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HEALTH AND SOCIAL CARE INTEGRATION SHADOW BOARD MONDAY, 27TH APRIL, 2015

A MEETING of the HEALTH AND SOCIAL CARE INTEGRATION SHADOW BOARD will be held in the BOARD ROOM, NHS BORDERS, NEWSTEAD on MONDAY, 27 APRIL 2015 at 2.00 pm

BUSINESS		
1.	ANNOUNCEMENTS & APOLOGIES	
2.	Health & Social Care Integration Joint Board Standing Orders (Pages 1 - 18)	5 mins
3.	DECLARATIONS OF INTEREST	
4.	MINUTES OF PREVIOUS MEETING (Pages 19 - 26) Monday 9 March 2015	5 mins
5.	MATTERS ARISING (Pages 27 - 30) Action Tracker	5 mins
6.	STRATEGIC	
	6.1 Programme Highlight Report (Pages 31 - 38)	10 mins
	6.2 Draft Strategic Plan - A conversation with you - Update (Pages 39 - 76)	10 mins
	6.3 Communications & Stakeholder Engagement (Pages 77 - 88)	10 mins
	6.4 Organisational Development Plan (Pages 89 - 94)	10 mins
7.	GOVERNANCE	
	7.1 Scheme of Integration Update	5 mins
	7.2 Annual Report 2014/15 (Pages 95 - 106)	10 mins
8.	FINANCE	
	8.1 Monitoring of the Shadow Integrated Budget 2014/15 (Pages 107 - 114)	15 mins
	8.2 Integrated Budget 2015/16 (Pages 115 - 124)	10 mins

	8.3 Integrated Care Fund Update	(Pages 125 - 126)	10 mins
9.	ANY OTHER BUSINESS		5 mins
10.	DATE AND TIME OF NEXT MEETING		
	Monday 22 June 2015 at 2.00pm in the Council Chamber, Scottish Borders Council		

NOTE

At the conclusion of the Health & Social Care Integration Joint Board meeting, the Board will reconvene for any matters of reserved business.

Please direct any enquiries to Iris Bishop
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Borders NHS Board



HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD – STANDING ORDERS

Aim

To seek approval of the Health & Social Care Integration Joint Board Standing Orders as required by the Scheme of Integration.

Background

On approval of the Scheme of Integration by Scottish Ministers, Orders will be laid in Parliament to establish the Integration Joint Board. The Integration Joint Board must then approve its Strategic Plan before 1 April 2016. The Strategic Plan will contain the date on which functions and resources are to be delegated to the Integration Joint Board, which must be by 1 April 2016 at the latest.

Although the Integration Joint Board exists as an entity from 1 April 2015, the Council and the Health Board cannot formally delegate their functions to the Integration Joint Board until the Strategic Plan is agreed. Until this happens the Integration Joint Board will in effect act in an advisory capacity to both the Council and the Health Board.

Summary

Attached are the Standing Orders, Remit and Constitution for the Health & Social Care Integration Joint Board.

Recommendation

The Health & Social Care Integration Joint Board are asked to **approve** the Standing Orders, Remit and Constitution.

Policy/Strategy Implications	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	Not applicable.
Risk Assessment	A full risk assessment and risk monitoring process for the Integration Programme has been developed as part of the Integration Programme arrangements.
Compliance with requirements on Equality and Diversity	An equality impact assessment will be undertaken on the arrangements for Joint Integration when agreed.
Resource/Staffing Implications	It is anticipated that the Integration Joint Board will oversee services which have a

	budget of over £100m, within the existing scope. The budget will change as other functions are brought within the scope of the Integration Joint Board.
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Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

**SCOTTISH BORDERS
HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD**

STANDING ORDERS

1. General

- 1.1 The Standing Orders of the Scottish Borders Health & Social Care Integration Joint Board are set up in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.2 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

2. Membership

- 2.1 The Integrated Joint Board shall comprise five NHS Non-Executive Directors appointed by Borders Health Board, and five Elected Councillors appointed by Scottish Borders Council. In addition, there will be non-voting representatives drawn from health and social care professionals, staff, the third sector, users, the public and carers as identified by the Integration Joint Board. The Chief Officer of the Integration Joint Board, Chief Financial Officer and the Chief Executives of NHS Borders and Scottish Borders Council, and any other senior officers as appropriate, will be invited to attend the Integration Joint Board as non-voting members.
- 2.2 The term of office of voting Members of the Integration Joint Board shall last as follows:
 - (a) for Local Government Councillors, three years, thereafter Scottish Borders Council will identify its replacement Councillor(s) on the Integration Joint Board,
 - (b) for Borders Health Board nominees, three years, thereafter Borders Health Board will identify its replacement Non Executive(s) on the Integration Joint Board.
- 2.3 Where a Voting Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Voting Member they replace.
- 2.4 On expiry of a Voting Member's term of appointment the Voting Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 2.5 Any Voting Member appointed to the Integration Joint Board who ceases to fulfil the requirements for membership detailed in the Scheme of Integration approved by the Scottish Ministers shall be removed from membership on the serving by the Board Secretary of notice to that effect.
- 2.6 A Voting Member of the Integration Board may resign his/her membership in writing at any time during their term of office by giving notice to the Board Secretary or the Clerk to the Council. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.
- 2.7 If a Voting Member has not attended three consecutive Ordinary Meetings of the, Integration Joint Board, the Board Secretary shall, by giving notice in writing to that Voting Member, remove that person from office unless the Integration Joint Board are satisfied that :-

- (a) The absence was due to illness or other reasonable cause; and
- (b) The Voting Member will be able to attend future Meetings within such period as the Integration Joint Board consider reasonable.

2.8 The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any Member.

3. Chair

3.1 The first Chair of the Integration Joint Board shall be from the body not employing the Integration Joint Board's Chief Officer, with the Vice-Chair from the body employing the Chief Officer. The Chair and Vice –Chair posts shall rotate annually between the NHS Board and the Council, with the Chair being from one body and the Vice-Chair from the other.

3.2 The Vice-Chair may act in all respects as the Chair of the Integration Joint Board if the Chair is absent or otherwise unable to perform his/her duties.

3.3 At every Meeting of the Integration Joint Board the Chair, if present, shall preside. If the Chair is absent from any Meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a chair shall be appointed from within the voting members present for that meeting.

3.4 Powers, authority and duties of Chair and Vice-Chair.

The Chair shall amongst other things:-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any Member of the public who is deemed to have caused disorder or misbehaved;
- (g) The decision of the Chair on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chair. When he/she rises to speak, the Chair shall be heard without interruption and
- (i) Members shall address the Chair while speaking.

4. Meetings

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

5. Notice of Meeting

- 5.1 Before every Meeting of the Integration Joint Board a Notice of the Meeting, specifying the time, place and business to be transacted at it shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least seven clear days before the Meeting. Members may opt in writing addressed to the Chief Officer to have Notice of Meetings delivered to an alternative address. Such Notice will remain valid until rescinded in writing. Lack of service of the Notice on any Member shall not affect the validity of a Meeting.
- 5.2 In the case of a Meeting of the Integration Joint Board called by Members in default of the Chair, the Notice shall be signed by those Members who requisitioned the Meeting. The meeting will consider the business specified in the notice. Such meeting shall be held within fourteen days of receipt of the notice by the Chief Officer.
- 5.3 At all Ordinary or Special Meetings of the Integration Joint Board, no business other than that on the Agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the Meeting as a matter of urgency.
- 5.4 The Board Secretary shall be responsible for giving public notice of the time and place of each Meeting of the Integration Joint Board by posting within the main offices of the Integration Joint Board not less than three clear days before the date of each Meeting.

6. Quorum

- 6.1 No business shall be transacted at a Meeting of the Integration Joint Board unless there are present, and entitled to vote both Council and NHS Board members. Three

Elected Members from Scottish Borders Council and three Non Executive members from NHS Borders shall constitute a Quorum.

7. Codes of Conduct and Conflicts of Interest

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

8. Adjournment of Meetings

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

9. Disclosure of Information

- 9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-
- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.

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

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

10. Recording of Proceedings

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

11. Admission of Press and Public

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

11.2 The Board may exclude the public and press while considering any matter that is confidential. (Local Government (Scotland) Act 1973, Schedule 7; Freedom of Information (Scotland) Act 2002 (the Act) and Environmental Information (Scotland) Regulations 2004 (the Regulations)

11.3 The terms of any resolution specifying the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes.

11.4 Members of the public and representatives of the press admitted to meetings shall not be permitted to make use of photographic or recording apparatus of any kind unless agreed by the Board. (Local Government (Scotland) Act 1973; Public Bodies (Admission to Meetings) Act 1960)

11.5 Members of the public and press should leave when the meeting moves into reserved business. It is at the discretion of the Chair of that meeting if officers can remain.

11.6 Subject to the extent of the accommodation available and subject to the terms of Sections 50A and 50E of the Local Government (Scotland) Act 1973, and Public Bodies (Admission to Meetings) Act 1960 meetings of the Integration Joint Board shall be open to the public.

11.7 Every Meeting of the Integration Joint Board shall be open to the public but these provisions shall be without prejudice to the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a Meeting. The Integration Joint Board may exclude or eject from a Meeting a member or members of the Press and Public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board.

12. Reception of deputations

12.1 Every application for the receiving of a deputation must be in writing, duly signed and delivered or e-mailed to the Board Secretary at least three clear working days prior to the date of the meeting at which the deputation wish to be received. The application must state the subject and the action which it proposes the Integration Joint Board should take.

12.2 The deputation shall consist of not more than ten people.

12.3 No more than two members of any deputation shall be permitted to address the meeting, and they may speak in total for no more than ten minutes.

12.4 Any member of the Integration Joint Board may put any relevant question to the deputation, but shall not express any opinion on the subject matter until all questions have been asked. If the subject matter relates to an item of business on the agenda, no debate or discussion shall take place until the relevant minute or other item is considered in the order of business.

12.5 The Integration Joint Board may make the following decisions regarding any deputation:

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

13. Receipt of petitions

13.1 Every petition shall be delivered to the Board Secretary at least three clear working days before the meeting at which the subject matter may be considered. The Chair will be advised and will decide whether the contents of the petition should be discussed at the meeting or not.

13.2 The Board may make the following decisions regarding any petition:

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

14. Alteration, Deletion and Rescission of Decisions of the Integration Joint Board

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

15. Suspension, Deletion or Amendment of Standing Orders

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

16. Order of business

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

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

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

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

17. Motions, Amendment and Debate

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

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

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

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

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

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

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

17.6 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

17.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.

17.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:

- to adjourn the debate; or
- to close the debate.

17.9 A motion or amendment once moved and seconded cannot be altered or withdrawn

unless with the consent of the majority of those present.

18. Voting

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

19. Minutes, agendas and papers

- 19.1 The Board Secretary is responsible for ensuring that Minutes of the proceedings of a meeting of the Integration Joint Board or its Committees, including any decision or resolution made at that meeting, shall be drawn up. The minutes shall be submitted to the next meeting of the Integration Joint Board, or relevant Committee, for approval by members as a record of the meeting subject to any amendments proposed by members and shall be signed by the person presiding at that meeting. A Minute purporting to be so signed shall be received in evidence without further proof.
- 19.2 The names of members present at a meeting of the Integration Joint Board or of a Sub-Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any member.
- 19.3 Minutes of Meetings shall be submitted by the Chief Officer or an officer so designated by him/her to the Council and the NHS Board for noting.
- 19.4 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public. This does not apply to Minutes of a private section of any meeting.
- 19.5 The Minute of a meeting being held where authority or approval is being given by the Integration Joint Board and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:
- A summary of the Integration Joint Board's discussions
 - A clear and unambiguous statement of all decisions taken

- If no decision is taken, a clear and unambiguous statement of where the matter is being referred or why the decision has been deferred
- Where options are presented, a summary of why options were either accepted or rejected
- Reference to any supporting documents relied upon
- Any other relevant points which influenced the decision or recommendation
- Any recommendations which require approval by a higher authority

19.6 The contents of a Minute will depend upon the purpose of the meeting. If the meeting agrees actions they will be recorded in an Action Tracker:

- A description of the task, including any phases and reporting requirements
- The person accepting responsibility to undertake the task
- The time limits associated with the task, its phases and agreed reporting

19.7 The agendas and papers for all Integration Joint Board, Committee and Sub-Committee meetings shall be circulated to members by post or electronic means at least seven days before any given meeting.

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

20. Freedom of Information (Scotland) Act 2002

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

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

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

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

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

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

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

21. Records management

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

22. Reserved Business

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

23. Suspension and Disqualification

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

24. Working Groups

24.1 The Integration Joint Board may establish any Sub-Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Integration Joint Board.

24.2 The Membership, Chair and quorum of any Sub-Committee or Working Groups will be determined by the Integration Joint Board.

24.3 The Terms of Reference of the Sub-Committee or Working Group will be determined by the Integration Joint Board.

24.4 A Sub-Committee or Working Group does not have any delegated powers to implement its findings and will prepare a Report for consideration by the Integration Joint Board.

24.5 Agendas for consideration at a Sub-Committee or Working Group will be issued by electronic means to all Members no later than seven working days prior to the start of the Meeting.

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**SCOTTISH BORDERS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD
REMIT AND CONSTITUTION**

General

The Health & Social Care Integration Joint Board shall be an Advisory Committee of NHS Borders and Scottish Borders Council until the Strategic Plan is approved by the Integrated Joint Board by 1st April 2016 at the latest.

Constitution

Voting members

Five Elected Members of Scottish Borders Council.

Five Non-Executive Directors of NHS Borders Board.

Non-voting members

There will be a number of non-voting members as identified by the Joint Integration Board, including:

- i. A Health professional
- ii. Chief Social Work Officer
- iii. Chief Financial Officer of the Joint Integration Board
- iv. Staff representation
- v. Third sector representation
- vi. Carer representation
- vii. Service user representation
- viii. Chief Officer of the Integration Joint Board

In Attendance

- i. Chief Executives of the Local Authority and NHS Board
- ii. Any other senior officers as appropriate

Chair

The first Chair of the Board shall be from the body not employing the Integration Joint Board's Chief Officer, with the Vice-Chair from the body employing the Chief Officer.

The Chair shall not have a casting vote.

Quorum

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

Budgets

Prior to 1 April 2016, any delegated budgets shall operate as aligned budgets and shall require the final approval of Scottish Borders Council and NHS Borders respectively.

Functions Referred

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

- All arrangements relating to matters detailed in, and limited to, the Scheme of Integration.

Functions Delegated

Prior to 1 April 2016 or until such time as the Strategic Plan is approved where detailed in the Scheme of Integration, functions are referred to the Integration Joint Board for consideration and recommendation only and must receive approval of the Council and NHS Borders.

Minutes of a meeting of the **Health & Social Care Integration Shadow Board** held on Monday 9 March 2015 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:

Cllr C Bhatia	Mrs P Alexander
Cllr J Mitchell	Mr D Davidson
Cllr F Renton	Dr D Steele
Cllr D Parker	Dr S Mather

In Attendance:

Miss I Bishop	Mrs S Manion
Mrs E Torrance	Mr J Lamb
Mr D Bell	Mr D Robertson
Mrs J McDiarmid	Dr E Baijal
Mrs T Logan	Mrs C Gillie
Mr B Howarth	Mrs J Miller

1. Apologies and Announcements

Apologies had been received from Dr Jonathan Kirk, Dr Simon Watkin, Cllr Sandy Aitchison, Cllr Jim Torrance, Mrs Jane Davidson, Dr Sheena MacDonald, Mrs Evelyn Rodger, Mrs Fiona Morrison and Mr Andrew Leitch.

The Chair confirmed the meeting was quorate.

The Chair thanked Cllr Sandy Aitchison, Dr Simon Watkin, Dr Jonathan Kirk and Dr Doreen Steele for their valued expertise and support during the past year and confirmed that they would step down from the Board at the end of March.

The Chair advised that Borders NHS Board had confirmed that their membership of the Board post 1 April 2015 would be John Raine, Chairman, NHS Borders, Pat Alexander, Non Executive, David Davidson, Non Executive, Karen Hamilton, Non Executive, and Dr Stephen Mather, Non Executive.

The Chair advised that a discussion had taken place between NHS Borders and Scottish Borders Council and it had been agreed that in moving forward the Board would be known as the "Health & Social Care Integration Joint Board" post 31 March 2015.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the H&SC Integration Shadow Board held on 9 February 2015 were amended at page 3, penultimate paragraph, to read "Cllr Bhatia suggested Councillors might like to attend a future Borders NHS Board meeting and Non

Executive Directors might like to attend a Scottish Borders Council full Council meeting” and with that amendment the minutes were approved.

4. Matters Arising

- 4.1 Minute 9: Newsletter:** Mrs Susan Manion advised that the newsletter was due to be released in March. The Board agreed to remove the item from the Action Tracker.
- 4.2 Minute 5: Joint Staff Forum:** The Board noted that invitation letters to join the Strategic Planning Group were being produced.
- 4.3 Minute 6: Events:** The Board agreed not to pursue additional events and that the item be removed from the Action Tracker.
- 4.4 Contingency Planning:** Mr David Davidson enquired about contingency planning. Mrs Carol Gillie confirmed that arrangements would be set out in the Scheme of Integration.

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

5. Draft Strategic Commissioning Plan

Dr Eric Baijal introduced the first draft of the strategic commissioning plan. Mr Bob Howarth gave an overview of the detail within the plan. Mr James Lamb highlighted the timescales for the development and consultation periods.

