strategy.	£99,386

			earliest opportunity			
Delivery of Stress and Distress Training July 2015 – April 2018	Stress & Distress Training provides training in an individualised, formulation driven approach to understanding and intervening in stress and distressed behaviours in people with dementia.	Outcome 8 • Providing training to over 700 staff • Improve the experience, care, treatment and outcomes for people with dementia, their families and carers	Objective 3 • Reducing the likelihood of situations becoming exacerbated and resulting in residential or hospital care	Work has been undertaken to train stress and distress trainers and plan the training sessions. 16 staff have attended the 2 day training and 20 have completed the bite size training.	The potential for release of resources is a key task for the project group seeking sustainable support from internal/external funders. The evidence is that within prescribing alone it is expected that a £47k saving will be realised year on year.	£166,000
Implementation of the ARBD pathway April 2016 – August 2018	Delivery of the actions identified in the 2013 ADP needs assessment.	Outcome 2 • Assessing and improving pathways of care for those with ARBD • Reducing the need for out of area placements in residential care	Objective 4 • Assessing and improving pathways of care for those with ARBD • Reducing the need for out of area placements in residential care	A project initiation document has been produced and the project delivery planned. Recruitment is currently underway.	The resource currently being used to fund residential places could be released and used differently in order to support improved coordination in the community.	£102,052
Borders Ability Equipment Store (BAES) Relocation February 2016 – December	Relocation of the Borders Ability Equipment store to a purpose built location.	Outcome 2 • Efficiently providing individuals with the correct equipment to enable them to have care in the	Objective 4 - as outcome 2.	This project requested an additional £141,000 when tenders were recieved which were over budget. This was approved in July 2016. The project is currently in the process of accepting a tender.	One off cost.	£100,000 £141,000 Total £241,000

2016		home setting.				
Community Ward Pilot Programme Management and Support	Programme Management and Support to develop, plan and deliver alternative proposal to replace Community Ward pilot	• The outcomes and objectives of this work package will be determined when the development of the alternative options is complete		Project Support Officer in post.	One off project – no ongoing costs.	£54,000
Health and Care Coordination Programme Management and Support	Programme Management and Support to develop, plan and deliver Health and Care Coordination project	• This workpackage is an enabler to delivery of the outcome and objective detailed below in relation to the wider Health & Social Care Coordination project		Project Support Officer in post.	One off project – no ongoing costs.	£54,000
Delivery of the Localities Plan April 2016 – October 2017	Development of locality plans. The redesign services to meet needs. Make recommendations to the localities group. Link to GP services, the third and Independent sector.	Outcome 4 • Working co productively with a wide range of stakeholders to deliver a localised integrated care model	Objective 5 • Working co productively with a wide range of stakeholders to deliver a localised integrated care model.	This project is in the initial stage of developing the project brief, PID and work plans.	One off cost.	£300,000 for 18 months
Health & Social Care Coordination September 2016- August	Introduction of a Health and Social Care Coordination approach through integrating teams within one locality to test the change and consider scaling up across the	Outcome 7 • Providing one point of access for health and social care services • More streamlined service • More efficient	Objective 5 • Improving access to health and social care services • Improving referral and waiting times • Reducing	This project was approved in July 2016.	One off cost, for a 1 year test.	£49,238

2017	remaining localities.	response times	unnecessary admissions to hospital • Improving discharge from hospital Improving co-ordination of multiple services			
Locality Management September 2016- August 2017	Overall management and strategic development of Adult Health and Social Care services within one locality to test the change and consider scaling up across the remaining localities.	Outcome 4 • Working co productively with a wide range of stakeholders to deliver a localised integrated care model	Objective 5 • Working co productively with a wide range of stakeholders to deliver a localised integrated care model.	This project was approved in July 2016.	One off cost, for a 1 year test.	£65,818
Community Led Support September 2016 – March 2018	To develop a community hub model, promoting self directed support and setting up social work drop ins.	Outcome 1 • Providing self directed support and drop in social work sessions within the community.	Objective 1 • Providing self directed support and drop in social work sessions within the community.	This project was approved in August 2016	One off cost, for 18 months.	£90,000
The Matching Unit September 2016 – September 2017	The creation of a small central administrative team "Matching/Brokerage Unit", to match clients, assessed by care managers as needing care at home services.	Outcome 9 • A Borders-wide overview of resource and capacity will be in place resulting in a consistent and more effective	Objective 7 • Care managers time is significantly reduced in trying to identify & secure provision for clients.	This project was approved in August 2016	The running cost of the matching unit will come from the efficiencies created from the more effective use of practitioner time (e.g.) increased productivity	£115,000

		approach to securing provision.			resulting in reduced requirement to either hire additional care managers or to reduce the existing number of care managers	

Appendix 3

How ICF Projects Approved to Date map to National Outcomes and Strategic Objectives

National Health and Wellbeing Outcomes:

Nine National Outcomes	
Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

Our Local Strategic Objectives:

1. We will make services more accessible and develop our communities.
2. We will improve prevention and early intervention.
3. We will reduce avoidable admissions to hospital.
4. We will provide care close to home.
5. We will deliver services within an integrated care model.
6. We will seek to enable people to have more choice and control.
7. We will further optimise efficiency and effectiveness.
8. We will seek to reduce health inequalities.
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role.

Mapping of Projects against the Local Strategic Objectives,

Project	Objective 1 – Make services more accessible and develop our communities	Objective 2 – Improve prevention and early intervention	Objective 3 - Reduce avoidable admissions to hospital	Objective 4 – Provide Care close to home	Objective 5 – Deliver services with an integrated care model	Objective 6 - Enable people to have more choice and control	Objective 7 – Further optimise efficiency and effectiveness	Objective 8 – Reduce health inequalities	Objective 9 – Improve support for Carers to keep them healthy and able to continue their caring role
Programme Team	●	●	●	●	●	●	●	●	●
Independent Sector	★	★	★	★	●	★	■	■	■
Eildon Community Ward	★	★	★	★	★	★	★	★	★
Transport Hub	★	■	■	●	●	★	★	●	★
Transitions	★	★	★	★	★	★	●	★	★
Stress and Distress			★		★	●	●		●
My Home Life		★	★	★					★
Mental Health Integration	★	●	★	★	★	●	★	●	■
ARBD	●	★	★	★	★	★	●	★	★
Autism	●	★		●	★	★	●	★	★
Borders Community Capacity Building	★		■			●		■	●
BAES relocation	■	●	●	★	★	■	●	■	■
H&SC Coordination	★	★	★	★	★	★	★	●	●
Locality Managers	★	●	●	★	★	★	★	●	●
Locality Coordinators	★	★	★	★	★	★	★	★	★
Community Led Support	★	★	■	★	★	★	★	★	★
Matching/brokerage Unit	★	●	★	★	●	★	★	●	★

★-High Impact ● - Medium Impact ■ - Low Impact

Mapping of Projects against the National Health and Wellbeing Outcomes

Project	Outcome 1 – People are able to look after and improve their own health and wellbeing and live longer	Outcome 2- People, including those with disabilities or LTC's or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Outcome 3 – People who use health and social care services have positive experiences of those services, and have their dignity respected	Outcome 4- Health and social care services are centred on helping maintain or improve the quality of life of people who use these services	Outcome 5 – Health and social care services contribute to achieving health equalities	Outcome 6 – People who provide unpaid care are supported to look after their health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	Outcome 7 – People using health and social care services are safe from harm	Outcome 8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services
Programme Team	●	●	●	●	●	●	●	●	●
Independent Sector	★	★	★	★	■		★	★	★
Eildon Community Ward	★	★	★	★	★	★	★		★
Transport Hub		★	■	■		●			
Transitions	★	★	★	★	★	★	★	★	★
Stress and Distress		■	★	★			★	★	●
My Home Life	●		★	★			★	★	
Mental Health Integration	●	★	★	★	★	■	★	★	★
ARBD	●	★	★	★	★	★	★	★	●
Autism	●	★	★	★	★	★	★		●
Borders Community Capacity Building	●	■			■	■			●
BAES relocation	■	★	★	■	■	●	■	■	★
H&SC Coordination	●	★	★	★	●	★	★	★	★
Locality Managers	●	★	★	★	★	●	★	★	★
Locality Coordinators	★	★	★	★	★	★	★	★	★
Community Led Support	★	★	★	★	★	●	★	★	★
Matching/brokerage Unit	●	★	★	★	●	★	★	●	★

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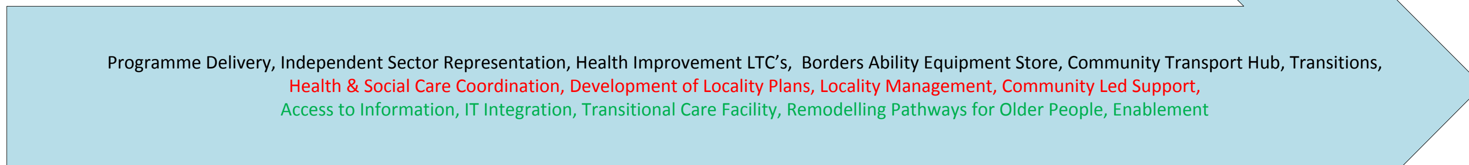
Appendix 4

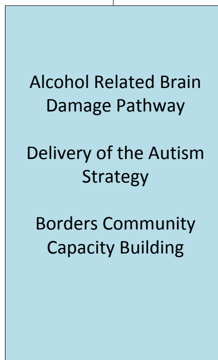
The Care Pathway

The projects lying within the arrow deliver across the entire care pathway

Anticipatory/preventative Care



Hospital/Care Home



Black – Projects approved
Red – Projects recommended for approval
Green – Projects in the pipeline

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MONITORING OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2016/17 AT 30 JUNE 2016

Aim

1.1 The aim of this report is to provide an overview of the monitoring position of the Health and Social Care Partnership Budget at 30 June 2016, together with any pressures therein and proposed actions for mitigation.

Background

2.1 On the 30th March 2016, the Integration Joint Board (IJB) agreed the delegation of **£139.150m** of resources supporting integrated health and social care functions for financial year 2016/17.

2.2 At the same time, assurance over the sufficiency of resources was given to the board and approved. Since 1st April however, a number of additional factors have emerged including the requirement to implement a living wage from 1st October 2016 for all social care staff. At its meeting of 20th June, the IJB agreed the direction of social care funding to meet these pressures in 2016/17 and beyond. This amounted to £2.268m in 2016/17 increasing to £2.861m when the full-year impact of the living wage would be experienced. Beyond this initial direction, further pressures have emerged or have become more certain in terms of timing and cost as a result of a range of factors which are discussed later in this report.

2.3 This report aims to identify:

- Current pressures and variances within the integrated budget
- The requirement to deliver efficiencies and other savings within the functions which are delegated to the partnership
- Proposed mitigating actions

Overview of Monitoring Position at 30 June 2016

3.1 The current projected outturn position is based on the delivery in full of all planned efficiency and other savings measures by NHS Borders and Scottish Borders Council, in line with partners' Financial Plans for 2016/17. However, as previously reported to the board, the total value of these targets amounts to **£7.373m**, with the majority at the time of reporting, having been assessed as being of medium to high risk.

3.2 As a result therefore, close scrutiny, challenge and reporting of progress made in the delivery of all savings proposals to the IJB will be required going forward and it is fully anticipated that all future monitoring reports will, in addition to reporting the overall monitoring position on the partnership's budget, specifically report on progress made against delivery of each individual savings proposal.

3.3 This will enable the board to consider specific issues regarding delivery as they arise and agree how mitigation of financial impact will be planned actioned. Currently, both organisations are working to implement plans for the delivery of savings plans with varying degrees of progress to date and during August and

September, the Chief Officer and Chief Financial Officer of the IJB will work closely with partners to ensure that delivery is maximised and where full delivery is not possible, alternative actions are agreed and implemented in partnership with NHS Borders and Scottish Borders Council.

3.4 A summary of the projected variance position at 30 June 2016 across NHS Borders and Scottish Borders Council is detailed below, with full detail on the reported position at 30 June on the partnership's revenue budget attached as **Appendix 1**:

Overall, there are projected pressures across the total delegated budget to 31 March 2016 of **£1.433m**

3.5 Within the Joint Learning Disability service, additional clients requiring both health and social care, primarily young people who have entered the service this year from Children's Services, have put additional pressure on the budget resulting in a projected adverse variance of £200k. This is further compounded by a range of rate increases resulting from contract renegotiation with external provider organisations which is projected to now cost a further £310k above the budgeted level.

3.6 Within the Older People's service, the impact of the final COSLA residential care home contract uplift for 2016/17 has resulted in further additional costs above budgeted levels having been projected for 2016/17 (£172k). Earlier in the financial year, Scottish Borders Council retendered its Care at Home contracts resulting in additional cost increases across all contracts and providers, in excess of budget provision available (£494k). Demand in the system has also resulted in the requirement to continue to operate flex beds during 2016/17, which when added to a number of other smaller pressures results in a further unfunded budget pressure (£137k).

3.7 A small number of additional new high tariff clients within the Physical Disability Service have resulted in a further demand-led projected pressure for 2016/17 (£107k).

3.8 Generic Services is reporting a small net overspend of £34k. This is attributable to a range of factors however and is largely offset by savings across the planning and locality teams. In relation to GP Prescribing specifically, which has been an area of substantial pressure in recent financial years, a breakeven position is currently projected. Underlying this however is a pressure of £100k which has yet to be addressed and further discussion is required between NHS Borders and the partnership's Chief Officer as to what remedial actions or funding availability is possible.

Delivery of Efficiencies and Savings

4.1 Current and emerging pressures aside, total affordability of the budget supporting health and social care functions delegated to the partnership is dependent on the delivery, in full, of all planned efficiency and saving projects on which it is predicated. Where this is not possible, alternative permanent or temporary mitigating remedial actions are required.