Mrs Susan Manion reminded the Board that the document remained a “work in progress”.

Cllr Catriona Bhatia advised that the Community Councils would not be meeting in July and suggested a first draft be shared with them at the beginning of June.

Dr Stephen Mather suggested that the document could detail the piloting of specific outcomes to be achieved such as “taking care of the elderly” instead of “we want improved outcomes”. He suggested stating what achievements the Board wanted to make, defining those achievements and allowing the measuring of those achievements and outcomes at the year end. Dr Baijal advised that the Integrated Care Fund projects would go some way to addressing that suggestion and he advised that more reflection on that suggestion would be provided in the draft document.

Mr David Davidson commented that he welcomed the idea of an abbreviated more simplistic document. He suggested that in working up the next shorter version of the public document that elements on public transport and housing also be included.

Dr Doreen Steele welcomed the different documents for different audiences. She suggested that the draft plan in its current form was for professionals and did not focus yet on key performance indicators to measure outcomes. She suggested it be further streamlined in terms of language and approach to make it a more engaging read for people.

Cllr John Mitchell enquired if it could be called the Strategic Commissioning Plan 2016/2026 or for the 3 year period 2016/2019 as it would not be fully functioning in the 2015 period.

Dr Baijal advised that there had been a positive discussion with community planning colleagues and a benefits realization matrix was being worked up, the document would be streamlined and in moving forward the plan would be regularly reviewed as part of the commissioning cycle.

Cllr Bhatia sought assurance that the GP community would be involved and engaged with as they would be key to the delivery of the commissioning plan. Mrs Manion advised that she would be meeting with the GP Sub Committee in the first week of April. Dr Baijal also advised that the community engagement toolkit provided a logical framework in which to proceed to engage with GPs.

Mrs Tracey Logan and Mrs Jeanette McDiarmid were keen to meet with GPs in each locality area along with Mrs Manion in order to understand and explore locality issues with them.

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

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive the final version of the Strategic Commissioning Plan in advance of publication to the public.

6. Inpatient Services Review

Cllr Catriona Bhatia introduced the Inpatient Services Review paper advising that Borders NHS Board had approved the commencement of a review of NHS Borders Inpatient services. She suggested that as the conversations with communities would take place during the same consultation period for the Strategic Commissioning Plan there was an opportunity to coordinate engagement sessions to widen discussions to cover both items. Dr Eric Baijal commented that such an approach may be helpful given that there was a lot of synergy between both documents.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted the commencement of the review of NHS Borders Inpatient services.

7. Programme Highlight Report

Mr James Lamb gave an overview of the content of the programme highlight report. He spoke of slippage in the high level milestone plan, commented that the draft Scheme of Integration consultation concluded on 13 March 2015, and public engagement sessions had taken place in the five localities. With regard to lessons learned Mr James emphasized that these were in relation to having a greater lead in time in engagement event planning and advertising.

Mr Lamb highlighted to the Board the process being followed in terms of recruiting members to the Strategic Planning Group and the induction packs to be produced for those members to bring them up to speed and link them into networks for geographic and interest communities.

Cllr John Mitchell enquired about the provision of video conferencing facilities to enable those in the community to communicate with the centre. Mr Lamb advised that the Office Communication Server (OCS) system was being used, however connectivity was dependent on broadband provision in various parts of the Borders. Cllr Bhatia advised that there was a good provision of video conferencing facilities at the Borders General Hospital.

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

8. Draft Scheme of Integration Update

Mrs Susan Manion updated the Board on the current status of the Draft Scheme of Integration and advised that she, Iris Bishop and James Lamb had met with the Chairs of the workstreams to finalise the narrative of the sections pertinent to their areas of expertise. Discussions had also taken place with the relevant Policy Unit Officer at the Scottish Government in terms of clarifying the guidance issued by Scottish Government in December 2014. Authority to approve the Scheme of Integration for submission to the Scottish Government by 31 March 2015 had been delegated from the Borders NHS Board to its Chairman and Chief Executive and likewise from Scottish Borders Council to its Leader and Chief Executive.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted the update.

9. The Disestablishment of the Scottish Borders Community Health and Care Partnership

Mrs Susan Manion gave an overview of the content of the paper and highlighted the groups that had reported at a greater or lesser extent in to the work of the Scottish Borders Community Health & Care Partnership (CH&CP). She advised that the majority of delivery within the CH&CP would sit within the remit of the Health & Social Care Integration Joint Board, however there were some elements outwith that remit such as children's services.

Mrs Jeanette McDiarmid advised of the work that had been undertaken through the Children and Young People's Leadership Group (C&YPLG) and advised that in future it would sit within the Community Planning Partnership (CPP).

Mr David Davidson asked that a diagram be produced of the current position and expected position in a year's time and the governance routes. As he and other colleagues were unsighted on the CPP he was keen to understand the linkages, accountabilities and governance route.

Further discussion highlighted the transition of young people through children's services into adult services within the same health and social care directorate; commitment of Mrs Tracey Logan and Mrs McDiarmid to work toward the C&YPLG being accountable through the CPP; impact of the Community Empowerment Bill on the CPP.

Mrs Carol Gillie highlighted that the CH&CP had been a formal Sub Committee of the Borders NHS Board, however the CPP had no direct links to the Board therefore there was a need to ensure there were appropriate governance arrangements put in place for children's services

from the health perspective. She further commented that in other Health & Social Care Integration Board areas where the issue had been raised the majority of partnerships had included children's services within their scope in order to ensure appropriate governance arrangements were in place for both organisations.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** supported the proposed way forward.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive a diagram on the governance routes for children's services showing the current position and the future position.

10. Clinical & Care Services/Children's Services and Housing

There were no items of business raised under this heading.

11. Monitoring of the Shadow Integrated Budget 2014/15

Mrs Carol Gillie advised that the report was a by exception report to the end of January 2015. The budgets reported were as per the original agreed scope, were on an aligned basis and financial pressures remained the responsibility of the individual organizations. As of April 2016 the responsibility for financial pressures in the Health & Social Care Integration Joint Board would be the responsibility of the Health & Social Care Integration Joint Board.

Mrs Gillie advised that the integrated shadow budget was predicting an outturn position of a £378k overspend. The overspend was linked to prescribing and in line with previous reports received by the Board. The key pressure area was GP prescribing linked to high prices of certain drugs and global supply.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** approved the reported projected position of £378k overspent at 31st January 2015.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to mitigate any projected overspends and that NHS Borders would manage the projected overspend on GP prescribing as part of its year end planning.

12. Integrated Care Fund Proposed Governance

Mrs Susan Manion detailed the content of the paper. She advised that further amendments had been proposed after the paper had been issued. The amendments were highlighted to the Board. She emphasised that it was important to note that an Integration Care Fund Plan had been submitted to Scottish Government and that four themes had been identified along with the work required to take those four themes forward. She further commented that it was important to ensure that the governance arrangements around the Integrated Care Fund (ICF) were appropriate and that the resources were used in the way the fund had intended. Mrs Manion confirmed that the Scottish Borders had been allocated £2.13m.

Mr David Davidson enquired about audit arrangements for the fund. Mrs Carol Gillie advised that the allocation was passed through the NHS route and would therefore certainly be subject to NHS Borders audit procedures, however when the Health & Social Care Integration Joint Board became fully functioning the provisions for internal and external audit arrangements for that Board would be required.

Mrs Pat Alexander enquired if plans for the funds had been signed off given that its status was for one year only. Mrs Manion confirmed that a plan had been signed off and the funds would be utilised to facilitate different ways of working.

Mrs Alexander enquired when the plans that had been identified for funding would receive the funding. Mrs Manion advised that there was a process in place to release the funds in April 2015.

Mrs Elaine Torrance welcomed the joining together of the strategic planning process and the ICF. She noted that project assessment criteria required further refinement and was keen to hear of feedback from service users and their carers.

Mr David Robertson echoed that the project assessment criteria required further work especially in terms of sustainability and exit planning. He was clear that there should be no on-going financial commitments beyond the life of the ICF.

Dr Eric Baijal reassured the Board that there were clear exit plans in place for each work package identified.

Cllr Catriona Bhatia shared Mrs Alexander's concerns that the fund was for a period of one year and sought assurance that it would focus on outcomes and services and not on headcount and process.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** requested that the paper be updated in terms of the wording of the narrative based on the proposed changes and with those changes approved the paper.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed that the revised paper be circulated for virtual noting.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive a note on 1 April 2015 of when the Torbay model in each locality would be going live.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive a six monthly report on the ICF.

13. Any Other Business

There was none.

14. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board would be held on Monday 27 April at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 3.11pm.

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Integration Shadow Board Action Point Tracker

Meeting held 9 February 2015

Agenda Item: Establishing a Permanent Strategic Planning Group to support the Integration of Social Care and Health

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
5	The H&SC INTEGRATION SHADOW BOARD agreed that 2 joint staff forum representatives join the Strategic Planning Group.	James Lamb/ David Bell	April	In Progress Update 09.03.15: Letters being produced.	


Agenda Item: Health & Care Coordination

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	The H&SC INTEGRATION SHADOW BOARD agreed to receive a story on a patient in Borders whose care had been transformed as a consequence of following the Connected Care/Torbay principles.	Susan Manion/ Alasdair Pattinson	June	In Progress: Item scheduled for 22 June 2015 meeting.	


Integration Shadow Board Action Point Tracker

Meeting held 9 March 2015


Agenda Item: The Disestablishment of the Scottish Borders Community Health and Care Partnership

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
9	The HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD agreed to receive a diagram on the governance routes for children's services showing the current position and the future position.	Susan Manion	April		


Agenda Item: Integrated Care Fund Proposed Governance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
12	The HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD requested that the paper be updated in terms of the wording of the narrative based on the proposed changes and with those changes approved the paper.	Susan Manion	April	Complete	


Agenda Item: Integrated Care Fund Proposed Governance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
12	The HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD agreed that the revised paper be circulated for virtual noting.	Susan Manion	April	Complete	


Agenda Item: Integrated Care Fund Proposed Governance



Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
12	The HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD agreed to receive a note on 1 April 2015 of when the Torbay model in each locality would be going live.	Susan Manion	April	In Progress: Item to scheduled for 22 June Integration Joint Board meeting agenda.	

Agenda Item: Integrated Care Fund Proposed Governance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
12	The HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD agreed to receive a six monthly report on the ICF.	Susan Manion	September	In Progress: ICF six monthly report scheduled for 12 October Integration Joint Board meeting agenda.	

KEY:

	Overdue / timescale TBA
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	<2 weeks to timescale
	>2 weeks to timescale
Blue	Complete – Items removed from action tracker once noted as complete at each H&SC Integration Shadow Board meeting

PROGRAMME HIGHLIGHT REPORT – April 2015

Aim

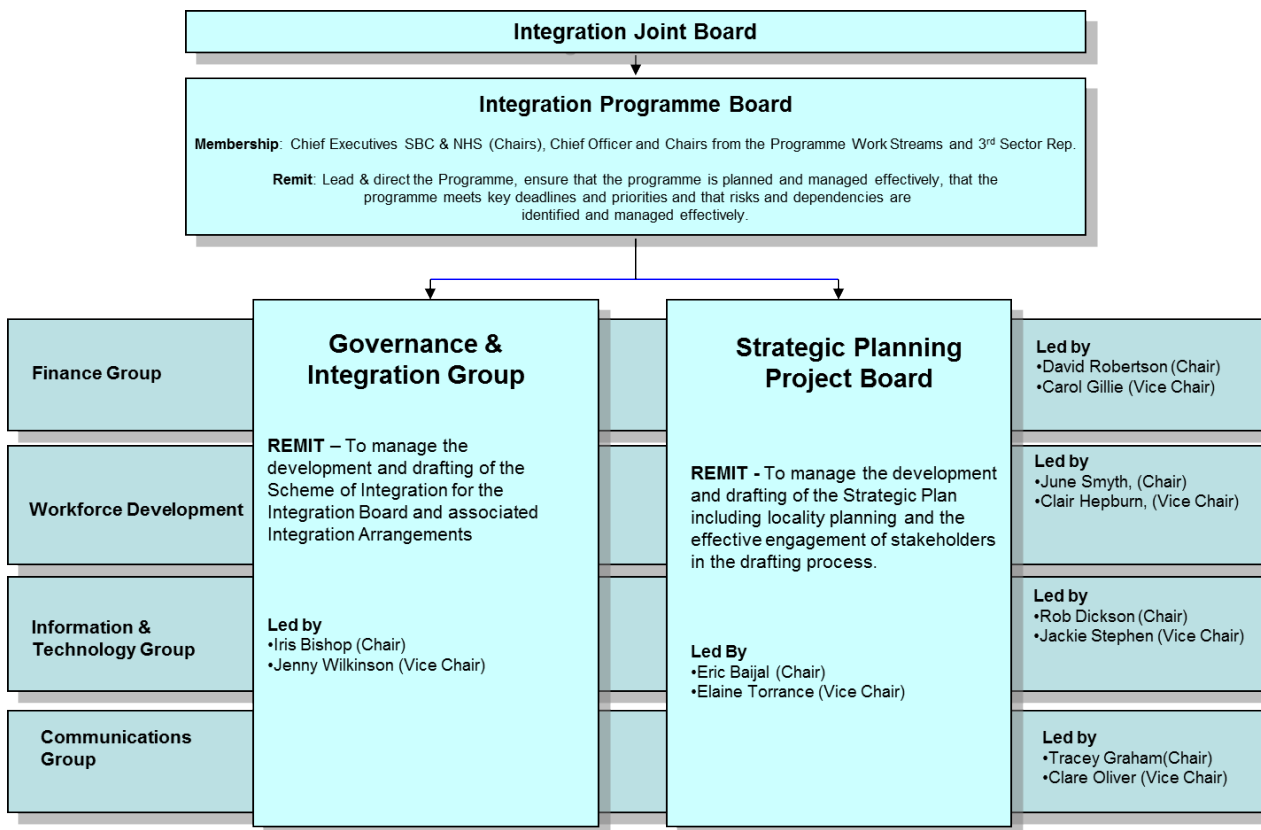
1.1 To provide an outline update on progress in the delivery of the Integration Programme.

Background and Summary

2.1 The Programme aims to deliver:

- i. a Scheme of Integration (effectively the governance and operating arrangements for the partnership) by April 2015 in line with national, legislative timescales. This has been **ACHIEVED** although it is likely that there will be further work on the Scheme once feedback has been received from the Scottish Government in mid May.
- ii. a Strategic Planning Framework for the delivery and commissioning of services under the new integration arrangements. The Strategic Planning Framework needs to be in place by April 2016 at the latest. Our local target is to have this in place by October 2015 and we are currently **ON TRACK** to achieve this.

2.2 There are 6 work streams supporting the programme as shown below.



2.3 The two main Work Streams are:

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

2.4 These 2 work streams are supported by 4 Work Streams

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

2.5 Progress across each of these groups is summarised below and in the attached A3 summary sheet.

Headline Progress in the Reporting Period (March/April)

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

- **Scheme of Integration** – The draft Scheme of Integration has been submitted to Scottish ministers on the 31st March as per the programme plan and as per the national timescales. The papers were presented as work in progress to both the Council and Health Board on the 2nd of April. Feedback is expected from the Scottish Government by mid-May (6 week turnaround from submission) and it is likely that a further draft will be developed to address any points raised.
- **Strategic Plan** – The 1st draft of the Strategic Plan has been published is included on the agenda for this meeting. An early draft was first presented to Council and the NHS Board on 2nd April. Consultation over the plan was launched on Friday last week (10th April) with a press release, facebook and twitter posts, posted on both websites and electronic copies were sent to all identified internal and external stakeholder groups – including all those people who attended the February public meetings. The consultation over the 1st draft of the plan lasts until 5th June and will inform the 2nd draft of the Strategic Plan which will, itself, be subject to a further round of consultation between 1st July and 22nd September.
- **Public Engagement** – A series of public engagement events has been arranged in 9 communities across the Borders in the last 3 weeks of May. The events are in the evening from 6.30pm to 8.00 pm. These are currently being publicised. Further events are being arranged for late August and early September and these will be publicised shortly.
- **Strategic Planning Group** – The recruitment of the standing Strategic Planning Group (required under legislation to support the Integration Joint Board in the development, review and renewal of the Strategic Plan) has taken longer than anticipated to establish nominations. This is being progressed and an induction event will be set up in May.
- **Staff Engagement** – Slots for staff engagement have been booked in the 9 communities across the Borders.

Governance & Integration Group

4.1 The focus of the Group has been on the completion and submission of the Scheme of Integration by the end of March. Now that the Scheme has been submitted the group is only likely to meet on an “as required” basis to facilitate any updates to the Scheme following feedback from the Scottish Government.

Strategic Planning Group

- 5.1 The 1st draft has been published and is now out for consultation. The consultation runs to 5th June. A 2nd draft will be developed by end of June and will go out for wider consultation between 1st July and 22nd September.
- 5.2 The consultation over the 1st draft was launched with a news release and via our websites, facebook and twitter. The Plan was also sent to all internal and external stakeholders in electronic form. A series of staff and public engagement events has been established across the borders (the programme is set out elsewhere on the agenda) and these are now being publicised.
- 5.3 A second draft will then be developed with stakeholders over April and May for agreement in June before it goes out for wider consultation in July, August and September. Public events for this will be in the last week of August and first two weeks of September.
- 5.4 Nominations from the various stakeholder groups are being progressed for the statutory Strategic Planning Group. The process of establishing and agreeing nominations is taking longer than anticipated but it is anticipated that an induction event will be held in May to enable the group to be involved in the 1st round of consultations over the Strategic Plan.