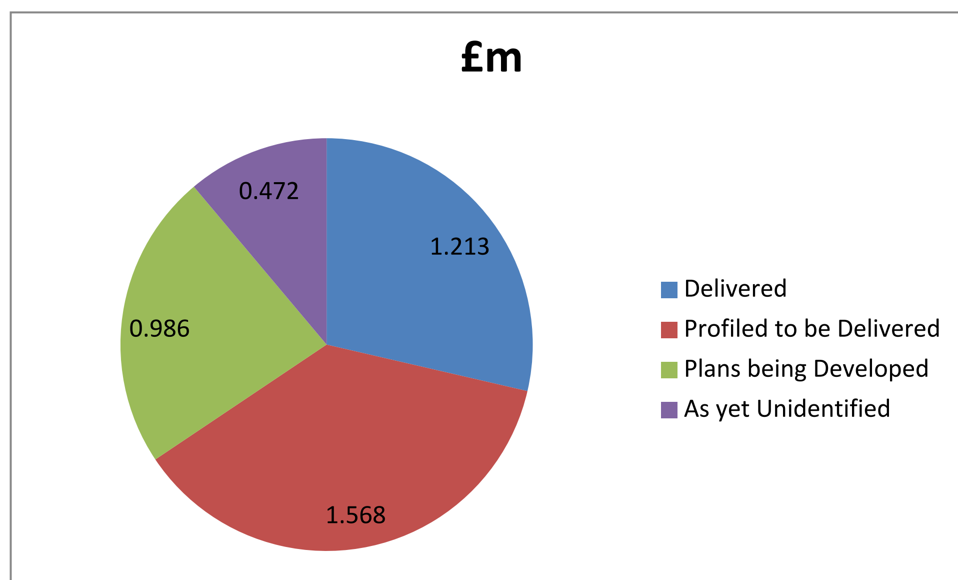
4.2 Within the partnership's Financial Plan, total efficiency and savings requirements amount to **£7.373m** in 2016/17, split between those to be delivered by NHS Borders (£4.239m) and those to be delivered by Scottish Borders Council (£2.663m). In addition, there is a further affordability gap within the budget delegated by NHS Borders to the partnership in respect of a reduction in ringfenced funding (£471k).

NHS Borders – Devolved Budget Efficiencies

4.3 Within the budget delegated to the partnership, NHS Borders requires to deliver **£4.239m** of efficiency savings, of which £3.3m (77%) is required on a recurring basis. At 30 June 2016, **£1.213m** has been delivered. Within this, £933k is recurring and £280k is non-recurring.

4.4 Of the remaining **£3.026m** gap, **£0.568m** is profiled for delivery over the remainder of the year. Total efficiency savings therefore of **£1.781m** have been or are in the process of being delivered. Additionally, plans are in development currently to deliver a further **£1.986k**, although these have not yet been formally agreed. This leaves **£472k** of unidentified and unplanned measures requiring immediate addressing.

4.5 Clearly risk of non-delivery of a significant element of NHS Borders efficiency programme is high and it should now be highlighted that a range of alternative measures will now be delivered on whatever basis is possible, permanent or temporary, to ensure the risk of overspend through non-delivery of planned savings at 31 March 2017 is minimised. The current position in terms of delivery / planned delivery is detailed below:

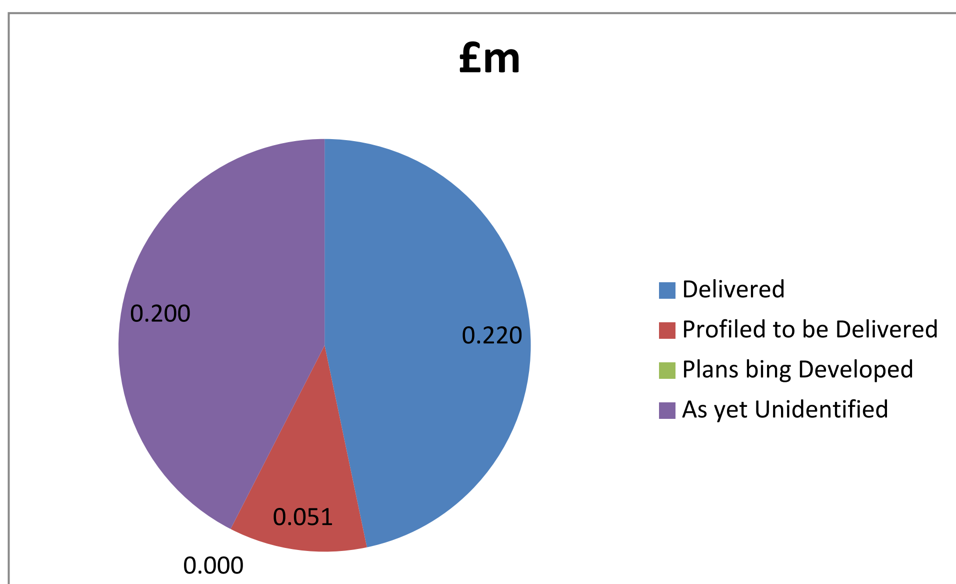


4.6 Work is still being undertaken within NHS Borders to develop plans as outlined in 4.4 above. This means that a detailed analysis of all projects' progress against delivery of targeted savings cannot be currently be provided but will be reported to the next and all future IJB meetings.

NHS Borders – Devolved Budget Efficiencies (Ringfenced Funding)

4.7 Within the budget delegated to the partnership by NHS Borders, a further gap of **£0.471m** was delegated in respect of reductions in ringfenced grant funding through NHS Borders by the Scottish Government. At the IJB meeting of 20 June, the partnership approved direction of £220k of social care funding to mitigate the forecast reduction allocated to the Alcohol and Drug Partnership (ADP), with a further plan for efficiencies of £51k having been developed by the partnership. This arrangement is non-recurring and only applies in 2016/17 with the expectation that the full £271k reduction will be addressed in full by the partnership by 2017/18.

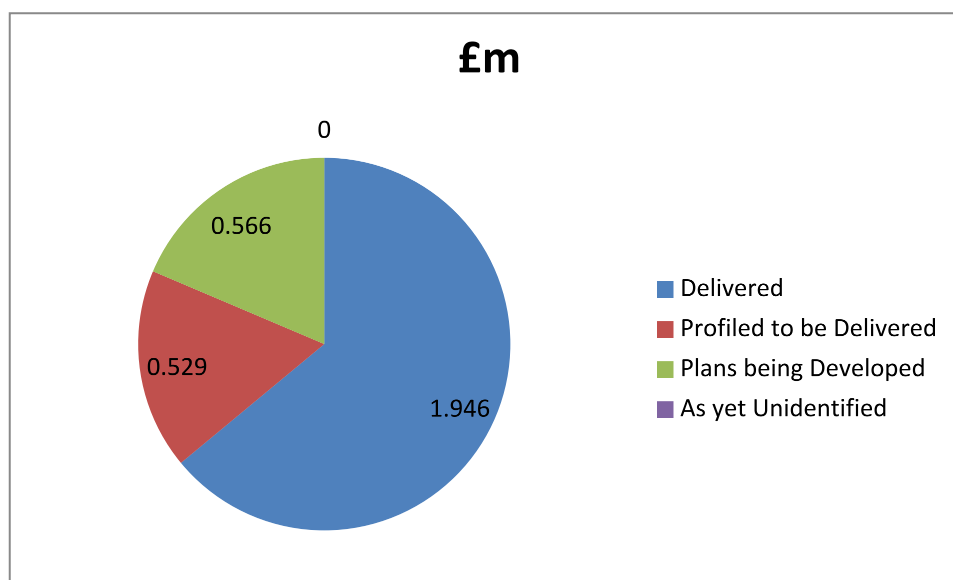
4.8 Beyond the ADP reduction, plans are being developed in partnership between NGS Borders and IJB officers to address the remaining savings gap of **£0.200m** which again is highlighted to the board requires urgent addressing. A summary therefore of the 2016/17 ringfenced grant savings / funding delivery is detailed below:



Scottish Borders Council – Devolved Budget Efficiencies

4.9 Within the budget delegated to the partnership, Scottish Borders Council requires to deliver **£2.663m** of efficiency savings all of which are on a recurring basis. On top of this there is an additional recurring **£378k** saving to be made, carried forward from 2015/16, where this saving was made by non-recurring means, a total target of **£3.041m**. At 30 June 2016, a total of **£1.946m** has been delivered.

4.10 Of the remaining **£1.095m** gap (including carry-forward), **£529k** is profiled for delivery over the remainder of the year. Total efficiency savings therefore of **£2.475m** have been or are in the process of being delivered. Additionally, plans are in development currently to deliver the remaining **£566k**, including utilisation of ICF and Social Care Funding.



4.11 A further report will be brought to the next IJB with regard to financial risk arising from any proposed efficiency and savings plans, in terms of non-delivery and following joint discussions between IJB, NHS Borders and Scottish Borders Council officers, recommendations will be made to the board in regard to remedial action to mitigate this risk.

Remediation of Social Care Pressures – Proposed Direction of Social Care Funding

5.1 As outlined in 3.4 – 3.6 above, inherent within the projected partnership position are a range of un/under-budgeted additional pressures. These can be broadly summarised as:

- Increases in 2016/17 care-provider rates not related to the implementation of the living wage
- Additional non-living wage related COSLA Residential Care Home contract uplift
- Increased demand for services / client numbers / package complexity beyond assumed financial planning levels
- Housing with Care demand exceeding budget
- A range of emerging pressures within Generic Services

5.2 The Scottish Borders Health and Social Care Partnership was allocated £5.267m social care funding on a recurring basis by the Scottish Government from 1st April 2016. A copy of the letter from the Deputy First Minister to local authorities in regard to the funding allocation and its intended use is detailed in **Appendix 2** for information.

Approved Direction of Social Care Funding to Date

5.3 At the 20 June meeting, the Integration Joint Board approved direction of part of this resource for 2016/17 and future financial years, in line with the terms of the Deputy First Minister's letter to partnerships on how the funding should be used. This direction related to:

	Full

	Year £'000	2016/17 £'000
Living Wage	1,626	813
Current Demographic Pressures	1,081	1,081
Change to Charging Threshold	154	154
Non-recurring transitional ADP funding	0	220
	2,861	**2,268**

5.4 By directing these resources, the remaining uncommitted social care funding allocation has reduced to **£2.999m** in 2016/17 and **£2.406m** in future years.

Requirement for Further Direction of Social Care Funding

5.5 Each area of further pressure summarised in 4.1 has been reviewed, evidenced and costed and the financial impact of each has been summarised below. In total, they amount to permanently recurring social care pressures of **£1.427m**:

	2016/17 £'000
Non-living wage provider rate increases for 2016/17	955
Additional non-living wage COSLA RCH uplift	172
AWLD Increased Demand	200
Demand for Housing with Care above block contract	100
	1,427

Provider rate increases

5.6 Since 2016/17 Financial Plans were approved, a number of social care providers have increased contract rates for the provision of social care services in the new financial year, over and above what the cost of implementing the living wage will be from 1st October. These are entirely market-driven cost increases across all care services, partly resulting from the new care at home contract tender for Older People, negotiations with other providers, particularly those providing services to Adults with Learning Disabilities and contract uplift agreements with SB Cares, the local authority's largest provider and care provider of last resort.

Additional non-living wage COSLA RCH uplift

5.7 As part of the financial planning process, it has been traditionally assumed that the COSLA-imposed uplift to the residential care home contract will generally be made at the level of inflation at the current time. At the time of setting the plan, the Consumer Price Index was 0.5% which formed the uplift assumption. Following approval of the plan however, COSLA wrote out to all local authorities proposing an initial uplift of 2.9% from April 2016 and a further increase from 1st October 2016, the latter specifically relating to the implementation of the living wage of 3.4%. This pressure relates to the non-living wage element and the full-year impact of the 2.9% initial uplift above the assumed level. The latter living wage impact was considered as part of the direction approved by the IJB on the 20 June 2016.

Increased Demand for AWLD care

5.8 The cost of caring for an additional number of clients in transition from Children's services to young adulthood is now projected to exceed the level of budget available and historic demographic growth invested into the service. To be affordable, based on the projected cost of named individual clients for 2016/17, it has been calculated that a further £200k of additional demographic budget is required.

Housing with Care

Scottish Borders Council commissions Housing with Care provision from a range of registered social landlords. As the service has grown, block contracts with a number of providers have now been maximised and in some cases, exceeded. The current level of service provision in terms of the cost/volume of hours delivered is projected to cost an additional £100k above existing budget provision.

5.9 In his letter to partnerships, the Deputy First Minister stated that the intended use of social care funding should, amongst other things, target helping meet a range of existing costs faced by local authorities and expand capacity to accommodate growth in demand for services as a consequence of demographic change. The view is held therefore that further direction of social care funding to meet these pressures by the IJB is not only legitimate therefore, but wholly required.

5.10 If the board agree to allocate further social care funding as proposed, this will reduce the overall level of uncommitted resource remaining to **£1.572m** in 2016/17 and **£0.979m** in future years. In any further direction of the remaining resource, the IJB must retain awareness that a further **£0.813m** will be required to fund the full-year impact of the living wage implementation (noting that £220k has already been directed on a non-recurring basis for 2016/17).

Uncommitted Social Care Funding

5.11 In addition to the four areas where it has been recommended that social care funding should be directed (5.4-5.9 above), further areas of potentially imminent financial pressure across both the partnership's delegated budget and the large hospital set-aside budget require to be recognised. These relate to:

- Transition from a nightly Night Support rate payment to hourly payment as a result of further emerging impacts of the Employment Tribunal verdict
- The potential requirement to ensure all personal assistants of clients currently in receipt of a self-directed support Direct Payment are paid the living wage with effect from 1st October 2016
- The risk potential for emerging high-value financial pressure within GP Prescribing
- Ongoing pressure within NHS Borders as a result of the demand-led requirement to continue surge bed availability, flex beds, increased demand / acuity of need driving additional costs across the Borders General Hospital and delayed discharge

Delegated Budget:

Transition from a nightly Night Support rate

5.12 Transition from a nightly Night Support rate payment to hourly payment as a result of further emerging impacts of the Employment Tribunal verdict will place a further and possibly considerable financial pressure. Work is ongoing to identify and cost the implications of this, but initial scoping shows historic nightly rates to be considerably less than the costs of an hourly rate (at a minimum or living wage) x number of hours.