The Finance Group

- 6.1 Progress continues to be made, on schedule, on the delivery of component parts of the Finance Workstream.

The Workforce Development Group

- 7.1 The Group has developed a draft Organisational Development Plan for the integrated services. The Group will support Staff Engagement events in May as part of the development of the Strategic Plan. Resource is being sourced to support this work stream.

The Information, Performance and Technology Group

- 8.1 Work is being undertaken to scope a programme to take forward the IT and data and information sharing issues identified in the initial investigative work. A Programme Brief is being developed for agreement by the Programme Board.

The Communications and Engagement Group

- 9.1 The main activity has been in supporting the launch of the Strategic Plan including the design and launch of the Plan and establishing public engagement events in the 5 areas across the Borders.
- 9.2 The next issue of the staff Newsletter is in draft form and will be updated to reflect the launch of the Strategic Plan and support the Staff Engagement events in May.
- 9.3 Interviews for the Communications post will be on the 24th of April with an appointment as soon as possible after that date.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report.

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

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
James Lamb	Programme Manager		

Programme Highlight Report Summary

Strategic Planning	G	
Draft Strategic Commissioning Plan	G	Plan has been approved, now to go out for a period of engagement.
Integrated Care Fund	A	ICF extended to cover the 3 year period as opposed to the original 1 year. Discussion involving finance colleagues to put financial plans in place to be initiated. Stage process is at requires clarification.
Housing Workshop	G	Date of May 8 th agreed. Venue booked and invites to be sent out by Friday 10 th .
Engagement Events	G	Staff and Public Engagement Events for May have been provisionally booked. Other appropriate forums are continuing to be identified and representatives sought to attend.
Equality Impact Assessment	G	Lead to be identified.

Gov, & Integration	G	Thanks to all the workstreams for enabling the Scheme of Integration to be completed for submission. Risks have been identified and mitigating actions proposed.
Scheme of Integration	G	Completed and submitted to Scottish Government by 31 st March as required. Awaiting feedback/approval (estimated timeline 6 weeks).
Revise Terms of Reference/Standing Orders for IJB in line with Scheme of Integration.	G	Revised – IJB to approve at first formal meeting (27 th April).

Workforce Planning	G	The group have successfully produced a work plan which will allow us to complete the Draft Integration Scheme. The work will also provide baseline workforce data within both organisations. Risks have been identified and mitigating actions proposed.
Section 9 Workforce – Joint appointments and the development of a joint workforce and OD strategy	G	Stakeholder engagement continues in conjunction with the Comms and Engagement Group. Next step engaging staff in the development of the Draft Strategic Plan. Joint appointments process in place as noted in section 9.
Section 9 Workforce – Supervision & Management	G	Baseline data being collated on workforce planning. Work continues with HR policy baseline data gathered. A framework report has been developed to allow comparison of existing policy within each organisation.
Section 9 Workforce – Transfer Arrangements	G	Previously developed “Joint Staff Framework” revisited and refreshed, now adopted for all joint appointments. Terms of Reference of the Workforce Group revisited and agreed. Membership adapted to include the scoping of training and professional development within each parent company to be progressed.
Section 9 Workforce – Relationship between the CO and SMT to HB and LA Line Management of the CO	A	Work continues with the development of the Organisational Development Plan. Lack of capacity within local OD providers to carry out plan has been identified. Susan Manion to meet with the Chair and Deputy of the workstream to discuss solutions.
Contribute to Section 7 – Local Operational Arrangements	G	Staff Governance discussion and agreement on consistency of management standards.
Scope each orgs. existing HR policy - produce a report on significant differences	G	Complete for 10 main policies, further work planned for other HR policies. Report to be prepared for Programme board.
Agreement for staff to raise public service issues using existing policies	G	As above whistleblowing policies have been compared.
Develop a staff engagement plan	G	Close links with Communications Group continues.
Develop an OD plan up to and including April 2015	A	Draft Organisational Development Plan developed. Further work with local OD being advanced.
Scope and develop joint training	G	Work continues to scope existing Statutory and Mandatory Training. Work is also underway to look at the potential opportunities within eLearning/ Shared learning/ Quality Assurance.

Info., Performance & Techn.	G	The Project Terms of Reference and Project Initiation documents have been developed and agreed. A Programme Scoping and Deliverables document was reviewed by the IT & Performance workstream and a short life working group formed to review requirements, assign priorities to each area and agree priorities for immediate implementation of solutions. The Programme Brief document is being developed with the first draft to be completed by 9 th April. Risks have been identified and mitigating actions proposed.
Agree and prioritise business requirements	G	Scope document was reviewed by IT Work stream. A short life working group has been created (Chair Alasdair Pattinson) and have committed to return priorities by 7/4/15 for inclusion in the Programme Brief that is being developed.
Draft initial resource requirements	G	Project management resource requirement has been identified for inclusion in the Programme Brief. NHS Borders and SBC IT resource requirement will be dependent on the development of an agreed implementation plan.
Immediate objectives	G	Key areas have been identified where small scale pilot projects can be introduced to assess suitability of solution.

Finance	A	Progress continues to be made, on schedule, on the delivery of the component elements of the Finance Workstream Project Plan. A number of further areas of work require completion over the next few reporting periods. Risks have been identified and mitigating actions proposed.
Revenue Financial Planning	A	Financial Plans agreed within Scottish Borders Council and NHS Borders. Supplementary breakdown of integrated budget requires further work in order to inform the financial statement in detail. Further due diligence work being undertaken over the sufficiency of integrated resources. Work to calculate the amount of large hospital set-aside resources is ongoing.
Revenue Financial Management	A	Outstanding action relates to the development of process for production of budget management reports. Definition of the arrangements around the supply of staff/services to the IJB in order to mitigate any potential VAT impact to be addressed in next reporting schedule.
Statutory reporting	G	Revised statutory guidance expected from the Integrated Resources Advisory Group in early April.
Governance	A	During the last reporting period, the Finance Workstream has supported finalising the Scheme of Integration and the Draft Strategic Plan . Outstanding action relating to agreement of the role of the Chief Financial Officer for the IJB and implementation.

Communications	A	Risks have been identified and mitigating actions proposed.
Draft Strategic Plan Document	G	Work ongoing with officers, SBC’s graphic design and print team to produce the document for public consultation.
Draft Strategic Plan consultation process	A	Engagement events are provisionally booked and timetable of existing events which could also be attended are being collated.
Communications and Engagement Officer post for Integration.	G	Shortlisting complete and interview date set for Friday 24 th April.
Newsletter	A	Next issue is in draft form and no feedback received so far. This will be updated to reflect launch of consultation on Strategic Plan and will be recirculated for input.

Decisions Needed from the Board :

- Communications and Engagement : Branding – do we need this? If so, what should it aim to achieve?
- Governance & Integration: The Programme Board to consider if this workstream can now be disbanded and/or brought together on an adhoc basis if and when required.

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Integration Programme - High Level Milestones

ID	Task Name	Duration	Start	Finish	2015												2016			
					1st Qu	2nd Qu	3rd Qu	4th Qu	1st Qu	2nd Qu	3rd Qu	4th Qu	1st Qu	2nd Qu	3rd Qu					
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1		1 day?	Tue 02/09/14	Tue 02/09/14																
2	National Timelines - 2014 - 2016	523 days?	Tue 01/04/14	Fri 01/04/16																
3	Act Receives Royal Assent	0 days	Tue 01/04/14	Tue 01/04/14																
4	Consultation (Draft Regs)	71 days?	Mon 12/05/14	Mon 18/08/14																
5	Response to Consultation Published	0 days	Tue 30/09/14	Tue 30/09/14																
6	Orders and Regs Laid in Parliament	0 days	Fri 31/10/14	Fri 31/10/14																
7	Orders and Regs come into force	0 days	Wed 31/12/14	Wed 31/12/14																
8	Guidance Completed and Published	0 days	Wed 31/12/14	Wed 31/12/14																
9	Integration Schemes Must be Submitted to Scottish Govt	0 days	Wed 01/04/15	Wed 01/04/15																
10	Community Health Partnerships Cease	0 days	Wed 01/04/15	Wed 01/04/15																
11	Integration Arrangements Need to be in Place	0 days	Fri 01/04/16	Fri 01/04/16																
12																				
13	Scheme of Integration	307 days?	Tue 01/04/14	Wed 03/06/15																
14	Outline Scheme of Integration Produced	0 days	Tue 01/04/14	Tue 01/04/14																
15	Outline Scheme issued to Work Stream Groups for Population	1 day?	Fri 31/10/14	Fri 31/10/14																
16	Produce 1st Draft of the Scheme of Integration	0 days	Fri 31/10/14	Fri 31/10/14																
17	Presentation of Draft Scheme of Integration to NHS Board	0 days	Thu 04/12/14	Thu 04/12/14																
18	Presentation of Draft Scheme of Integration to the Shadow Board	0 days	Mon 08/12/14	Mon 08/12/14																
19	Presentation of Draft Scheme of Integration to Council	0 days	Thu 18/12/14	Thu 18/12/14																
20	Formal Consultation on the Scheme of Integration	60 days?	Mon 22/12/14	Fri 13/03/15																
21	Update Draft Scheme of Integration presented to Shadow Board as Work in Progress (next meeting of IJB is 27/4/15)	0 days	Mon 09/03/15	Mon 09/03/15																
22	Final Integration Scheme presented to NHS Board	0 days	Tue 31/03/15	Tue 31/03/15																
23	Final Integration Scheme presented to Council	0 days	Thu 02/04/15	Thu 02/04/15																
24	Final Integration Scheme Submitted to Scottish Govt	0 days	Wed 01/04/15	Wed 01/04/15																
25	Review by Scottish Govt	30 days	Thu 02/04/15	Wed 13/05/15																
26	Final Integration Scheme to be presented to the Integration Joint Board	0 days	Mon 27/04/15	Mon 27/04/15																
27	Submission lies in Parliament	28 days	Mon 27/04/15	Wed 03/06/15																
28	Order Issued	0 days	Wed 03/06/15	Wed 03/06/15																
29																				
30	Strategic Commissioning Plan	282 days?	Wed 01/10/14	Fri 30/10/15																
31	Pre-drafting Engagement with Practitioners and Identified Stakeholders	43 days?	Wed 01/10/14	Fri 28/11/14																
32	Drafting of Strategic Commissioning Plan	130 days?	Wed 01/10/14	Tue 31/03/15																
33	Proposals for Establishing Strategic Planning Group to the NHS Board (Date to be confirmed)	0 days	Mon 09/02/15	Mon 09/02/15																
34	Proposals for Establishing Strategic Planning Group to Council	0 days	Thu 19/02/15	Thu 19/02/15																
35	Proposals for Establishing Strategic Planning Group to the Shadow Board	0 days	Mon 09/02/15	Mon 09/02/15																
36	Recruitment/Establishment of the Strategic Planning Group	30 days	Thu 19/02/15	Wed 01/04/15																
37	1st Draft of the Strategic Commissioning Plan - for Consultation - to the NHS Board for agreement (Date to be confirmed)	0 days	Tue 31/03/15	Tue 31/03/15																
38	1st Draft of the Strategic Commissioning Plan - for Consultation - to Council for agreement	0 days	Thu 02/04/15	Thu 02/04/15																
39	First Draft of the Strategic Commissioning Plan completed and presented to the Integration Joint Board	0 days	Mon 27/04/15	Mon 27/04/15																
40	Second Draft of the Strategic Commissioning Plan developed in engagement with stakeholders	45 days	Mon 06/04/15	Fri 05/06/15																
41	2nd Draft of the Strategic Commissioning Plan - for Consultation - to the NHS Board for agreement	0 days	Thu 25/06/15	Thu 25/06/15																
42	2nd Draft of the Strategic Commissioning Plan - for Consultation - to Council for agreement	0 days	Thu 25/06/15	Thu 25/06/15																
43	Second Draft of the Strategic Commissioning Plan completed and presented to the Integration Joint Board	0 days	Mon 22/06/15	Mon 22/06/15																
44	Formal Consultation on the Strategic Commissioning Plan	60 days	Wed 01/07/15	Tue 22/09/15																
45	Strategic Commissioning Plan Agreed by the Parent Bodies and Integration Joint Board	0 days	Fri 30/10/15	Fri 30/10/15																

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DRAFT STRATEGIC PLAN – A CONVERSATION WITH YOU - UPDATE

Aim

- 1.1 This paper gives an outline of the “draft strategic plan – a conversation with you”, the document (Appendix 1) to be used as an initial engagement process in developing the Strategic Commissioning Plan.
- 1.2 As required by the Public Bodies (Joint Working) (Scotland) Act 2014 – The Strategic Commissioning Plan will lay out the health and social care priorities for the Borders within an integrated framework in which NHS Borders and Scottish Borders Council will jointly use their resources..

Background

- 2.1 The Strategic Commissioning Plan is not only a statutory requirement but is also driven by local and national policy and aims to meet the needs of adults now and in the future, by working within available financial and workforce resources and by tackling inequalities, along with offering new ways of working and early preventative measures.
- 2.2 The final plan is to be of three years duration and will be reviewed and rolled-on each year.
- 2.3 The plan is evolving and builds on the progress that has already been made by NHS Borders, Scottish Borders Council and their partners to improve and re-design local services.
- 2.4 A wide range of information has been drawn on to start to form a case for change and the draft plan will profile the all-important Strategic Objectives derived from National Outcomes by which local future ambitions are directed.

Engagement and Consultation

- 3.1 The Strategic Commissioning Plan requires to be co-produced with all key stakeholders and therefore this first engagement exercise will provide an opportunity to do this. Key stakeholders will have the opportunity to express views, opinions and thoughts on the draft plan whilst also contributing to the next version of the plan which will then be subjected to a full formal 3 month consultation exercise from July 2015.
- 3.2 Future work on the Plan will be based on what is learned from this engagement and consultation exercise by listening to people in the Borders – patients, service users, carers, members of the public, clinicians and professionals and other partner organisations.
- 3.3 Other key stakeholders that will be part of this exercise are listed below and a fully detailed Communications and Engagement plan will underpin this work (Appendices 2 and 3).
 - SBC Elected Members
 - Scottish Health Council

- Community planning partners
- Community councils
- Area Forums
- Other Health Boards and special boards
- NHS Borders Board, Advisory Committees and Non-Executives Directors
- Independent contractors
- Participation Network - including public partnership forum and public reference group
- Scottish Government
- MPs MSPs
- Media
- Third Sector (voluntary groups/organisations)
- Commissioned service providers
- Joint service providers
- Public Governance Committee
- Cross Borders patient flows/neighbour Boards
- Equality Forum
- Children & Young People

3.4 Community events will also take place across all localities during this exercise in the following towns:

- Duns
- Eyemouth
- Jedburgh
- Kelso
- Galashiels
- Selkirk
- Hawick
- Peebles

3.5 These sessions will take place during May 2015. These will be open to all staff and public and will be widely advertised in advance.

3.6 A launch has taken place as part of this exercise with press release. The events and how people can get involved are being advertised. Full use will be made of all standard Scottish Borders Council and NHS Borders communication channels to deliver key messages and encourage engagement.

3.7 At their meetings on 2 April 2015, Council approved this proposed process and the NHS Board noted it.

Summary

4.1 It is planned to use the initial draft of the Strategic Plan in a series of engagement events during April and May before producing the formal consultation version of the Plan in June of this year.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** that the initial draft Strategic Plan will be used for the first phase of a joint engagement exercise in support of the production of a Borders Strategic Commissioning Plan.

Policy/Strategy Implications	The documentation and exercise outlined above is designed to inform the
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	development of the Strategic Commissioning Plan
Consultation	The purpose of this report is to recommend an initial consultation on the Strategic Commissioning Plan. There will be further and more detailed consultations to follow.
Risk Assessment	If Scottish Borders Council and NHS Borders do not conduct an initial consultation exercise there is a potential risk that the requirements of the integration legislation and associated guidance will not be fulfilled i.e. the people who use and provide services and others will not have an opportunity to be involved in the development of the Plan from its earliest stages.
Compliance with requirements on Equality and Diversity	An Equalities Impact Assessment is being conducted alongside the development of the Plan. At this stage there are no adverse equality implications attached to recommendation contained in this report.
Resource/Staffing Implications	There are no resource/staffing implications as a result of the recommendation contained within this report.

Approved by

Name	Designation	Name	Designation
Dr Eric Baijal	Joint Director of Public Health		

Author(s)

Name	Designation	Name	Designation
Bob Howarth	Programme and Planning Manager, Scottish Borders Council	Stephanie Errington	Head of Planning and Performance, NHS Borders

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Scottish Borders **Health & Social Care** partnership

draft strategic plan

2015 -18

a conversation with you

Working together for the best possible health and wellbeing of our communities



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FOREWORD



NHS Borders and Scottish Borders Council are working together in a new way to bring together health and social care. The purpose is to deliver better outcomes for our residents. Specifically we want to ensure that people live healthier, longer lives, can be independent and have choice and control no matter who they are or where they live in the Scottish Borders.