Direct Payment Personal Assistants

5.13 The potential requirement to ensure all personal assistants of clients currently in receipt of a self-directed support Direct Payment are paid the living wage with effect from 1st October 2016 will increase the overall costs of the living wage implementation. Currently, the need to do so is not formally part of the social care funding settlement and partnerships will not be held to account for failure to do so, but the Deputy First Minister's letter states that if this is not implemented, then authorities may face challenge on equality grounds. Work has commenced to identify the potential financial impact of this.

GP Prescribing

5.14 In 2015/16, the highest area of risk and financial pressure across the aligned budget was within GP Prescribing where an adverse position of £1.2m was experienced. This was primarily due to specific volatile and escalating pharmaceutical costs and in particular, market prices of new drugs. This is likely to be an area of ongoing pressure financially and will require to be rigorously monitored and where further pressures do arise, further mitigation will be required.

Large Hospital Set-Aside Budget:

NHS Borders large-hospital pressures

5.15 The change in demography and the increasing complexity of care required is well documented, as is the resultant impact on the whole system. The Health and Social Care Partnership Strategic Plan has an emphasis on improving the whole pathway of care. However, there are stages along that pathway where the interdependencies between health and social care are particularly complex, which can lead to specific tensions and difficulties for people and for the relevant services.

5.16 Patient flow through the hospital following the admission of an older person with complex care is one area where there can be a significant impact on the hospital if there are issues with delays in discharge including increased bed occupancy, impact on the ability to admit for care, impact on A and E and boarders. These result in additional financial pressure such as flex beds so, as an IJB, we will consider how best to ensure the costs are managed across the system.

5.17 At the current time, the financial impact of over 20 delayed discharge beds is considerably compounded by approximately 5 flex beds and all surge beds being open over the majority of the financial year to date, in addition to those costs driven by the need to meet increased demand and acuity of need across hospital wards, Accident & Emergency and Acute Admissions Unit totalling pressures beyond budget of over £1.0m for the first quarter of the financial year. This will form a key

element of a further report brought to the next IJB on all partnership pressures and potential remedial actions.

5.18 In addition, the aspiration to fulfil all directions by the Scottish Government in terms of how the additional funding to partnerships may be used and in particular, in supporting additional spend on expanding social care to support the objectives of integration (i.e. additionality) and not just meet existing or emerging pressures requires consideration. Specifically, using any remaining resources to assist in funding the transition to, and mainstreaming of, new models of health and social care in the Scottish Borders should be an aim of the partnership.

5.19 Information is still being collected and analysed in relation to the above issues and when this work is complete and the projected financial impact known and evidenced, then a further report will be brought to the board in due course. Partners are working together to identify in full the impact of these emerging financial risks and following joint discussions and planning, recommendations will be made to the board in terms of the implementation of appropriate solutions, which may include a range of measures including further direction of social care funding and/or further remedial savings measures.

Next Steps

6.1 The budget supporting the functions delegated to the partnership, without further direction of social care funding, is under considerable pressure already during 2016/17. Further discussions are underway in relation to the pressures identified in 5.10 above and how they can be mitigated, either by the identification of further remedial savings or further targeted use of other funding tools such as Integrated Care Fund or social care funding to facilitate change.

6.2 These pressure will be fundamentally compounded however, if a robust plan for the achievement in full of the level of efficiencies (**£7.373m**) is not put in place and delivered. In order to mitigate the impact of any area of non-delivery, the Chief Officer is now considering a number of remedial actions across delegated functions, in conjunction with key NHS Borders and Scottish Borders Council officers. Working together, a number of discussions will now take place in order to develop a plan for the delivery of further savings. Following this, at the next meeting of the IJB, specific directions to facilitate recovery to a balanced budget will be reported to the IJB for approval.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report and the monitoring position on the partnership's 2016/17 revenue budget.

The Health & Social Care Integration Joint Board is asked to **approve** the further direction of £1.427m recurrent social care funding to meet the further additional pressures outlined in paragraphs 5.5 to 5.10

The Health & Social Care Integration Joint Board is asked to **note** that the partnership's Chief Officer and Chief Financial Officer are working in partnership with NHS Borders' Director of Finance, Scottish Borders Council's Chief Financial Officer and other senior managers across delegated services, in order to identify and implement a remedial action

plan to mitigate the residual reported pressure within Generic Services and to address identified non-delivery of efficiency and other savings within partners' Financial Plans.

Policy/Strategy Implications	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	The report has been considered by the Executive Management team and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer in terms of factual accuracy. Both partner organisations have contributed to its development and will work closely with IJB officers in delivering its outcomes.
Risk Assessment	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.
Compliance with requirements on Equality and Diversity	There are no equalities impacts arising from the report.
Resource/Staffing Implications	No resourcing implications beyond the financial resources identified within the report.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer Health & Social Care Integration		

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Interim Chief Financial Officer IJB		

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget | **2016/17** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	18,268	4,495	3,410	1,085	18,591	19,101	-510	52	20	20	
Joint Mental Health Service	15,977	3,728	3,775	-47	15,995	15,991	4	352	316	315	
Joint Alcohol and Drug Service	948	149	127	22	948	948	0	3	3	3	
Older People Service	28,126	5,674	6,648	-974	27,344	28,010	-666	23	0	0	
Physical Disability Service	3,180	825	598	227	3,208	3,315	-107	0	0	0	
Generic Services	72,651	18,734	18,592	142	73,064	73,218	-154	604	516	520	
Total	**139,150**	**33,605**	**33,150**	**455**	**139,150**	**140,583**	**(1,433)**	**1034**	**854**	**857**	
Financed By:											
AEF, Council Tax and Fees & Charges	51,798	11,417	10,776	641	51,798	53,231	(1,433)				
NHS Funding from Sgovt etc	87,352	22,188	22,374	(186)	87,352	87,352	0				
Total	**139,150**	**33,605**	**33,150**	**455**	**139,150**	**140,583**	**(1,433)**				