We know that many individuals and families live in circumstances of economic hardship, that our population is ageing and that we are caring for more people with complex needs. We also know that there are significant differences – inequalities – between and within our communities. We are committed to working alongside all our partners to prevent and undo inequalities.

Health and social care services are being brought together on a multi-agency basis to address these challenges. The partnership will also work with acute services to reduce avoidable admissions to hospital, as well as the need for emergency admissions to hospital.

We want to ensure that we engage with individuals at an early stage in their health journey. Getting involved at this stage helps prevent conditions becoming chronic and in turn can lead to better long term outcomes. We know that people living with a number of long-term and complex health conditions have a better quality of life when they are able to manage and be more in control of their health and care. And by providing support and assistance can ensure that they live well and independently for longer.

We will work with Public Health specialists to understand and tackle the patterns of ill health in our communities. The present economic climate also means we have to make the most efficient use of the money we have to deliver more personalised, better services.

In order to support this new partnership we have developed an initial three-year strategy to help us plan and deliver services for both current need but also the needs of people in the future.

We want to know what people across the Borders think services should be like in the future, so that we can make them more personalised and responsive to people's needs.

It is also an opportunity for you to comment and share your ideas on our proposals. We want to hear as many views as possible and would encourage you to participate and help shape our plans for the future.

This is not a static document. It is a live strategic plan and as such we look forward to engaging with all those with an interest in health and social care to deliver on our plan between now and 2018.

A handwritten signature in black ink, appearing to read 'Susan Manion'.

Susan Manion

Chief Officer (Health and Social Care Integration)

April 2015

WHAT IS...

... The Scottish Borders Health and Social Care partnership?

NHS Borders and Scottish Borders Council are working together to put in place formal joint working arrangements with the aim of providing better, more integrated adult health and social care services in the Borders. Planning of services for Scottish Borders Council and NHS Borders will be brought together by a Joint Board but a much wider range of services will be involved in the partnership.

At a national level, there is a requirement for all Health Boards and Local Authorities to integrate adult health and social care budgets and to strengthen the role of clinicians and care professionals, along with charities, voluntary and community groups, in the planning and delivery of services.

... Strategic Commissioning?

“Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.” – National Steering Group for Strategic Commissioning 2012

... The Strategic Commissioning Plan?

The Strategic Commissioning Plan describes how the Scottish Borders Health and Social Care partnership will make changes and improvements to develop health and social services for adults over the coming three years. It explains what our priorities are, why and how we decided them and how we intend to make a difference by working closely with partners in and beyond the Borders.

The Plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision.

Health, wellbeing and social care are really important to communities and individuals.

OUR VISION

Our Vision

Working together for the best possible health and wellbeing of our communities

Our aims

In order to achieve our vision, our partnership plans to:

- Improve outcomes for service users and carers
- Make services easily accessible with clear available information
- Deliver quality services in a person's own home or community in a timely way
- Have open, transparent and understandable governance arrangements
- Make effective use of resources and delivery of agreed efficiencies across the partnership
- Develop a flexible skilled workforce
- Meet agreed performance targets

OUR CASE FOR CHANGE

Why do we need to change?

Making the case for change is at the centre of this plan. We recognise that the way we provide care needs to change in order to meet both current and future challenges. If we do nothing, health and care services as they are will not be able to deliver the high quality service we expect.

There are a number of reasons why we need to change, which include:

- Rising demand for services
- Services are costly
- To deliver better services and outcomes

Services working in partnership

By bringing Scottish Borders health and social care services together through our partnership, we have the opportunity to improve our outcomes through joint working, better communication, improved efficiency and reduced duplication of work and effort.

The people of the Scottish Borders must be at the heart of redesigning services. They will be involved in designing changes to services which will focus on people and put them first. Through working together, we can start to tackle the issues identified in our Joint Needs Assessment, recognising the assets we have available within partnerships and through people, whilst also taking advantage of opportunities such as volunteering and learning to maximise outcomes for people and improved wellbeing.

A SNAPSHOT OF THE SCOTTISH BORDERS

- 1 district general hospital
- 4 community hospitals providing 87 beds for care and rehabilitation
- 4 local authority care homes
- 23 GP practices
- 28 pharmacies
- 15 optician practices
- 18 dental practices
- 1370 people use home care services

OUR INTEGRATED SERVICES

Which health and social care services are we integrating?

Our partnership will be responsible for planning and commissioning integrated services and overseeing their delivery. These services are all adult social care, adult primary and community health care services and elements of adult hospital care which will offer the best opportunities for service redesign. The total resource within the partnership is £135.2 million.

The partnership has a key relationship with acute services in relation to unplanned hospital admissions and will continue to work in partnership with Community Planning Partners. This includes charities, voluntary and community groups so that, as well as delivering flexible, locally-based services, we can also work in partnership with our communities.

NHS

- District Nursing
- General Medical Services
- Public Dental Services
- General Dental Services
- Ophthalmic Services
- Community Pharmacy Services
- Community Geriatric Services
- Community Palliative Care
- Community Learning Disability Services
- Mental Health Services
- Continence Services
- Kidney Dialysis outwith the hospital
- Services provided by health professionals that aim to promote public health
- Community Addiction Services
- Allied Health Professional Services

SCOTTISH BORDERS COUNCIL

- Social Work Services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and Alcohol Services
- Community Care Assessment Teams
- Care Home Services
- Adult Placement Services
- Health Improvement Services
- Re-ablement Services
- Aspects of housing support including aids and adaptations
- Day Services
- Local Area Co-ordination
- Respite Provision
- Continence Services

There are other, hospital-based, services where integrated planning is essential and, as a result, they are included within the scope of our integration arrangements. The combined budget for these services is £20.2 million and is in addition to the £135.2 million identified above.

These services are:

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Psychiatry of Learning Disability
- Palliative Care Services

It is forecast that 1 in 4 people born now will live to be over 100 years old.

OUR OBJECTIVES

Our local strategic objectives

1. We will make services more accessible and develop our communities

- We want to improve access to our services, but also to assist people and communities to help and support themselves too.
- We will develop local responses to local needs.
- We will communicate in a clear, open and transparent manner.

Strong communities are a real asset of the Scottish Borders. Community capacity building has the potential to significantly improve the health and independence of people with health and social care needs.

2. We will improve prevention and early intervention

- We will prioritise preventative, anticipatory and early intervention approaches.
- We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crisis.

Ensuring people who are struggling to manage independently can be rapidly supported through a range of services that meet their individual needs has been a focus for the development of new ways of working.

3. We will reduce avoidable admissions to hospital

- We want to reduce unnecessary demand for services including hospital care. If a hospital stay is required we will minimise the time that people are delayed in hospital.

By having the appropriate support in the right place at the right time, we can ensure people are supported to remain in their own homes.

4. We will provide care close to home

- We will support people to live independently and healthily in local communities.

Easily accessible care which meets the needs of the local communities allows people to receive their care close to home and build stronger relationships with care providers.

5. We will deliver services within an integrated care model

- We will ensure robust and comprehensive partnership arrangements are in place.
- We will pro-actively integrate health and social care services and resources for adults.
- We will integrate services and staff supported by the development of integrated strategy, systems and procedures.

Through working together, services will become more efficient and effective providing a better service to people who use their services and more satisfaction to those who provide the service.

OUR OBJECTIVES cont...

Our local strategic objectives (continued)

6. We will seek to enable people to have more choice and control

- We will ensure the principles of choice and control, as exemplified in Self Directed Support, are extended across all health and social care services.

Allowing people to have more choice and control of their health and social care services means they can receive the right services at the times they want to receive them.

7. We will further optimise efficiency and effectiveness

- We will institute a transformational change programme across the functions delegated to the partnership.
- We will efficiently and effectively manage resources to deliver Best Value.
- We will support the development of staff.

Strategic Commissioning requires us to constantly analyse, plan, do and review our services allowing us flexibility to change what we do and how we do it.

8. We will seek to reduce health inequalities

- We want to reduce inequality in particular health inequality, and support and protect vulnerable people in our communities.

Ensuring that people do not miss out on services due to, for example, a health condition, or lack of easy access to transport.

NATIONAL OUTCOMES

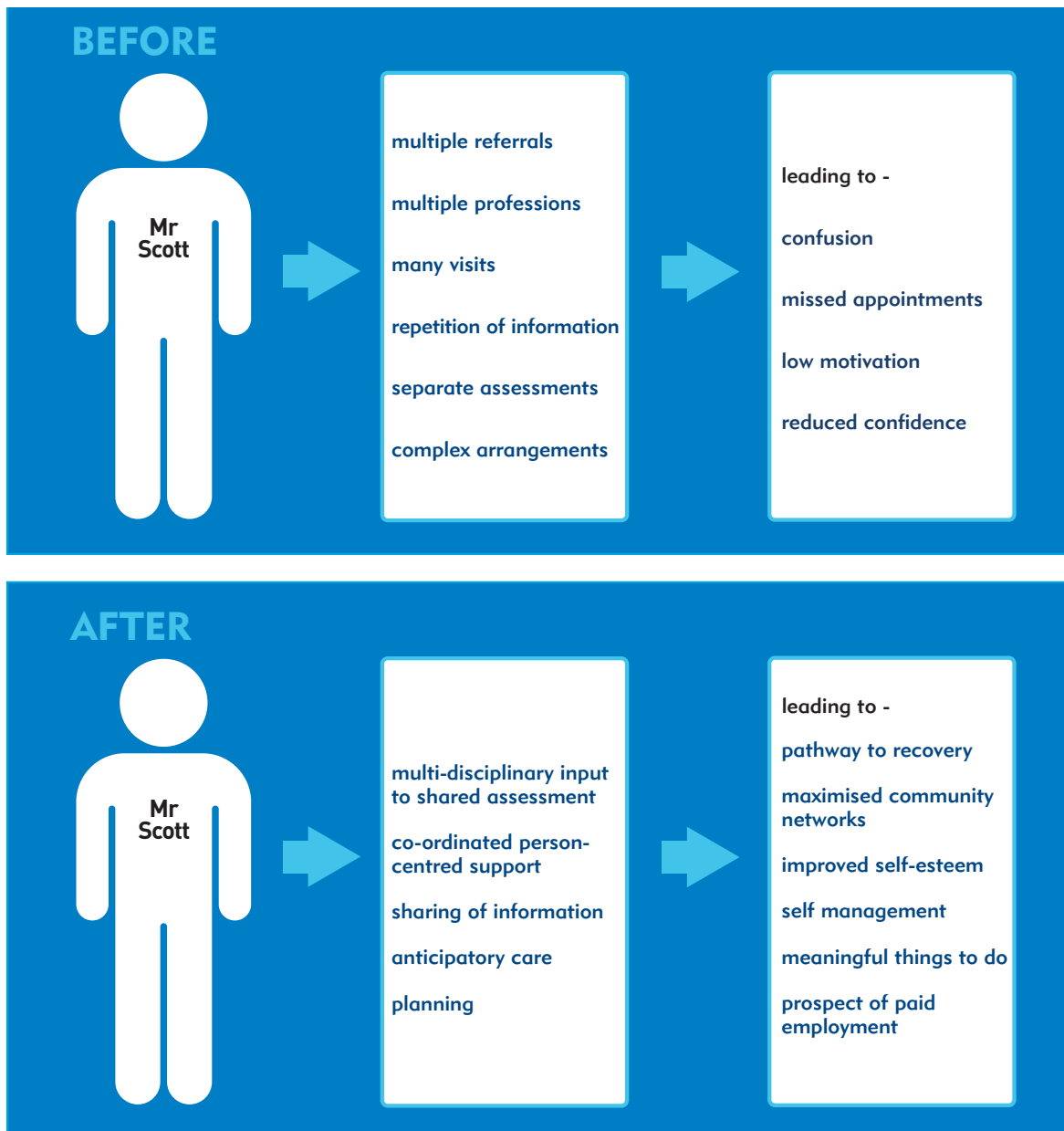
What are the National Health and Social Care Outcomes?

There are nine National Outcomes agreed by the Scottish Government that our partnership will need to deliver against:

Nine National Outcomes	
1 Healthier living	People are able to look after and improve their own health and wellbeing, and live in good health for longer.
2 Independent living	People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community. This outcome aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to mitigate against avoidable emergency admissions to hospital. It recognises that independent living is key to improving health and well-being.
3 Positive experiences and outcomes	People who use health and social care services have positive experiences of those services, and have their dignity respected. It is important that health and social care services take full account of the needs and aspirations of the people who use services. Person centred planning and delivery of services will ensure that people receive the right service at the right time, in the right place, and services are planned for and delivered for the benefit of people who use the service.
4 Quality of life	Health and social care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live.
5 Reduce health inequality	Health and social care services contribute to reducing health inequalities. This outcome is focussing upon the role of services in seeking to reduce the gap in health inequalities.
6 Carers are supported	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. This outcome acknowledges the support carers require including the maintenance of their own health and well-being.
7 People are safe	People who use health and social care services are safe from harm. In carrying out our responsibilities, we must ensure that the planning and provision of health and social services supports and protects individuals from harm.
8 Engaged workforce	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do.
9 Resources are used effectively and efficiently	To deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

CASE STUDY: MR SCOTT

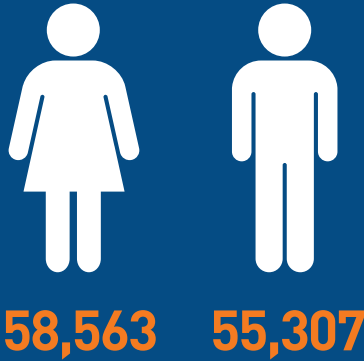
Mr Scott is a 40-year old man who lives in the Borders. As a result of a range of long-term health and social care problems he needs care and support. His problems include a diagnosis of Bipolar illness, obesity, type 2 diabetes and a lack of physical and social activity. He is currently unemployed and lives alone. Mr Scott's elderly father recently passed away and as a result he moved from Peebles to Duns to make a new start. Mr Scott is currently claiming welfare benefits.



PROFILE - SCOTTISH BORDERS

POPULATION 2013

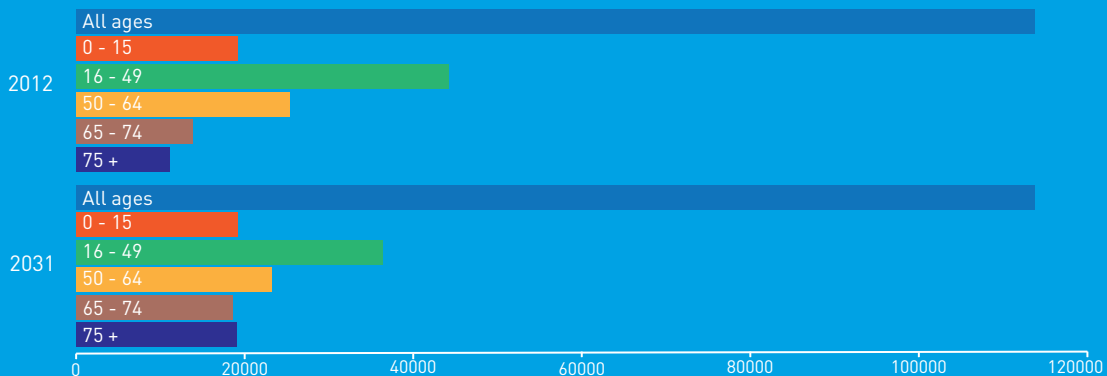
All people
113,870



Age 0-15	19,029	17%
Age 16-49	43,617	38%
Age 50-64	25,522	22%
Age 65-74	14,422	13%
Age 75 +	11,280	10%

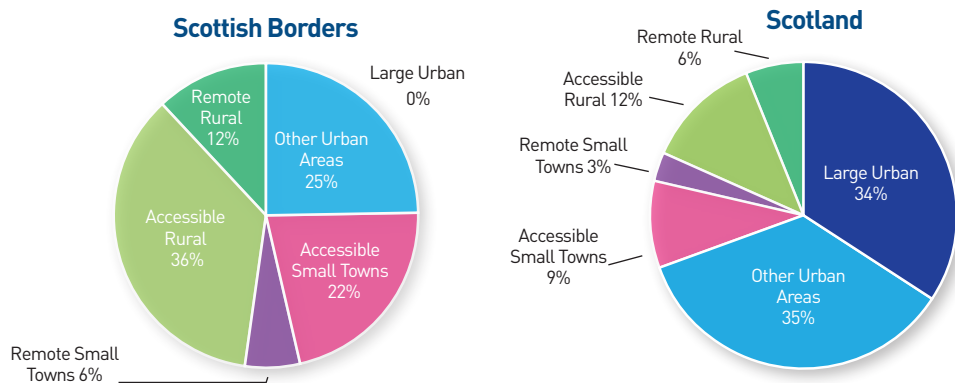
Source: National Records of Scotland, mid-year population estimates

PROJECTED CHANGES IN POPULATION BY AGE GROUP 2012 TO 2031



Source: National Records of Scotland, 2012-based population projections

POPULATION SHARES (%) BY URBAN/RURAL AREA 2012



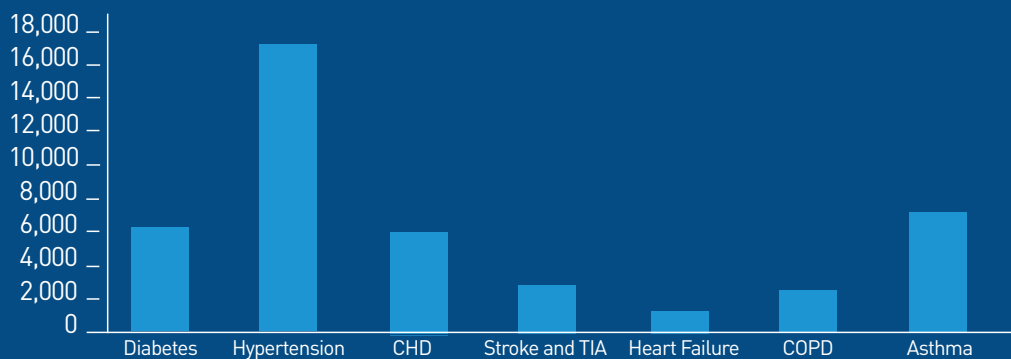
Source: Scottish Government Urban/Rural Classification 2013/14 and National Records of Scotland

HOUSEHOLD COMPOSITION

	Scottish Borders	Scotland
One-person household, aged under 65	19%	22%
One-person household, aged 65+	15%	13%
Couple/family everyone aged 65+	10%	8%

Source: Scotland Census 2011

LONG TERM CONDITIONS



Sources: Scottish Diabetes Survey; QOF (number of people on Scottish Borders GP practice register at March 2014)

CHD - Coronary Heart Disease

TIA - Transient Ischaemic Attack (Mini Stroke)

COPD - Chronic Obstructive Pulmonary Disease

DEMENTIA

People known to GP practices as having dementia (2014)

1,027

Over the coming years, the total number of people with dementia in Borders is predicted to

More than double

Sources: QOF; (number of patients on dementia registers of Scottish Borders GP practices) Scottish Government projections based on Alzheimer Scotland methodology

DISABILITIES AND SENSORY IMPAIRMENT

601

people with Learning Disabilities known in the Scottish Borders in 2013

6,995

people with a physical disability in 2011 (Scotland Census)

500

people estimated who are blind or have severe sight loss

1,800

people estimated with severe or profound hearing loss

Sources:

Electronic "Same as You" report 2013

Scotland Census 2011

Estimated hearing loss/sight loss prevalence rates for UK, applied to Scottish Borders population

HOSPITAL INPATIENT CARE 2010-2012

27,734 Emergency admissions to hospital

3,520 Patients aged 65+ with two or more emergency admissions in a year

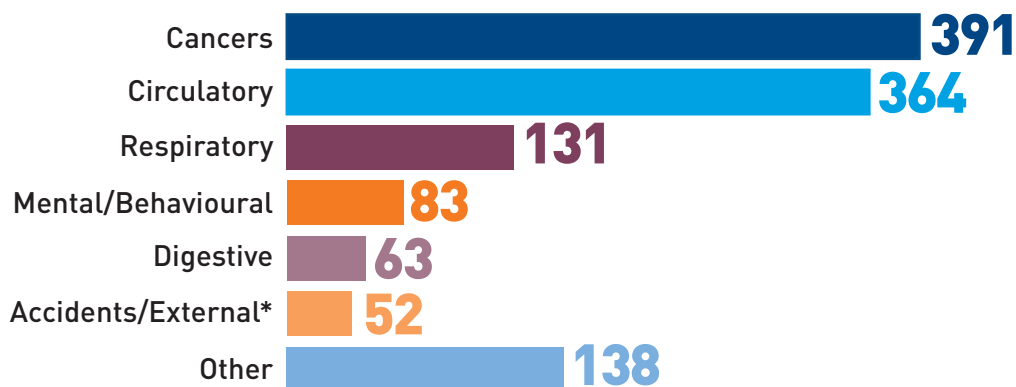
1,695 Patients hospitalised with coronary heart disease (CHD)

1,075 Patients hospitalised with cerebrovascular disease (including stroke)

665 Patients hospitalised with chronic obstructive pulmonary disease (COPD)

Source: ScotPHO Health and Wellbeing Profiles 2014

NUMBERS OF DEATHS BY CAUSE IN 2013



Source: National Records of Scotland

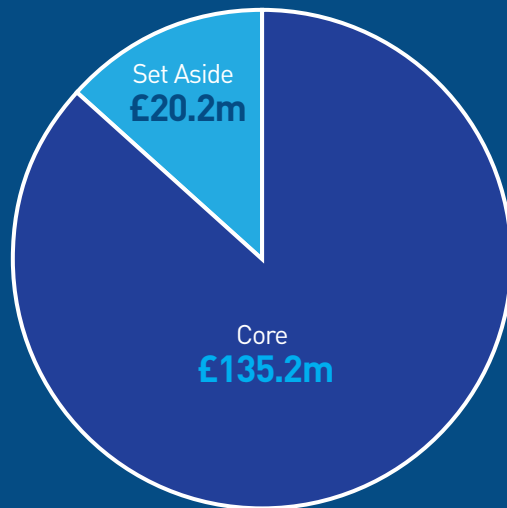
* includes acts of violence and self-harm

HEALTH AND SOCIAL CARE SPENDING

2015/16

Core Services – the budget relating to those NHS and Council services which are being integrated (see page 7).

Set Aside – The Budget relating to those hospital-based services identified on page 7.



Learning Disability	£18.1m
Mental Health	£15.1m
Community Hospitals	£4.7m
GP Prescribing	£21.5m
AHP Services	£5.4m
General Medical Service	£15.9m
Dental Service	£4.2m
Community Pharmacy	£3.7m
Older People	£23.7m
Physical Disability	£2.9m
Localities	£2.6m
Other	£17.4m

WHAT HAPPENS NEXT?

We are seeking help to develop our plans for integrated services by the end of October this year. This document is the first part of that process – seeking your views, by 5th June, to help inform a more detailed draft by mid-June. We will organise a series of public meetings across the Borders in May to support this process. Please look out for details in your local press and/or on our website www.scotborders.gov.uk/integration.

A further round of consultation will take place between 1st July and 22nd September over the more detailed plan before a final plan is prepared in October – once again supported by public meetings in late August and early September.

Once the plan is finalised it will be reviewed and renewed on a three-year basis and, once again, this process will be supported by a programme of public engagement on an ongoing basis.

YOUR VIEWS AND CONTRIBUTION

We want to hear your thoughts and views and help us shape our Strategic Plan moving forward. What matters to you is important to us and this is your opportunity to influence the way our services are delivered through Health and Social Care.

Please return this response sheet by 5th June 2015 at the latest to the FREEPOST RRBK-KBCB-JBJG Integration, Strategic Policy Unit, Scottish Borders Council, Newtown St Boswells, Melrose TD6 0SA. Alternatively, you can complete the Electronic Feedback Form which you will find by clicking on the following link: www.scotborders.gov.uk/integration

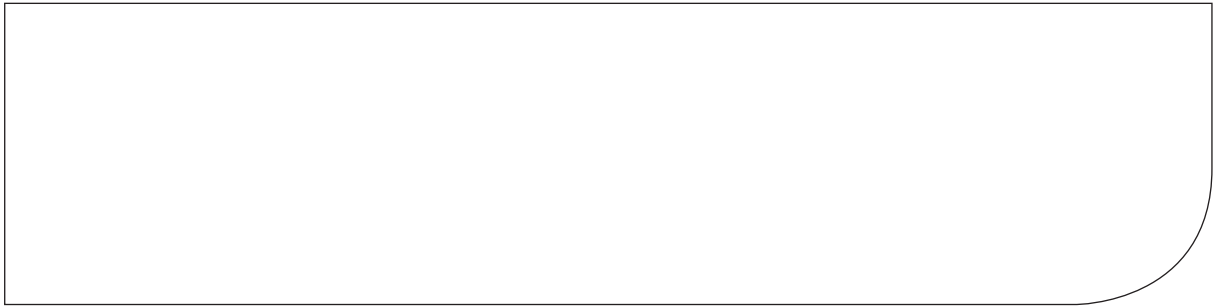
QUESTION 1: Do you have any experience, good or bad, of health and social care services that you'd like to tell us about?

QUESTION 2: Are there any health and social care services we deliver particularly well?

QUESTION 3: Are there any service areas where we need to do things better?

QUESTION 4: What are the health and social care issues that most affect people in your community?

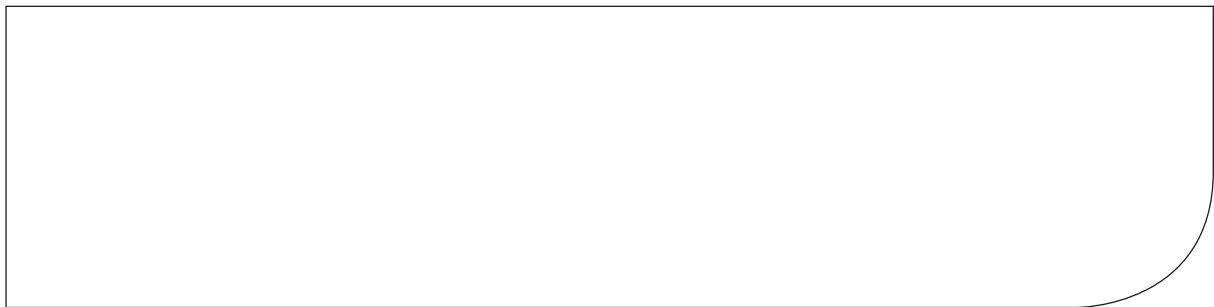
QUESTION 5: How accessible are health and social care services in your area and what could we do to improve accessibility?



QUESTION 6: How can we support people to prevent ill-health and make good recovery?



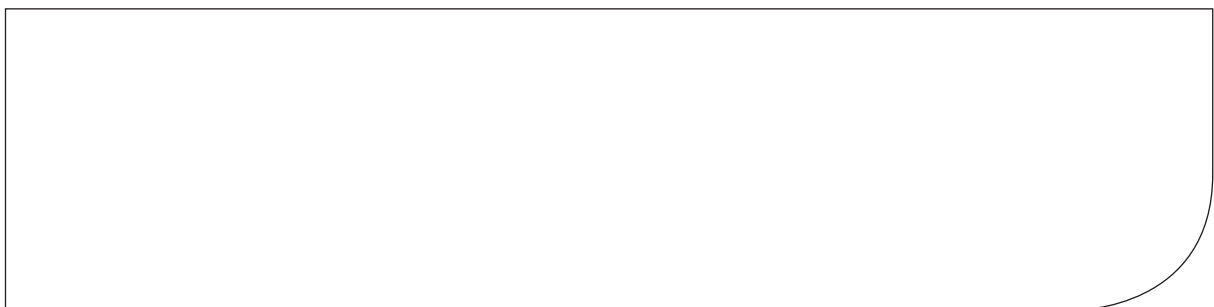
QUESTION 7: How can we better support people in their own homes and prevent them going to hospital?



QUESTION 8: In your opinion, are there any objectives missing on pages 8 and 9? If so, what are they?



QUESTION 9: Do you have any other comments you wish to make?



ABOUT YOU - optional

You **do not** need to complete any of the questions below. This information will be used for data analysis purposes only.

Are you responding as an individual or on behalf of an organisation?

What is your year of birth?

Are you...?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Do you consider yourself to have a disability? (This is defined as having a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on your ability to carry out normal day-to-day activities)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	-------------------	--------------------------

If you answered yes to the above question, which of these best describes the nature of your disability? (PLEASE TICK ALL THAT APPLY)

Physical impairment , such as difficulty using your arms or mobility issues which means using a wheelchair or crutches	<input type="checkbox"/>
Sensory impairment , such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment	<input type="checkbox"/>
Mental health condition , such as depression or schizophrenia	<input type="checkbox"/>
Learning disability , (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	<input type="checkbox"/>
Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	<input type="checkbox"/>
Other , such as disfigurement	<input type="checkbox"/>

Are you the main carer for someone?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	-------------------	--------------------------

Does anyone in your household use adult health and social care services?

Me	<input type="checkbox"/>	Someone else in my household	<input type="checkbox"/>
No-one	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

What do you consider your national identity to be e.g. British

What religion, religious denomination or body do you belong to? (PLEASE TICK ONE ONLY)

No religion or belief	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Another religion or belief (please specify)	<input type="text"/>		

Which of the following best describes your sexual orientation?

Bisexual	<input type="checkbox"/>	Heterosexual/ Straight	<input type="checkbox"/>
Lesbian/ Gay	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

What is the first part of your postcode? (e.g. TD3 or TD14)

If you would like updates from us please provide your email address

Alternative format/language paragraph

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Health and Social Care Integration

Communications and Stakeholder Engagement Plan

Purpose

To set out a framework for communications within the context of Health and Social Care Integration in the Borders. It will also include an engagement plan for the development of the Strategic Commissioning Plan.

***This is a working document ***

Revision History

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Introduction

Scottish Borders Council (SBC) and NHS Borders are preparing for the new Health and Social Care Partnership which is to go live in April 2015. The new body will see NHS, SBC and voluntary and independent care partners work as one to deliver services which meet the needs of Borderers. The focus on supporting all adults will help people to live well in the community or at home for as long as possible. SBC and NHS Borders share equal responsibility for the programme and will continue to engage with stakeholders across the Borders to inform and shape future service delivery.

This plan sets out how NHS Borders and SBC will engage with all stakeholders on the project as well as consult on the proposed plan for how the partnership will be managed and governed (Scheme of Integration). The Consultation on the Scheme of Integration runs from December-Feb 2015. The plan will continue to be developed throughout the key stages of the programme.

Background

Integration of Health and Social Care is the Scottish Government's initiative to have a health and social care partnership for every NHS Area in Scotland. This programme of reform aims to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. It is the most substantial reform to the country's National Health Services in a generation and will also radically transform the way social care services are provided.

Health Boards and Local Authorities can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by Ministers, and children's health and social care services.

The Act requires Health Boards and Local Authorities across Scotland to prepare jointly an integration scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either 1) delegate between each other, or 2) can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a "lead agency" arrangement. Delegation to an Integration Joint Board is commonly referred to as a "body corporate" arrangement.

Here in the Borders we are going for a body corporate model which means the Council and the NHS will delegate responsibilities to a health and social care partnership through an Integrated Joint Board to provide joined up adult health and social care and community health services.

What services are in scope for integration?

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- Adult social care services
- Health visiting
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- Sexual health services
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(Please note – this work will run alongside, but should not be confused with the development of the Council’s new Care Company (ALEO) SBCares - which includes the transfer of Homecare, Extra Care, Residential Care, Bordercare, Day Services and the Borders Ability Equipment Service. A separate plan has been developed for this work but it should be acknowledged that overlaps will be monitored).

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Objectives

Accurate identification of stakeholders and the appropriate use of communication and engagement tools and processes are essential to ensuring high quality engagement and communication. Stakeholders need to know what changes are planned, why they are happening and how they can contribute to the decision making process.

Aims:

The communication plan aims to make all stakeholders aware of:

- What Integration means
- Why it is happening

- How it will affect them
- The steps towards Integration
- How they can contribute to the Scheme of Integration

Achieving these objectives will be measured by:

- Increase in positive messages about Health and Social Care Integration
- Increased positive coverage in a wide range of media
- Two-way conversation process is consistent and reflective of feedback at all stages
- Continuing to improve work with core stakeholders
- Expanding our contacts to new stakeholders
- Stakeholders display improved understanding of the Scheme of Integration and issues/outcomes
- Media coverage is more accurate and unsurprising – less corrections or clarifications required. If corrections and clarifications are required, these are issued promptly
- Planned and managed strategies for updates, reports, events and issues (involving pre-emptive thinking and planning; pre-agreed prioritisation and lead-in as far as possible)
- Increased buy-in by services and use of senior clinicians/managers to disseminate information as appropriate

Target audience

Those who have an interest in the delivery or receipt of health care must be consulted. These have been identified as the following:

- Health professionals
- Staff
- Service users
- Carers
- Third and independent sector providers
- Providers of social housing
- Recognised representative bodies, representing the interests of specific age, condition or illness groups.

We must also seek feedback from the following groups:

- | | |
|---|---|
| <ul style="list-style-type: none"> • SBC Elected Members • Community planning partners • Community councils • Area Forums | <ul style="list-style-type: none"> • Scottish Health Council • MPs MSPs • Media • Third Sector (voluntary groups/organisations) |
|---|---|

- Other Health Boards and special boards
- NHS Borders Board, Advisory Committees and Non-Executives Directors
- Independent contractors
- Participation Network - including public partnership forum and public reference group
- Scottish Government
- Commissioned service providers
- Joint service providers
- Public Governance Committee
- Cross Borders patient flows/neighbour Boards
- Equality Forum
- Children & Young People

Communication methods

Full use will be made of all standard SBC and NHS Borders communication channels to deliver key messages and encourage engagement. Attention should be given to finding the most effective way of communicating with harder to reach groups in particular staff who are not online. It is likely that easy read or other alternative format documents will be required for service users/carers.

Communications principles and standards

- Communications will be in Plain English and available in a range of formats.
- Communications will be consistent, regular and accessible.
- Communications will be publicised widely so that people know they exist.
- People know how and to whom they can give feedback.
- Communications will be monitored and evaluated for their effectiveness.