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget | **2016/17** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	**18,268**	**4,495**	**3,410**	**1,085**	**18,591**	**19,101**	**-510**	**52**	**20**	**20**	
Residential Care	4,181	1,020	1,210	-190	4,182	4,215	-33	0	0	0	
SBC Carers	0	0	0	0	0	0	0	0	0	0	
Homecare	2,582	910	513	397	4,154	4,604	-450	0	0	0	
Day Care	2,091	485	54	431	2,096	2,113	-17	3	0	0	
Community Based Services	7,139	1,506	1,084	422	5,821	5,805	16	0	0	0	
Respite	200	42	56	-14	201	233	-32	0	0	0	
Other	2,075	532	493	39	2,137	2,131	6	49	20	20	
Joint Mental Health Service	**15,977**	**3,728**	**3,775**	**-47**	**15,995**	**15,991**	**4**	**352**	**316**	**315**	
Residential Care	0	0	0	0	0	0	0	0	0	0	
Homecare	190	43	14	29	187	230	-43	0	0	0	
Day Care	186	46	33	13	186	181	5	5	0	0	
Community Based Services	788	43	144	-101	700	657	43	0	0	0	
Respite	15	4	4	0	16	3	13	0	0	0	
SDS	102	27	45	-18	110	149	-39	0	0	0	
Mental Health Team	14,696	3,543	3,518	25	14,728	14,703	25	347	316	315	
Choose Life	0	22	17	5	68	68	0	0	0	0	
Joint Alcohol and Drug Service	**948**	**149**	**127**	**22**	**948**	**948**	**0**	**3**	**3**	**3**	
D & A Commissioned Services	820	121	99	22	820	820	0	0	0	0	
D & A Team	128	28	28	0	128	128	0	3	3	3	
Older People Service	**28,126**	**5,674**	**6,648**	**-974**	**27,344**	**28,010**	**-666**	**23**	**0**	**0**	
Residential Care	11,422	2,162	409	1,753	11,518	11,717	-199	0	0	0	
Homecare	8,025	1,742	202	1,540	7,276	7,605	-329	0	0	0	
Day Care	1,001	232	-33	265	998	1,008	-10	0	0	0	
Community Based Services	999	350	330	20	2,164	2,481	-317	16	0	0	
Extra Care Housing	545	135	-220	355	541	558	-17	0	0	0	
Housing with Care	409	102	82	20	409	492	-83	0	0	0	
Dementia Services	37	-217	13	-230	-95	-95	0	0	0	0	
Delayed Discharge	267	14	107	-93	267	262	5	0	0	0	
Other	5,421	1,154	5,758	-4,604	4,266	3,982	284	7	0	0	
Physical Disability Service	**3,180**	**825**	**598**	**227**	**3,208**	**3,315**	**-107**	**0**	**0**	**0**	
Residential Care	566	71	71	0	506	278	228	0	0	0	
Homecare	1,747	429	204	225	1,528	1,531	-3	0	0	0	
Day Care	201	50	-2	52	200	200	0	0	0	0	
Community Based Services	666	275	325	-50	974	1,306	-332	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget | **2016/17** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Generic Services	**72,651**	**18,734**	**18,592**	**142**	**73,064**	**73,218**	**(154)**	**604**	**516**	**520**	
Community Hospitals	4,802	1,149	1,239	-90	4,802	4,802	0	115	122	123	
GP Prescribing	22,436	5,534	5,634	-100	22,436	22,436	0	0	0	0	
AHP Services	5,658	1,408	1,480	-72	5,658	5,658	0	144	139	140	
General Medical Services	16,933	4,102	4,102	0	16,933	16,933	0	4	4	4	
Community Nursing	4,387	1,084	1,069	15	4,387	4,387	0	110	103	105	
Assesment and Care Management	0	0	0	0	0	0	0	0	0	0	
Group Managers	0	0	0	0	0	0	0	0	0	0	
Service Managers	0	0	0	0	0	0	0	0	0	0	
Planning Team	0	0	0	0	0	0	0	0	0	0	
Locality Offices	0	0	0	0	0	0	0	69	0	0	
SB Carers	0	0	0	0	0	0	0	0	0	0	
BAES	732	214	64	150	730	730	0	0	0	0	
Duty Hub	0	0	0	0	0	0	0	0	0	0	
Extra Care Housing	0	0	0	0	0	0	0	0	0	0	
Joint Health Improvement	56	14	0	14	56	53	3	0	0	0	
Respite	0	0	0	0	0	0	0	0	0	0	
SDS	0	(107)	(110)	3	0	0	0	0	0	0	
OT	0	0	0	0	0	0	0	0	0	0	
Grants to Voluntary	43	11	9	2	43	34	9	0	0	0	
Out of Hours	2,131	542	502	40	2,131	2,131	0	0	0	0	
Community Based Services	0	8	23	(15)	115	257	(142)	0	0	0	
Sexual Health	558	153	147	6	558	558	0	7	6	6	
Public dental Services	3,324	965	902	63	3,324	3,324	0	78	78	79	
Community Pharmacy Services	3,933	1,006	1,006	0	3,933	3,933	0	0	0	0	
Continence Services	441	112	110	2	441	441	0	3	3	3	
Smoking Cessation	209	62	51	11	209	209	0	4	5	5	
Primary & Community Management	1,684	366	482	(116)	1,684	1,684	0	34	44	42	
Health Promotion	438	102	90	12	438	438	0	8	12	12	
Opthalmic Services	1,591	408	408	0	1,591	1,591	0	0	0	0	
Patient Transport	0	0	0	0	0	0	0	0	0	0	
Accomodation Costs	0	0	0	0	0	0	0	0	0	0	
Resource Transfer	2,609	652	651	1	2,609	2,609	0	0	0	0	
Other	5,243	949	733	216	5,543	5,567	(24)	28	0	0	
Health and Social Care Fund	0	0	0	0	0	0	0	0	0	0	
Savings	(4,557)	0	0	0	(4,557)	(4,557)	0	0	0	0	
Total	**139,150**	**33,605**	**33,150**	**455**	**139,150**	**140,583**	**(1,433)**	**1,034**	**854**	**857**	
Financed By:											
AEF, Council Tax and Fees & Charges	51,798	11,417	10,776	641	51,798	53,231	(1,433)				
NHS Funding from Sgovt etc	87,352	22,188	22,374	(186)	87,352	87,352	0				
Total	**139,150**	**33,605**	**33,150**	**455**	**139,150**	**140,583**	**(1,433)**				