Other considerations

- The partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.
- Scottish Government Guidance on Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services: 2010 http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf
- Equality Impact Assessment guidance: The consultation aims to take into account the views of local individuals, groups and communities including those with protected characteristics. The strategy is, in itself, an inclusive method of ensuring that all views are heard, all impacts are considered and it takes account of our ageing population and changing demographic profile, among other important Equality & Diversity considerations.

Key messages

A set of key messages have been developed and should be used consistently throughout all communications and engagement activity. Please note – this includes overarching key messages for the programme and specific messages which explain the different stages of the programme. Historical activity will be recorded separately and this plan will be updated accordingly.

1) Overarching key messages

- The NHS Borders and SBC health and social care integration partnership will go live in April 2015.
- This aim of this new partnership is to work together to deliver the joined-up services that ultimately will be in the best interests of our staff, service users, patients, families and carers.
- It will bring together The partnership will bring together all community health services; adult social care services; health visiting; community dental services; sexual health services and unscheduled care.
- The new arrangements will:
 - Be person-centred and deliver positive outcomes for patients, service users and carers.
 - Make best use of resources – staff, money and premises.
 - Improve access to services and provide flexible responses to need.
 - Promote positive choices and risk management.
 - Design services together with all key stakeholders.
- A Shadow Integration Board has been created to oversee the work in the Borders to create this partnership. This Board is being chaired by Councillor Catriona Bhatia, SBC's Executive Member for Health Service.
- Both NHS Borders and SBC are facing significant challenges in terms of respective resources. Not only are there financial pressures, but we face a changing population demographic with more older people, a rising number of people with chronic conditions and an ever increasing demand on our services.
- There is recognition that we can't continue to provide services as we do now. We need to find the most effective way of delivering resources that make the best use of the resources, abilities and skills that we have.
- Integration is an opportunity to provide better, more joined up services for the people we care for, help to prevent unnecessary admissions to hospitals and other health care settings and provide care as close to home as possible.
- By working together across the partnership, we will be able to concentrate our energies on the people who need it the most while seeking new and innovative ways of engaging with local communities.
- More information is available from www.scotborders.gov.uk/integration or www.nhsborders.scot.nhs.uk/corporate-information/integration

2) Internal - Key Messages

- Staff are key to successfully transforming services for the future. Your knowledge, experience and expertise can help shape the way we deliver services into the future.
- Across the Borders, you and your colleagues will be asked for ideas and solutions on how we can work better together; always with the service user or patient coming first.
- All staff will remain with their current employer, terms and conditions will stay the same and there will be no change to pension status.

- Change will happen gradually with full engagement with you and the community so ideas can be tested around new ways of working and learn as we go. It will also be subject to quality assurance and careful evaluation.
- Get involved – you can find out the latest updates and information by visiting (webpage) or speaking to your line-manager.
- A regular newsletter will be distributed.

3) Strategic Plan development and Consultation

- Health and Social Care services touch everyone’s life at some point – you can help shape the future of Health and Social Care Services in the Borders
- We want to hear your thoughts and views and help us shape our Strategic Plan moving forward. What matters to you is important to us and this is your opportunity to influence the way our services are delivered through Health and Social Care
- The document provides an overview of the services we are integrating as well as our proposed vision, aims and objectives for the partnership.
- We are seeking views of the public to help us develop our plans for integrated services by the end of October this year. We are seeking your views by 5 June to help inform a draft by mid-June.
- A series of meetings will be held across the Borders in May to support this process and to help us have the conversation with residents.
- A further round of consultation will take place between 1 July, and 22 September over the more detailed plan before the final plan is prepared in October – once again supported by public meetings in late August and early September.
- Once the plan is finalised, it will be reviewed and renewed on a three-year basis and once again, this process will be supported by a programme of public engagement on an ongoing basis.
- A series of events will take place and all members of the public are invited along to find out more and give their views:
 - Mon 11th May – Tait Hall, Kelso
 - Wed 13th May– Volunteer Hall, Galashiels
 - Mon 18th May– Jedburgh Town Hall
 - Tue 19th May - Lauder Public Hall
 - Wed 20th May– Eyemouth Community Centre
 - Thu 21st May– Heart of Hawick
 - Mon 25th May– Argus Centre, Selkirk
 - Tue 26th May– Duns Council Chamber
 - Thu 28th May– Peebles Burgh Hall

• Communications Action Plan | April 2015

Dates	Key messages	Channels	Lead	Comments	Notes/status
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April-15	Feedback from events summary from events Scheme of Integration update Strategic plan update and next steps	Newsletter for staff Newsletter for public/stakeholders/Cllrs		In progress Input required from workstream leads	
April-15	Publish powerpoint slides/FAQs and <i>video from engagement events online</i>	Websites/Social Media Email to all stakeholders/those who attended events		Graphic Design input to FAQs required	
April-15	Publish summary of feedback from Scheme of Integration consultation and Scheme of Integration to be published.	<ul style="list-style-type: none"> websites social media email 		Date TBC	
w/c 6 April 2015	Launch strategic plan consultation	<ul style="list-style-type: none"> Press release Document online Online form Website Social Media Email to all stakeholders 		Board needs to agree who is attending meetings and what format is	
w/c 13 April	Publicity materials to be developed and circulated for approval	<ul style="list-style-type: none"> Posters Adverts Radio advert scripts 			
w/c 20 April	Have your say in the future of Health and Social Care – public events publicity	<ul style="list-style-type: none"> Distribution of posters to all partners/stakeholders for distribution Email all partners with text/artwork for use in any of their channels <ul style="list-style-type: none"> Publish easy read and large print version of document 			

<p>w/c 27 April onwards</p>	<p>Have your say in the future of Health and Social Care</p>	<p>Paid-for advertising</p> <ul style="list-style-type: none"> • Radio Advertising • Press advertising <p>Social media posts to be scheduled</p>		<p>Outline costs: Tweeddale Press (Southern/Berwickshire/Selkirk Advertiser/Hawick News/Berwick Advertiser) Quarter page - cost £711.96 + vat. Half page - £1600 + vat.</p> <p>Border Telegraph/Peeblesshire News Quarter page - £765+VAT (£382.50+VAT per title) Half page - £1530+VAT (£765+VAT per title)</p> <p>Radio Borders - Dependent on length of campaign but average cost of 2 week campaign would be £1,500</p>	
<p>w/c 4 May</p>	<p>Have your say in the future of Health and Social Care</p>	<p>- <i>Press release and photo to promote the events</i></p>		<p><i>Photo of Susan Manion/Catriona Bhatia</i></p>	
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Please find below upcoming Engagement Events. The first set of events in the tables below are existing meetings held by various groups. The second list are meetings which have been arranged for both staff and the public. Nominations for representatives to attend these meeting are required.

Strategic Plan Engagement Events

April – June

Date	Time	Event	Location	Type of event	Target audience
21 st April	2-4pm	Joint Staff Forum	Committee Room, BGH	Forum	Staff
24 th April	Afternoon	Learning Disability Partnership	SBC HQ, Com Rm 2	Partnership Meeting	Partnership Members
25 th April	10-12noon	Lilliesleaf, Ashkirk & Midlem CC	Lilliesleaf Village Hall	Coffee Morning	Local Residents
28 th April or *26 th May	9-11am	The Community Learning and Development Strategic Partnership	Langlee Complex	CLD Forum	Learning Community Partnerships
29 th April	2-4pm	3rd Sector Forum	TBC (Central Borders)	3rd Sector reps meeting	3rd Sector
30 th April or **28 th May	Afternoon	Borders Older People's Partnership	SBC HQ	Board Meeting	Partnership Members
30 th April	7pm	Berwickshire Community Councils Forum	Duns	Community Council Meeting (21 CCs in Berwickshire)	Community Councils
11 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Tait Hall, Kelso	Staff & Public Meeting	Staff & Public
12 th May	Evening	Newcastleton CC	Newcastleton	CC Meeting	CCs

13 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Volunteer Hall, Galashiels	Staff & Public Meeting	Staff & Public
14 th May	Afternoon	Alcohol & Drugs Partnership	SBC HQ, Com Rm 3	Partnership Meeting	Partnership Members
14 th May	6:30pm -	Eildon Area Forum	Lauder Primary School	Area Forum	Cllrs, CClrs & Public
18 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Jedburgh Town Hall	Staff & Public Meeting	Staff & Public
19 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Lauder Public Hall	Staff & Public Meeting	Staff & Public
20 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Eyemouth Community Centre	Staff & Public Meeting	Staff & Public
21 st May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Heart of Hawick	Staff & Public Meeting	Staff & Public
25 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Argus Centre, Selkirk	Staff & Public Meeting	Staff & Public
26 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Duns Council Chamber	Staff & Public Meeting	Staff & Public
27 th May	6:30pm -	Tweeddale Area Forum	TBC	Area Forum	Cllrs, CClrs & Public
28 th May	2-3.30pm (Staff) 6.30-8pm (Public)	Staff & Public Meetings	Peebles Burgh Hall	Staff & Public Meeting	Staff & Public
1 st June	Evening	Ettrick & Yarrow CC	Yarrowfeus	AGM	Local Resident
June (TBC)	All day	Elder Voice Roadshow	Innerleithen	Information Event	Older People
3 rd June	6:30pm -	Cheviot Area Forum	TBC	Area Forum	Cllrs, CClrs & Public
4 th June	6:30pm -	Berwickshire Area Forum	TBC	Area Forum	Cllrs, CClrs & Public

16 th June	6:30pm -	Teviot & Liddesdale Area Forum	Hawick	Area Forum	Cllrs, Cllrs & Public
22 nd June	10-12noon	Area Partnership Forum	Committee Rm. BGH	Area Partnership	NHS Managers & Staff

July – September

4 th July	All day	Burnfoot Carnival	Burnfoot	Public Show	All
24 th -25 th July	All day	Border Union Show	Kelso Showground	Public Show	All
1 st August	All day	Berwickshire County Show	Duns	Public Show	All
20 th August	1.30 – 3.30pm	Hawick & Jedburgh Local Citizens Panel	Teviotdale Leisure Ctr	Member's Meeting	People with Learning Disabilities
28 th August	2 – 4pm	Kelso & Coldstream Local Citizens Panel	Abbey Row Community Centre	Member's Meeting	People with Learning Disabilities
31 st August	2 – 4pm	Galashiels & Selkirk Local Citizens Panel	Scott Room, Old Gala House	Member's Meeting	People with Learning Disabilities
4 th September	2 – 4pm	Tweeddale Local Citizens Panel	Rm 3 Com Ctr, Walker's Haugh	Member's Meeting	People with Learning Disabilities
7 th September	7 – 9pm	Berwickshire Local Citizens Panel	TBC	Member's Meeting	People with Learning Disabilities
12 th September	All day	Langlee Carnival	Langlee	Public Show	All
September (TBC)	All day	Yarrow & Ettrick Show	Selkirk	Public Show	All

Events highlighted in red have a confirmed representative attending.

Events highlighted in grey are booked Staff and Public Engagement Events.

*Please be aware that there is a provisional booking for a Staff and Public Engagement Event to be held in Duns (afternoon and evening) on this date.

****Please be aware that there is a provisional booking for a Staff and Public Engagement Event to be held in Peebles (afternoon & evening) on this date.**

New Horizons Borders will be holding afternoon Board Meetings in Galashiels from May to September. The target audience for this event is mental health service users. Please select a date on which to attend from those available below:

12th May

23rd June

4th August

15th September

It is recommended that the opportunity to meet with the following groups is taken up:

- Community Planning Partnership – Strategic Board/Joint Delivery Team
- HLN Baby to Bump events (maternity and pregnancy protected characteristic) – Hawick in June or Selkirk in September
- Community Council Network (will inform of possible dates)
- HLN Langlee 'International Night', events take place on the last Friday of the month

It is recommended that the Board considers whether they have the resources to attend a public/ordinary meeting hosted by the following community councils:

- Crailing , Eckford & Nisbet
- Gavinton, Fogo & Polwarth
- Innerleithen (happy to open meeting to surrounding community councils and communities)
- St Boswells (28 May or 25 June)
- Yetholm

COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT

Aim

- 1.1 To establish a communications and engagement framework for the integration of Health and Social Care.

Background

- 2.1 To ensure appropriate arrangements are in place to communicate the actions in place to take forward the development of the health and social care arrangements in the Scottish Borders. It is also a framework which will help us to ensure engagement from staff, individuals and communities in the shape of our future services.

Summary

- 3.1 The Communications framework has been the method by which we have shaped and developed communications linked to the Health and Social Care Integration Scheme and is now the vehicle for engagement and communications supporting the development of the Strategic Plan. As well as facilitating the events to support the Strategic Plan there will also be a focus on regular newsletters and e bulletins to staff and communities.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the report.

Policy/Strategy Implications	N/A
Consultation	Communications and engagement workstream
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	Yes
Resource/Staffing Implications	A full time Communications support post will be required for 9-12 months.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Tracey Graham	SBC comms		

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- Continuing to improve work with core stakeholders
- Expanding our contacts to new stakeholders
- Stakeholders display improved understanding of the Scheme of Integration and issues/outcomes
- Media coverage is more accurate and unsurprising – less corrections or clarifications required. If corrections and clarifications are required, these are issued promptly
- Planned and managed strategies for updates, reports, events and issues (involving pre-emptive thinking and planning; pre-agreed prioritisation and lead-in as far as possible)
- Increased buy-in by services and use of senior clinicians/managers to disseminate information as appropriate

Target audience

Those who have an interest in the delivery or receipt of health care must be consulted. These have been identified as the following:

- Health professionals
- Staff
- Service users
- Carers
- Third and independent sector providers
- Providers of social housing
- Recognised representative bodies, representing the interests of specific age, condition or illness groups.

We must also seek feedback from the following groups:

- | | |
|---|---|
| <ul style="list-style-type: none"> • SBC Elected Members • Community planning partners • Community councils • Area Forums | <ul style="list-style-type: none"> • Scottish Health Council • MPs MSPs • Media • Third Sector (voluntary groups/organisations) |
|---|---|

- Other Health Boards and special boards
- NHS Borders Board, Advisory Committees and Non-Executives Directors
- Independent contractors
- Participation Network - including public partnership forum and public reference group
- Scottish Government
- Commissioned service providers
- Joint service providers
- Public Governance Committee
- Cross Borders patient flows/neighbour Boards
- Equality Forum
- Children & Young People

Communication methods

Full use will be made of all standard SBC and NHS Borders communication channels to deliver key messages and encourage engagement. Attention should be given to finding the most effective way of communicating with harder to reach groups in particular staff who are not online. It is likely that easy read or other alternative format documents will be required for service users/carers.

Communications principles and standards

- Communications will be in Plain English and available in a range of formats.
- Communications will be consistent, regular and accessible.
- Communications will be publicised widely so that people know they exist.
- People know how and to whom they can give feedback.
- Communications will be monitored and evaluated for their effectiveness.

Other considerations

- The partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.
- Scottish Government Guidance on Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services: 2010 http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf
- Equality Impact Assessment guidance: The consultation aims to take into account the views of local individuals, groups and communities including those with protected characteristics. The strategy is, in itself, an inclusive method of ensuring that all views are heard, all impacts are considered and it takes account of our ageing population and changing demographic profile, among other important Equality & Diversity considerations.

Key messages

A set of key messages have been developed and should be used consistently throughout all communications and engagement activity. Please note – this includes overarching key messages for the programme and specific messages which explain the different stages of the programme. Historical activity will be recorded separately and this plan will be updated accordingly.

1) Overarching key messages

- The NHS Borders and SBC health and social care integration partnership will go live in April 2015.
- This aim of this new partnership is to work together to deliver the joined-up services that ultimately will be in the best interests of our staff, service users, patients, families and carers.
- It will bring together The partnership will bring together all community health services; adult social care services; health visiting; community dental services; sexual health services and unscheduled care.
- The new arrangements will:
 - Be person-centred and deliver positive outcomes for patients, service users and carers.
 - Make best use of resources – staff, money and premises.
 - Improve access to services and provide flexible responses to need.
 - Promote positive choices and risk management.
 - Design services together with all key stakeholders.
- A Shadow Integration Board has been created to oversee the work in the Borders to create this partnership. This Board is being chaired by Councillor Catriona Bhatia, SBC's Executive Member for Health Service.
- Both NHS Borders and SBC are facing significant challenges in terms of respective resources. Not only are there financial pressures, but we face a changing population demographic with more older people, a rising number of people with chronic conditions and an ever increasing demand on our services.
- There is recognition that we can't continue to provide services as we do now. We need to find the most effective way of delivering resources that make the best use of the resources, abilities and skills that we have.
- Integration is an opportunity to provide better, more joined up services for the people we care for, help to prevent unnecessary admissions to hospitals and other health care settings and provide care as close to home as possible.
- By working together across the partnership, we will be able to concentrate our energies on the people who need it the most while seeking new and innovative ways of engaging with local communities.
- More information is available from www.scotborders.gov.uk/integration or www.nhsborders.scot.nhs.uk/corporate-information/integration

2) Internal - Key Messages

- Staff are key to successfully transforming services for the future. Your knowledge, experience and expertise can help shape the way we deliver services into the future.
- Across the Borders, you and your colleagues will be asked for ideas and solutions on how we can work better together; always with the service user or patient coming first.
- All staff will remain with their current employer, terms and conditions will stay the same and there will be no change to pension status.

- Change will happen gradually with full engagement with you and the community so ideas can be tested around new ways of working and learn as we go. It will also be subject to quality assurance and careful evaluation.
- Get involved – you can find out the latest updates and information by visiting (webpage) or speaking to your line-manager.
- A regular newsletter will be distributed.

3) Strategic Plan development and Consultation

- Health and Social Care services touch everyone’s life at some point – you can help shape the future of Health and Social Care Services in the Borders
- We want to hear your thoughts and views and help us shape our Strategic Plan moving forward. What matters to you is important to us and this is your opportunity to influence the way our services are delivered through Health and Social Care
- The document provides an overview of the services we are integrating as well as our proposed vision, aims and objectives for the partnership.
- We are seeking views of the public to help us develop our plans for integrated services by the end of October this year. We are seeking your views by 5 June to help inform a draft by mid-June.
- A series of meetings will be held across the Borders in May to support this process and to help us have the conversation with residents.
- A further round of consultation will take place between 1 July, and 22 September over the more detailed plan before the final plan is prepared in October – once again supported by public meetings in late August and early September.
- Once the plan is finalised, it will be reviewed and renewed on a three-year basis and once again, this process will be supported by a programme of public engagement on an ongoing basis.
- A series of events will take place and all members of the public are invited along to find out more and give their views:
 - Mon 11th May – Tait Hall, Kelso
 - Wed 13th May– Volunteer Hall, Galashiels
 - Mon 18th May– Jedburgh Town Hall
 - Tue 19th May - Lauder Public Hall
 - Wed 20th May– Eyemouth Community Centre
 - Thu 21st May– Heart of Hawick
 - Mon 25th May– Argus Centre, Selkirk
 - Tue 26th May– Duns Council Chamber
 - Thu 28th May– Peebles Burgh Hall

• Communications Action Plan | April 2015

Dates	Key messages	Channels	Lead	Comments	Notes/status
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April-15	Feedback from events summary from events Scheme of Integration update Strategic plan update and next steps	Newsletter for staff Newsletter for public/stakeholders/Cllrs		In progress Input required from workstream leads	
April-15	Publish powerpoint slides/FAQs and <i>video from engagement events online</i>	Websites/Social Media Email to all stakeholders/those who attended events		Graphic Design input to FAQs required	
April-15	Publish summary of feedback from Scheme of Integration consultation and Scheme of Integration to be published.	<ul style="list-style-type: none"> websites social media email 		Date TBC	
w/c 6 April 2015	Launch strategic plan consultation	<ul style="list-style-type: none"> Press release Document online Online form Website Social Media Email to all stakeholders 		Board needs to agree who is attending meetings and what format is	
w/c 13 April	Publicity materials to be developed and circulated for approval	<ul style="list-style-type: none"> Posters Adverts Radio advert scripts 			
w/c 20 April	Have your say in the future of Health and Social Care – public events publicity	<ul style="list-style-type: none"> Distribution of posters to all partners/stakeholders for distribution Email all partners with text/artwork for use in any of their channels <ul style="list-style-type: none"> Publish easy read and large print version of document 			

<p>w/c 27 April onwards</p>	<p>Have your say in the future of Health and Social Care</p>	<p>Paid-for advertising</p> <ul style="list-style-type: none"> • Radio Advertising • Press advertising <p>Social media posts to be scheduled</p>		<p>Outline costs: Tweeddale Press (Southern/Berwickshire/Selkirk Advertiser/Hawick News/Berwick Advertiser) Quarter page - cost £711.96 + vat. Half page - £1600 + vat.</p> <p>Border Telegraph/Peeblesshire News Quarter page - £765+VAT (£382.50+VAT per title) Half page - £1530+VAT (£765+VAT per title)</p> <p>Radio Borders - Dependent on length of campaign but average cost of 2 week campaign would be £1,500</p>	
<p>w/c 4 May</p>	<p>Have your say in the future of Health and Social Care</p>	<p>- <i>Press release and photo to promote the events</i></p>		<p><i>Photo of Susan Manion/Catriona Bhatia</i></p>	
		<p>-</p>			
		<p>-</p>			

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ORGANISATIONAL DEVELOPMENT PLAN

Aim

- 1.1 To establish a high level organisational development plan for the integration of Health and Social Care.

Background

- 2.1 To ensure appropriate development and change management plans are in place to support staff in the transition to the integration model.

Summary

- 3.1 The Organisational Development Plan will form the basis of more detailed work that needs to be carried out with staff to support the integration model. The plan will develop into a more detailed OD strategy as further work is carried out with staff.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the report.

Policy/Strategy Implications	N/A
Consultation	Workforce Development Group
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	Yes
Resource/Staffing Implications	A full time OD post will be required for 9-12 months.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Janice Laing	OD NHS Borders	Julie Watson	OD SBC

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Introduction

The Public Bodies (Joint Working) (Scotland) Act received Royal Assent in 1 April 2014, with implementation envisaged from 1st April 2014 as the shadow year and full implementation by 1st April 2015. The Scottish Government intends that the Act will provide the framework which will support improvement of the quality and consistency of health and social care services through the integration of health and social care in Scotland. With the establishment of Health and Social Care Partnerships statutory partners will bring together adult health and social care services.

The ambition of the legislation is to improve the quality and consistency of services for patients, carers, people who use services and their families; to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

This Strategy sets out a Framework for the provision of OD support which will be adopted across the Partnerships. It covers the provision of support to all leaders (including the Shadow Integration Boards (SIBs) and Integration Joint Boards (IJBs) and to Chief Officers), managers and frontline employees and key partner organisations through targeted OD support and interventions with, in particular:-

- Shadow Integration Boards (SIBs) and then Integration Joint Boards (IJBs)
- Partnership Senior Management Teams (Service Directors and Heads of Service)
- Senior Managers and their management teams
- All managers
- All partnership employees
- Partners from Third Sector, Independent and community sectors

There will be close alignment between this Strategy and the Communications Plan which details the Partnership key messages and target audiences, ensuring that the right information is available to support and assist as required.

Monitoring and Reviewing

Progress will be reported regularly to each of the Partnership Integrated Joint Boards through the Workforce Development Group on a regular basis.

Organisational Development Action Plan 2015 - 2016

This OD Plan defines a series of interventions that will support the partnership through the early stages of integration. This is not an exhaustive plan and will grow as the partnership evolves.

Action	Projected outputs	Timescale	Action Owner
Undertake regular Development Sessions with the Shadow Integration Board (SIB) and the Integration Joint Board (IJB)	Establish effective Board leadership through appropriate membership and the implementation of effective Governance arrangements and leadership culture	20 th May 23 rd Sept 11 th Nov	
Develop shared vision and values for the Partnership	Build sense of purpose and identity for the success of the partnership and encourage collaborative working		
Undertake initial team development sessions for the Senior Management Team to build new team and develop relationships	Introduce new team and build relationships. Establish clear shared vision, values and purpose for the Partnership	May- June15	
Arrange Team Development sessions with each of the Senior Managers and their management teams and input from staff sessions in May	Senior Managers build sense of shared purpose and clear strategic direction for their teams	April – Oct 15	
Deliver integrated team development sessions to build sense of purpose and provide clear direction	Shared understanding of key messages	May 15 – March 16	
Engage with teams to cascade key messages, encourage two-way communication and support integration	Support transition to Partnership	From June 15	
Link with Partnership Forums linked to SPG and Communication and Engagement plan	Support engagement, consultation and development	From April 15	
Host Line Manager events to provide key messages throughout the Partnership.	Update on integration, improve engagement and consultation	From June 15	

Action	Projected outputs	Timescale	Action Owner
Continue to provide updates to Elected Members via Comms Depts	Update on integration	From April 15	
Hold series of information sharing events throughout the Partnership	Shared understanding of all service areas	From May 15	
Arrange regular shared learning sessions throughout the Partnerships	Builds understanding of all service areas	From Aug 15	
Begin to cascade Newsletters and Weekly 'email'	Cascading key updates	From April 15	
Develop a suite of tools of Managers to effectively manage and lead their Teams	Support for Managers	Aug/Sept 15	
Design and deliver "Delivering Change" Workshops for teams and their employees to support transition	Support transition to Partnership	From May 15	
Hold targeted integrated team development sessions where new integrated teams are formed	Build teams and support collaborative working. Identify and utilise strengths of individuals and challenge barriers	Ongoing	
Convene cross-sectoral development sessions with the 3 rd and independent sectors	Support partnership approach to delivery of Partnership outcomes	Ongoing	
Hold series of development events with aligned services within "Parent" organisations e.g. Community Planning Partnerships; A&E consultants; schools and early years services	Support cross sectoral working and service commissioning	Ongoing	
Arrange regular shared learning sessions with managers from services delegated to partnerships	Develop and build relationships. Regular review of what's working well/ needs further development	From Oct 15	
Arrange shared learning sessions between teams already working in an integrated way (LD contact Marion Patterson) and services delegated to the Partnership	Support transition into Partnership by building on what worked and learning from what could have been done differently to help new teams form and operate	From April 15	

Action	Projected outputs	Timescale	Action Owner
Hold regular planning sessions with Community Planning Partnerships, Education and Housing Support Services to develop shared and effective Locality Planning arrangements that meet the needs of parent organisations and the legislative requirements of the Partnership	Support locality planning arrangements across Council and Community Planning Partners	April – June 15	
Hold regular planning sessions with Community Planning Partners to develop shared and effective Locality Planning arrangements that meet the needs of parent organisations and the legislative requirements of the Partnership	Support locality planning arrangements across Council, Health and Community Planning Partners	April – Oct 15	
Hold regular planning sessions with Community Planning Partners to develop shared and effective reporting arrangements that meet the needs of legislative requirements of the Partnership in relation to national health and wellbeing outcomes	Support locality planning arrangements across Community Planning Partners	Oct 15 & ongoing	
Hold regular planning sessions with Public health to develop shared and effective Locality Planning arrangements that meet the needs of parent organisations and the legislative requirements of the Partnership	Support locality planning arrangements with Public Health services	April – Oct 15	

HEALTH & SOCIAL CARE SHADOW INTEGRATION BOARD ANNUAL REPORT 2014/15

Aim

- 1.1 To provide the Board with a report on the business undertaken by the Health & Social Care Shadow Integration Board during the period 1 April 2014 to 31 March 2015.

Background

- 2.1 An annual report of the business of the Health & Social Care Integration Joint Board will be required on an annual basis.

Summary

- 3.1 The Annual Report forms part of the assurance required for the Governance Statement as produced for the NHS Borders Audit Committee as part of the Borders NHS Board Annual Accounts process.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the Health & Social Care Shadow Integration Board Annual Report 2014/15 report.

Policy/Strategy Implications	Required as part of the governance statement process.
Consultation	Not required.
Risk Assessment	Required as part of the governance statement process for the NHS Borders Annual Accounts process.
Compliance with requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Not applicable.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

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HEALTH AND SOCIAL CARE SHADOW INTEGRATION BOARD
ANNUAL REPORT 2014/15

1. Purpose

1.1 The Health & Social Care Shadow Integration Board's key remit was to take account of the Integration Planning Principles, namely to improve the wellbeing of service users, by:-

- Being integrated from service user point of view
- Take account of particular needs of service users
- Take account of dignity of service users
- Take account of participation by service users
- Being planned and led locally
- Best anticipating needs and problems that arise
- Making best use of people and facility resources
- Protecting and improving safety of service users and the National Health Wellbeing Outcomes of:-
 - Healthier living
 - Independent living
 - Positive experiences and outcomes
 - Carers are supported
 - Services are safe
 - Engaged workforce
 - Effective resource use

in defining, planning and monitoring integrated Social Work Adult Care and Health Primary Care functions, along with any other functions so delegated by NHS Borders and Scottish Borders Council.

1.2 During the Shadow year, the Health & Social Care Shadow Integration Board directed the work-streams required to achieve integration and defined the transition arrangements, including the removal of the Community Health and Care Partnership (CHCP) structure by 1 April 2015.

1.3 The Health & Social Care Shadow Integration Board was a full and equal partnership between Scottish Borders Council and NHS Borders and operated within the wider context of Community Planning and the Council and NHS strategic frameworks, including joint arrangements such as the Single Outcome Agreement and Scottish Government HEAT target framework.

1.4 The Health & Social Care Shadow Integration Board had the following functions:-

- delegated local authority functions as agreed by Council;
- delegated NHS functions as agreed by the Health Board;

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

1.5 To fulfil its remit the Health & Social Care Shadow Integration Board:-

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

1.6 The Health & Social Care Shadow Integration Board took on the work of the Scottish Borders Community Health and Care Partnership (CHCP). The Shadow Integration Board took cognisance of existing CHCP policy, work, and reporting Groups.

2. Management Support

2.1 The Health & Social Care Shadow Integration Board was supported in its work through the Chief Officer of the Integration Partnership for Scottish Borders.

3. Professional Advice

3.1 The Health & Social Care Shadow Integration Board had the authority to access appropriate professional advice and guidance to fulfil its remit.

4. Health & Social Care Shadow Integration Board

4.1 The Health & Social Care Shadow Integration Board for 2014/15 was chaired by Cllr Catriona Bhatia, the membership was as follows:-

Core Membership	
Elected Members of Scottish Borders Council	Cllr Catriona Bhatia (Chair) Cllr David Parker Cllr Sandy Aitchison Cllr Frances Renton Cllr John Mitchell Cllr Jim Torrance
NHS Borders Members	Mrs Pat Alexander (Vice Chair) Dr Doreen Steele Dr Stephen Mather Mr David Davidson Dr Simon Watkin Dr Jonathan Kirk
Officers	
NHS Borders Chief Executive	Mr Calum Campbell/Mrs Jane Davidson
SBC Chief Executive	Mrs Tracey Logan
NHS Borders Director of Finance	Mrs Carol Gillie
SBC Chief Financial Officer	Mr David Robertson
NHS Borders Chief Operating Officer	Mrs Jane Davidson
NHS Borders Medical Director	Dr Sheena MacDonald
NHS Borders Director of Nursing & Midwifery	Mrs Evelyn Rodger
SBC Chief Social Work Officer	Mrs Elaine Torrance
Borders Carers Centre	Mrs Fiona Morrison
Public Partnership Forum Chair	Mr Andrew Leitch
Borders Voluntary Care Voice Coordinator	Mrs Jenny Miller
Joint Staff Forum Chair	Mr David Bell
Chief Officer	Mrs Susan Manion
SBC Depute Chief Executive	Mrs Jeanette McDiarmid
Board Secretary	Miss Iris Bishop
Programme Manager	Mr James Lamb

5. Meetings

5.1 The Health & Social Care Shadow Integration Board met on eight occasions during the year from 1 April 2014 to 31 March 2015, on the following dates:-

- 28 April 2014
- 30 June 2014
- 4 August 2014
- 15 September 2014

- 17 November 2014
- 8 December 2014
- 9 February 2015
- 9 March 2015

5.2 Appendix 1 details the schedule of business for 2014/15 and Appendix 2 the attendance record for 2014/15.

6. Conclusion

6.1 The Health & Social Care Shadow Integration Board has worked to develop the joint agenda and strengthen the partnership between NHS Borders, Scottish Borders Council, the voluntary sector and the public. During the year 2014/15 the Health & Social Care Shadow Integration Board had the remit of the CH&CP demitted to it by Scottish Borders Council and NHS Borders.

7. Statement of Approval

7.1 The report has been produced as record of work undertaken during the year ending 31 March 2015. As of 1 April 2015 the Health & Social Care Shadow Integration Board became the Health & Social Care Integration Joint Board.