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget (Healthcare) | **2016/17** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	**3,599**	**905**	**931**	**(26)**	**3,599**	**3,599**	**0**	**20**	**20**	**20**	
Residential Care	2,689	672	704	(32)	2,689	2,689	0	0	0	0	
SB Cares	0	0	0	0	0	0	0	0	0	0	
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Respite	0	0	0	0	0	0	0	0	0	0	
Other	910	233	227	6	910	910	0	20	20	20	
Joint Mental Health Service	**14,015**	**3,418**	**3,347**	**71**	**14,015**	**14,015**	**0**	**327**	**316**	**315**	
Residential Care	0	0	0	0	0	0	0	0	0	0	
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Respite	0	0	0	0	0	0	0	0	0	0	
SDS	0	0	0	0	0	0	0	0	0	0	
Choose Life	0	0	0	0	0	0	0	0	0	0	
Mental Health Team	14,015	3,418	3,347	71	14,015	14,015	0	327	316	315	
Joint Alcohol and Drug Service	**749**	**88**	**88**	**0**	**749**	**749**	**0**	**3**	**3**	**3**	
D & A Commissioned Services	621	60	60	0	621	621	0	0	0	0	
D & A Team	128	28	28	0	128	128	0	3	3	3	
Older People Service	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Residential Care	0	0	0	0	0	0	0	0	0	0	
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Extra Care Housing	0	0	0	0	0	0	0	0	0	0	
Housing with Care	0	0	0	0	0	0	0	0	0	0	
Dementia Services	0	0	0	0	0	0	0	0	0	0	
Delayed Discharge	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	
Physical Disability Service	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
Residential Care	0	0	0	0	0	0	0	0	0	0	
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget (Healthcare)	2016/17			AT END OF MTH:	June					
	Base Budget £'000	**Profiled to Date £'000**	**Actual to Date £'000**	**To date Variance £'000**	**Revised Budget £'000**	**Projected Outturn £'000**	**Outturn Variance £'000**	**Base WTE**	**YTD WTE**	**Current Month WTE**	**Summary Financial Commentary**
Generic Services	**68,989**	**17,777**	**18,008**	**(231)**	**68,989**	**68,989**	**0**	**507**	**516**	**520**	
Community Hospitals	4,802	1,149	1,239	(90)	4,802	4,802	0	115	122	123	
GP Prescribing	22,436	5,534	5,634	(100)	22,436	22,436	0	0	0	0	
AHP Services	5,658	1,408	1,480	(72)	5,658	5,658	0	144	139	140	
General Medical Services	16,933	4,102	4,102	0	16,933	16,933	0	4	4	4	
Community Nursing	4,387	1,084	1,069	15	4,387	4,387	0	110	103	105	
Assesment and Care Management	0	0	0	0	0	0	0	0	0	0	
Group Managers	0	0	0	0	0	0	0	0	0	0	
Service Managers	0	0	0	0	0	0	0	0	0	0	
Planning Team	0	0	0	0	0	0	0	0	0	0	
Locality Offices	0	0	0	0	0	0	0	0	0	0	
SB Carers	0	0	0	0	0	0	0	0	0	0	
BAES	250	61	64	(3)	250	250	0	0	0	0	
Duty Hub	0	0	0	0	0	0	0	0	0	0	
Extra Care Housing	0	0	0	0	0	0	0	0	0	0	
Joint Health Improvement	0	0	0	0	0	0	0	0	0	0	
Respite	0	0	0	0	0	0	0	0	0	0	
SDS	0	0	0	0	0	0	0	0	0	0	
OT	0	0	0	0	0	0	0	0	0	0	
Grants to Voluntary	0	0	0	0	0	0	0	0	0	0	
Out of Hours	2,131	542	502	40	2,131	2,131	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Sexual Health	558	153	147	6	558	558	0	7	6	6	
Public dental Services	3,324	965	902	63	3,324	3,324	0	78	78	79	
Community Pharmacy Services	3,933	1,006	1,006	0	3,933	3,933	0	0	0	0	
Continence Services	441	112	110	2	441	441	0	3	3	3	
Smoking Cessation	209	62	51	11	209	209	0	4	5	5	
Primary & Community Management	1,684	366	482	(116)	1,684	1,684	0	34	44	42	
Health Promotion	438	102	90	12	438	438	0	8	12	12	
Opthalmic Services	1,591	408	408	0	1,591	1,591	0	0	0	0	
Patient Transport	0	0	0	0	0	0	0	0	0	0	
Accomodation Costs	0	0	0	0	0	0	0	0	0	0	
Resource Transfer	2,609	652	651	1	2,609	2,609	0	0	0	0	
Other	2,162	71	71	0	2,162	2,162	0	0	0	0	
Health and Social Care Funding	0	0	0	0	0	0	0	0	0	0	
Savings	(4,557)	0	0	0	(4,557)	(4,557)	0	0	0	0	
Total	**87,352**	**22,188**	**22,374**	**(186)**	**87,352**	**87,352**	**0**	**857**	**854**	**857**	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget (Social Care) | **2016/17** | **AT END OF MTH:** June

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	Summary Financial Commentary
Joint Learning Disability Service	**14,669**	**3,590**	**2,479**	**1111**	**14,992**	**15,502**	**(510)**	**32**	
Residential Care	1,492	348	506	(158)	1,493	1,526	(33)	0	
SB Cares	0	0	0	0	0	0	0	0	
Homecare	2,582	910	513	397	4,154	4,604	(450)	0	
Day Care	2,091	485	54	431	2,096	2,113	(17)	3	
Community Based Services	7,139	1,506	1,084	422	5,821	5,805	16	0	
Respite	200	42	56	(14)	201	233	(32)	0	
AWLD Staff Teams	1,165	299	266	33	1,227	1,221	6	29	
Joint Mental Health Service	**1,962**	**310**	**428**	**-118**	**1,980**	**1,976**	**4**	**25**	
Residential Care	0	0	0	0	0	0	0	0	
Homecare	190	43	14	29	187	230	(43)	0	
Day Care	186	46	33	13	186	181	5	5	
Community Based Services	788	43	144	(101)	700	657	43	0	
Respite	15	4	4	0	16	3	13	0	
SDS	102	27	45	(18)	110	149	(39)	0	
MH Staff Teams	681	125	171	(46)	713	688	25	20	
Choose Life	0	22	17	5	68	68	0	0	
Joint Alcohol and Drug Service	**199**	**61**	**39**	**22**	**199**	**199**	**0**	**0**	
Drug and Alcohol Commissioned Services	199	61	39	22	199	199	0	0	
Drug and Alcohol Team	0	0	0	0	0	0	0	0	
Older People Service	**28,126**	**5,674**	**6,648**	**(974)**	**27,344**	**28,010**	**(666)**	**23**	
Residential Care	11,422	2,162	409	1753	11,518	11,717	(199)	0	
Homecare	8,025	1,742	202	1540	7,276	7,605	(329)	0	
Day Care	1,001	232	-33	265	998	1,008	(10)	0	
Community Based Services	999	350	330	20	2,164	2,481	(317)	16	
Extra Care Housing	545	135	-220	355	541	558	(17)	0	
Housing with Care	409	102	82	20	409	492	(83)	0	
Dementia Services	37	-217	13	(230)	-95	-95	0	0	
Delayed Discharge	267	14	107	(93)	267	262	5	0	
OP Staff Teams	847	261	176	85	882	815	67	7	
Other	4,574	893	5582	(4689)	3,384	3167	217	0	
Physical Disability Service	**3,180**	**825**	**598**	**227**	**3,208**	**3,315**	**(107)**	**0**	
Residential Care	566	71	71	0	506	278	228	0	
Homecare	1,747	429	204	225	1,528	1,531	(3)	0	
Day Care	201	50	-2	52	200	200	0	0	
Community Based Services	666	275	325	(50)	974	1,306	(332)	0	
Other	0	0	0	0	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget (Social Care) | **2016/17** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	Summary Financial Commentary
Generic Services	**3,662**	**957**	**584**	**373**	**4,075**	**4,229**	**-154**	**97**	
Community Hospitals	0	0	0	0	0	0	0	0	
GP Prescribing	0	0	0	0	0	0	0	0	
AHP Services	0	0	0	0	0	0	0	0	
General Medical Services	0	0	0	0	0	0	0	0	
Community Nursing	0	0	0	0	0	0	0	0	
Assesment and Care Management	0	0	0	0	0	0	0	0	
Group Managers	0	0	0	0	0	0	0	0	
Service Managers	0	0	0	0	0	0	0	0	
Planning Team	0	0	0	0	0	0	0	0	
Locality Offices	0	0	0	0	0	0	0	69	
SB Cares	0	0	0	0	0	0	0	0	
BAES	482	153	0	153	480	480	0	0	
Duty Hub	0	0	0	0	0	0	0	0	
Extra Care Housing	0	0	0	0	0	0	0	0	
Joint Health Improvement	56	14	0	14	56	53	3	0	
Respite	0	0	0	0	0	0	0	0	
SDS	0	-107	(110)	3	0	0	0	0	
OT	0	0	0	0	0	0	0	0	
Grants to Voluntary	43	11	9	2	43	34	9	0	
Out of Hours	0	0	0	0	0	0	0	0	
Community Based Services	0	8	23	-15	115	257	-142	0	
Sexual Health	0	0	0	0	0	0	0	0	
Public dental Services	0	0	0	0	0	0	0	0	
Community Pharmacy Services	0	0	0	0	0	0	0	0	
Continence Services	0	0	0	0	0	0	0	0	
Smoking Cessation	0	0	0	0	0	0	0	0	
Primary & Community Management	0	0	0	0	0	0	0	0	
Health Promotion	0	0	0	0	0	0	0	0	
Ophthalmic Services	0	0	0	0	0	0	0	0	
Patient Transport	0	0	0	0	0	0	0	0	
Accommodation Costs	0	0	0	0	0	0	0	0	
GS Staff Teams	3,515	918	835	83	3,410	3,399	11	0	
Other	(434)	(40)	(173)	133	(29)	6	-35	28	
Total	**51,798**	**11,417**	**10,776**	**641**	**51,798**	**53,231**	**-1,433**	**177**	

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Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy
John Swinney MSP

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Councillor David O'Neill
President
COSLA
Verity House
19 Haymarket Yards
Edinburgh
EH12 5BH

Copy to: The Leaders of all Scottish local authorities

27 January 2016

Dear David

I write now to confirm the final details of the Local Government Finance settlement for 2016-17, following the conclusion of our partnership discussions to consider the package of measures contained in my initial letter of 16 December 2015.

This funding package is focussed on delivery of our joint priorities to deliver sustainable economic growth, protect front-line services and support the most vulnerable in our society.

I have considered the representations made to me by COSLA and this is reflected in the detail of the settlement and the package of measures included in this letter. My aim throughout our extensive discussions has been to reach an agreement with councils around the implementation of these commitments. I invite local authorities to agree the terms of the settlement.

The measures set out in the settlement offer must be viewed as a package to protect shared priorities and intensify a journey of reform. In order to access all of the funding involved, of £408 million, local authorities must agree to deliver all of the measures set out below and will not be able to select elements of the package.

Integration Fund

The offer being made is that £250 million will be provided from the Health budget to integration authorities in 2016-17 for social care:

> That of the £250 million, £125 million is provided to support additional spend on expanding social care to support the objectives of integration, including through making progress on charging thresholds for all non-residential services to address poverty. This additionality reflects the need to expand capacity to accommodate growth in demand for services as a consequence of demographic change.

That of the £250 million, £125 million is provided to help meet a range of existing costs faced by local authorities in the delivery of effective and high quality health and social care services in the context of reducing budgets. This includes our joint aspiration to deliver the Living Wage for all social care workers as a key step in improving the quality of social care. The allocation of this resource will enable councils to ensure that all social care workers including in the independent and third sectors are paid £8.25 an hour. This assumes that private and third sector providers will meet their share of the costs. The Government would prefer implementation on the 1 April but we accept COSLA's point that preparatory work will be required to ensure effective implementation. We therefore agree to an implementation date of 1 October. In 2016-17, Councils can allocate up to £125 million of their 2015-16 costs of providing social care services to Integrated Joint Boards including the uprating of staff to the Living Wage. This will ensure an overall benefit to the provision of health and social care of £250 million. To ensure transparency for the flow of funding support for local authorities and delivery of the Living Wage commitment the arrangements will be signed off at a local level by the appropriate Integration Authority Section 95 Officer.

Teacher Numbers

The Scottish Government has been consistent that the protection of teacher numbers is a central part of our priority to raise attainment. Following our discussions and the further representations COSLA has made, the Scottish Government have agreed that the measure for the implementation of that target, against a forecast that pupil numbers will increase over the coming academic year, will be the maintenance at a national level of the pupil teacher ratio.

The objective will be to maintain the pupil teacher ratio nationally at a value of 13.7 (the same level as in 2015) in local authority schools as shown in the Teacher and Pupil Census published in December 2016 and the teacher and probationer commitments in 2016-17. In order to support delivery, the Scottish Government will continue to monitor these commitments throughout the year.

Council Tax Freeze

The Scottish Government was elected on a commitment to freeze the council tax for the entirety of this Parliamentary session and is committed to delivering this policy. Many local authorities have a commitment to freeze the Council Tax over a similar timescale. Against the questions of the wider revenue-raising challenges raised in the Budget the Scottish Government believes that it is important to provide protection for household incomes in what has been a very financially challenging period for many households.

The Scottish Government has now received the report from the Commission on Local Tax Reform and the Government believes now is not the time to dispense with the protection the freeze offers. Looking ahead we will be bringing forward plans for reform of the present Council Tax, reflecting the principles of the report, and we are committed to working in partnership with local government on the implementation of that.

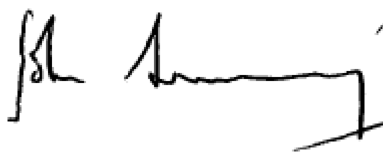
For 2016-17 individual local authorities will again require to agree to work with the Scottish Government to deliver a council tax freeze for the ninth consecutive year.

Any council that does not sign up to the complete package will not receive their share of the Integration Funding (£250 million), support for teachers (£88 million) and the council tax freeze support (£70 million). Should that be the case, steps will be taken to recover the latter two elements that have been distributed from the individual council's allocations in the local government finance settlement in-year.

If in the event, however, a council that does sign up then does not deliver any of the remaining specific commitments on council tax freeze, social care spend, including delivery of the £8.25 per hour Living Wage or national teacher targets then the Scottish Government reserves its position to take action to remove access to or recover that element of the additional funding support earmarked to deliver each of the remaining specific measures. In the case of pupil teacher ratio not being maintained nationally then the Scottish Government reserves its position to recover monies allocated to individual authorities whose pupil teacher ratio rises. This action will be proportionate and apply only to that element of the funding for a specific measure that a local authority subsequently does not deliver as set out in the paragraph above.

I will require those Council Leaders who intend to take up the offer and agree the full package of measures to write to me to set out their position, including on the council tax. Given that I am setting out changes to the proposals we previously discussed, I want to give local authorities every opportunity to consider these issues in full. Leaders should therefore provide their response to me by no later than Tuesday 9 February 2016.

I fully understand the pressures on budgets, which is being felt across the whole of the public sector, but I firmly believe that the funding proposals I have set out for local government protects our shared priorities and delivers practical financial support to intensify the pace of reform. I hope you and your fellow Council Leaders can agree that in the circumstances the proposals deliver a strong but challenging financial settlement. The key to addressing this challenge is reform and local government is a key partner in our programme to reform and improve public services.



JOHN SWINNEY

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