Approved by: Cllr Catriona Bhatia (Chair)

Signed:(Cllr Catriona Bhatia)

Date:

Health & Social Care Shadow Integration Board
Schedule of Business considered: 1 April 2014 to 31 March 2015

Date of Meeting	Title of Business Discussed
28 April 2014	Minutes of Previous Meeting on 24 March 2015 Matters Arising & Action Tracker
	STRATEGY
	Programme Highlight Report Integrated Resources Advisory Group – Guidance Membership
	GOVERNANCE
	Scheme of Delegation for Chief Officer Governance Code Chief Officer Appointment Update
	FINANCE
	Scope/Integrated Budget
	CLINICAL & CARE SERVICES
	Care and Clinical Governance Reviewing Capacity & Demand in SBC and NHS Borders Occupational Therapy Services
Date of Meeting	Title of Business Discussed
30 June 2014	Minutes of Previous Meeting of 28 April 2014 Matters Arising & Action Tracker
	STRATEGY
	Update on Change Fund Projects Exit Strategy Arms Length Organisation Business Case
	GOVERNANCE
	Programme Highlight Report Chief Officer Appointment Update
	FINANCE
	Monitoring of the Shadow Integrated Budget 2014/15 Health & Social Care Integration Partnership Budgets
	CHILDREN
	Early Years Collaborative Progress Report
Date of Meeting	Title of Business Discussed
4 August 2014	Minutes of Previous Meeting of 30 June 2014 Matters Arising & Action Tracker
	STRATEGY
	GOVERNANCE
	Programme Highlight Report Consultation on Draft Regulations
	FINANCE
	Monitoring of the Shadow Integrated Budget 2014/15 Integrated Care Fund

	CLINICAL & CARE SERVICES
	Care and Clinical Governance Assurance Arrangements
	CHILDREN
	Early Years Collaborative Performance Scorecard June 2014
Date of Meeting	Title of Business Discussed
15 September 2014	Minutes of Previous Meeting of 4 August 2014 Matters Arising & Action Tracker
	STRATEGY
	Engagement/Consultation Framework Communications & Engagement Framework
	GOVERNANCE
	Programme Highlight Report Milestones: Scheme of Integration and Strategic Plan Terms of Reference of Joint Staff Forum Clinical & Care Governance Assurance Arrangements
	FINANCE
	Health & Social Care Integration Partnership Budgets
	CLINICAL & CARE SERVICES
	CH&CP Planning & Delivery Group Update Delayed Discharges Integrated Care Fund/Proposal for Management of Fund Future Workplan
Date of Meeting	Title of Business Discussed
17 November 2014	Minutes of Previous Meeting of 15 September 2014 Matters Arising & Action Tracker
	STRATEGY
	Localities Arms Length Organisation Progress Update
	GOVERNANCE
	Programme Highlight Report Draft Guidance Summary and Draft Consultation Response
	FINANCE
	Monitoring of the Shadow Integrated Budget 2014/15
	CLINICAL & CARE SERVICES
	The Scottish Borders Autism Strategy
Date of Meeting	Title of Business Discussed
8 December 2014	Minutes of Previous Meeting of 17 November Matters Arising & Action Tracker
	STRATEGY
	Update on Strategic Plan
	GOVERNANCE
	Programme Highlight Report The Establishment of the Integrated Health & Social Care Partnership Arrangements in the Scottish Borders Draft Health & Social Care Integration Scheme Proposed Consultation Process for Draft Scheme of Integration Communications & Stakeholder Engagement Plan

	FINANCE
	Health & Social Care Integration Partnership Budgets Integrated Care Fund
	CLINICAL & CARE SERVICES
Date of Meeting	Title of Business Discussed
9 February 2015	Minutes of Previous Meeting of 8 December 2014 Matters Arising & Action Tracker
	STRATEGY
	Establishing a Permanent Strategic Planning Group to Support the Integration of Social Care and Health
	GOVERNANCE
	Programme Highlight Report H&SC Interim Integration Joint Board Business cycle and Meeting Dates 2015/16
	FINANCE
	Monitoring of the Shadow Integrated Budget 2014/15 Integrated Care Fund Transitions Health & Care Coordination
	CLINICAL & CARE SERVICES
Date of Meeting	Title of Business Discussed
9 March 2015	Minutes of Previous Meeting of 9 February 2015 Matters Arising & Action Tracker
	STRATEGY
	Draft Strategic Commissioning Plan Inpatient Services Review
	GOVERNANCE
	Programme Highlight Report Draft Scheme of Integration Update Future of the CH&CP
	FINANCE
	Monitoring of the Shadow Integrated Budget 2014/15 Integrated Care fund Proposed Governance
	CLINICAL & CARE SERVICES

**Health & Social Care Shadow Integration Board
Attendance Record: 1 April 2014 to 31 March 2015**

Name & Title MEMBERS	28.04.14	30.06.14	04.08.14	15.09.14	17.11.14	08.12.14	09.02.15	09.03.15
Cllr Catriona Bhatia (Chair) SBC Elected Member	P	P	A	P	P	P	P	P
Cllr David Parker SBC Elected Member	A	A	P	A	P	P	P	P
Cllr Sandy Aitchison SBC Elected Member	A	P	P	P	P	P	A	A
Cllr Frances Renton SBC Elected Member	P	P	A	P	P	P	P	P
Cllr John Mitchell SBC Elected Member	P	P	P	P	P	P	P	P
Cllr Jim Torrance SBC Elected Member	P	A	P	A	P	P	P	A
Mrs Pat Alexander (Vice Chair) NHS Borders Non Executive	P	P	P	P	P	P	P	P
Dr Doreen Steele NHS Borders Non Executive	P	P	P	P	P	P	P	P
Dr Stephen Mather NHS Borders Non Executive	A	P	P	P	P	P	P	P
Mr David Davidson NHS Borders Non Executive	P	P	P	P	P	P	P	P
Dr Simon Watkin NHS Borders Member	P	P	A	P	P	P	A	A
Dr Jonathan Kirk NHS Borders Member	P	P	A	P	A	A	A	A
Name & Title OFFICERS	28.04.14	30.06.14	04.08.14	15.09.14	17.11.14	08.12.14	09.02.15	09.03.15
Mr Calum Campbell NHS Borders Chief Executive	P	P	A	P	P	P	-	-
Mrs Tracey Logan SBC Chief Executive	A	A	P	P	P	A	A	P

Mrs Carol Gillie NHS Borders Director of Finance	P	P	P	P	P	P	0	P
Mr David Robertson SBC Chief Financial Officer	P	P	P	P	P	A	P	P
Mrs Jane Davidson NHS Borders Chief Operating Officer NHS Borders Chief Executive (Interim)	A	P	P	P	P	A	P	A
Dr Sheena MacDonald NHS Borders Medical Director	A	A	A	0	P	P	A	A
Mrs Evelyn Rodger NHS Borders Director of Nursing & Midwifery	P	P	P	P	P	A	P	A
Mrs Elaine Torrance SBC Chief Social Work Officer	P	A	P	P	P	P	P	P
Mrs Fiona Morrison Borders Carers Centre	P	A	P	P	A	P	A	A
Mr Andrew Leitch Public Partnership Forum Chair	0	0	0	0	0	0	0	0
Mrs Jenny Miller Borders Voluntary Care Voice Coordinator	A	A	P	A	0	A	P	P
Mr David Bell Joint Staff Forum Chair	0	0	P	A	P	P	P	P
Mrs Susan Manion Chief Officer	0	P	P	P	P	P	P	P
Mrs Jeanette McDiarmid SBC Depute Chief Executive	P	P	A	P	P	A	P	P
Miss Iris Bishop Board Secretary	A	A	A	A	A	A	A	A
Mr James Lamb Programme Manager	0	A	P	P	A	P	P	P

P = Present - A = Apologies – 0 = Did Not Attend/No Apologies received

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MONITORING OF THE SHADOW INTEGRATED BUDGET 2014/15

Aim

To provide the Shadow Board with a report, by exception, of any significant pressures within the Partnership's Integrated Budget based on the projected outturn as at 28th February 2015.

Background

The total Shadow Revised Integrated Budget stands currently at £133.0m.

Updated guidance on the services to be included in the integrated budget has now been received and this was discussed at the development session held in January. Any changes to the services included in the integrated budget as a result of this updated guidance will be included in the budget from April 2015.

It was agreed that in the shadow years the integrated budget should be on an aligned basis. Therefore any cost pressures remain the responsibility of the partner organisations. The Partnership has agreed that both in 2014/15 and 2015/16 the integrated budget will be considered on an aligned basis.

Key Issues

The revenue monitoring position reported to the Board is based on the projected outturn as at the 28th February 2015. At this point the Partnership is projecting an outturn expenditure position of £133.7m, and a projected overspend position of £677k on the revised budget for the year. This projected year end position has increased by £299k over the previously reported position. The previously reported position included provision for overspends to be offset by savings from elsewhere within Scottish Borders Council services outwith the integrated budget.

The overspend continues to be as reported in NHS of £378k mainly related to overspends on GP prescribing offset by underspends on other budget lines but principally related to the dental budget.

The key element of the increased financial pressure within Older Peoples services is related to a number of factors including a reduction in client contribution income, increased costs of homecare and residential care and additional costs of transport, Bordercare and holiday pay. The reported out turn projection for the physically disability service includes the cost of additional complex care packages since the last report to the Board which has resulted in an increase in the projected out turn.

As part of the remedial actions referred to in previous reports to the Board, further savings have been identified from elsewhere within SBC Adult Services and across the wider People department, enabling a balanced breakeven position to be projected overall within SBC. This is consistent with the report to the Council's Executive committee on 24th February 2015, which detailed a breakeven position for the People department as a whole and where £199k of projected pressures within Adult Services at

the end of January (£299k at the end of February) is offset by corresponding savings in Children and Young People, with the further movement of £100k during February attributable to the reasons outlined above, but again offset by further identified savings.

NHS Borders will manage its element of the projected overspend (£378k) as part of its year end planning, by use of its contingency, slippage on expenditure levels in other areas and a number of control measures that have been put in place to support financial pressures. This includes restrictions on discretionary spend and increased scrutiny and levels of authorisation of non discretionary spend.

The Board will be informed should any further pressures arise and any management action being taken to mitigate the pressure. The next full financial report will be presented to the Shadow Board for the quarter ending March.

Recommendation

It is recommended that the Health & Social Care Integration Joint Board:-

Notes the above reported projected position of £677k pressures at 28th February 2015

Notes that additional funding has been earmarked from elsewhere within NHS and SBC non-integrated budgets enabling a balanced breakeven position to be reported

Notes that Budget Holders/Managers will continue to work to deliver planned savings measures and bring forward actions to mitigate any projected overspends and that NHS Borders will manage the projected overspend on GP prescribing as part of its year end planning and that Scottish Borders Council will continue to deliver its action plan to further reduce the projected Adult Services pressures during March.

Policy/Strategy Implications	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	Members of the Integration Programme Board have been consulted on the report and the position reported to the Shadow Board. The report has also been reviewed by and approved by relevant Management Teams within both partner organisations.
Risk Assessment	A full risk assessment and risk monitoring process for the Integration Programme is being developed as part of the Integration Programme arrangements.
Compliance with requirements on Equality and Diversity	An equality impact assessment will be undertaken on the arrangements for Joint Integration when agreed.
Resource/Staffing Implications	It is anticipated that the Integration Shadow Board will oversee services which have a budget of over £130m,

	within the existing scope. The budget will change as other functions are brought within the scope of the Integration Shadow Board.
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Approved by

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

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Business Partner	Janice Cockburn	Deputy Director of Finance

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APPENDIX 1

Range of services and indicative base budgets to be delegated by NHS Borders to the Integration Joint Board*

Service	Base Budget 2015-16 (£'000s)	Base WTE
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Resource Transfer	2,563	-
Primary and Community Management	1,466	22
Health Promotion	421	8
Ophthalmic Services	1,577	-
Total**	87,652	826

*Alcohol and Drugs funding excludes funding recurrently allocated to BAS which is Included in Mental Health

** The above figures are based on 2015/16 opening recurring direct budgets.

Range of services and indicative base budgets to be delegated by Scottish Borders Council to the Integration Joint Board*

Service	Base Budget 2015-16 (£'000s)	Base WTE
Learning Disability Service	14,488	101
Mental Health Service	1,988	23
Alcohol and Drug Service	197	4
Older People Services	23,669	484
Physical Disability Service	2,897	5
Assessment and Care Management	238	8
Management and Planning	669	11
Localities	2,636	61
BAES	471	11
Duty Hub	51	5
Extra Care Housing	353	-
Joint Health Improvement	116	-
Respite	42	-
Other	(248)	6
Total	47,567	719

* The above figures are based on 2015/16 opening budgets

NHS BORDERS - Indicative base budgets which relate to set aside services for NHS Borders*

Service	Base Budget 2014-15 (£'000s)	Base WTE
Accident and Emergency including OOH	4,051	73
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General Medicine inc Palliative Care, Respiratory, Renal	10,521	178
Total	20,234	382

* The above figures are based on 2015/16 opening recurring direct budgets

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget **2014/15**

AT END OF MTH: Feb



	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	17,604	16,148	15,321	827	17,493	17,533	(40)	122	20	18	Additional costs arising as a result of the number and complexity of need above the level of budget investment made this year. But being managed through staff vacancies in Significant Pressure in Homecare and Residential Services due to demand and provider cost of providing services Significant additional complexity and volume of PD need has led to considerable increase in the level of homecare required Considerable Savings targets set to achieve balanced outturn over integrated budgets. In particular, strict vacancy management and rigorous savings plans across localities are now in place. Overspend on GP prescribing masked by underspends mainly in dental. Overspend on prescribing due to short supply drugs and resultant cost impact.
Joint Mental Health Service	15,176	14,264	14,263	1	15,720	15,758	(38)	343	324	314	
Joint Alcohol and Drug Service	1,544	776	706	70	1,160	1,160	0	7	3	3	
Older People Service	23,003	21,949	22,005	(56)	23,678	24,013	(335)	484	0	0	
Physical Disability Service	2,816	2,673	2,944	(271)	3,006	3,181	(175)	5	0	0	
Generic Services	58,853	65,964	64,609	1355	71,975	72,064	(89)	608	500	493	
Total	118,996	121,774	119,848	1926	133,032	133,709	(677)	1569	847	828	
Financed By:											
AEF, Council Tax and Fees & Charges	0	0	0	0	0	0	0				
NHS Funding from Sgovt etc	0	0	0	0	0	0	0				
Total	0	0	0	0	0	0	0				

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INTEGRATED BUDGET 2015/16

Purpose

- 1.1 The attached paper is to enable the Integration Joint Board to agree the scope and the associated financial resources of the integrated budget for 2015/16.

Background

- 2.1 The proposed budget as detailed in this report includes the services previously agreed by NHS Borders and Scottish Borders Council for integration for financial year 2014/15 and has been expanded to take account of the further areas which were considered mandatory following the national consultation exercise during 2014/15.

Summary

- 3.1 The functions included in the integrated budget are in line with the mandatory areas detailed in the output from the national consultation exercise and replicate those in the Integration Scheme. Where it has not been possible to disaggregate services to reflect only the budget specifically related to older people, the full budget has been included.
- 3.2 The Integration Joint Board will receive information on the integrated budget at every meeting and as part of the strategic plan will receive information on the set aside budget.
- 3.3 The Integrated Joint Board's overall aim is to make 2015/16 as representative as possible of the live situation post April 2016.
- 3.4 A development session on the integrated budget is planned for 20th May 2015 to discuss in detail the budgets highlighted in the paper and ensure that due diligence has been followed.
- 3.5 Both partner organisations have agreed for 2015/16 the integrated budget will be prepared on an aligned basis. The quantification of the budget is set out in appendix 1.

Recommendation

The Health & Social Care Integration Joint Board is asked to:-

Agree the scope and associated financial resources of the integrated base budget for 2015/16 totalling £135.2m prepared on an aligned basis as set out in appendix 1;

Note that an Integrated Joint Board development session is planned for 20th May 2015 to discuss in more detail the budgets as set out in appendix 1;

Note that the draft Partnership Strategic Plan will be developed based on the integrated budget and will include information on the set aside budget as set out in the consultation papers.

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

Approved by

Name	Designation	Name	Designation
David Robertson	CFO Scottish Borders Council	Carol Gillie	Director of Finance NHS Borders

Author(s)

Name	Designation	Name	Designation
David Robertson	CFO Scottish Borders Council	Carol Gillie	Director of Finance NHS Borders

Introduction

The proposed budget includes the services previously agreed by NHS Borders and Scottish Borders Council for integration and has been expanded to include areas reflected in legislation, the subsequent consultation documentation issued by Scottish Government and the guidance from the Integrated Resources Advisory Group (IRAG).

The overall aim is to make 2015/16 as realistic as possible to the live situation post April 2016. Both partner organisations have agreed for 2015/16 that the integrated budget will be on an aligned basis. Budgets for 2016/17 will be fully integrated as required by legislation.

Scope of the Integrated Budget

This section of the report provides a brief description of the services to be included within the integrated budget. The functions included in the integrated budget are in line with mandatory areas detailed in the output from the national consultation exercise and replicate those detailed in the Integration Scheme. In the case where it has not been possible to disaggregate some services to reflect the budget specifically for older people, the full amount has been included in the integrated budget.

Joint Learning Disability Service

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

- ***Community Learning Disability Teams (East and West)***
Both teams are staffed by social workers, community nurses, allied health professionals and a learning disability psychiatric service. They provide both an assessment and care management service for adults with a learning disability as well as an assessment and treatment service for individuals who have complex health care needs.
- ***Assertive Outreach Team***
This team provides intensive support to individuals in their own homes in order to prevent hospital admission. The service is supported by access to inpatient beds through the South East Learning Disability Managed Care Network (SEAT).
- ***Day Support Services***
These include five day support centres and a local area co-ordination service.
- ***Commissioned Service***
Services provided in out of area placement for Borders residents.

Joint Mental Health Service

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

Joint Alcohol and Drug Service

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

Older People's Service

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

Physical Disability Service

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

District Nursing

This heading includes all services provided by district nurses.

Community Hospitals

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

GP Prescribing

This budget heading includes the cost of the drugs for all of the Borders population prescribed by GP's.

AHP Services

This heading includes all allied health professional services including:

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

These services provide care to all areas of the population including older people and children.

General Medical Services (GMS)

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

General Ophthalmic

Services provided by independent ophthalmic practitioners for the provision of sight tests and supply of appliances for both children and adults.

General Pharmacy Service

Services provided by independent pharmaceutical contractors for provision of drugs to the general Borders population

Assessment & Care Management

Assessment and Care Management Services include managing new requests (referrals) for assistance, discussions with a professional social worker or care planner about clients' needs and how the council may be able to help them, followed by the provision of services within a plan of how and when this will happen (Care Plan) in addition to a range of wider services such as assessment of carers' needs.

Group & Service Managers and Service Planning

This is primarily the budget which supports a number of senior staff who plan and manage the implementation and ongoing provision of a range of new and existing social care services.

Continence Services

Providing information and advice to both inpatient and in the community on the use of incontinence products is included within this heading.

Community Dialysis

Patients receive dialysis in a setting other than a hospital this can be either in their own home or a setting closer to home.

Resource Transfer

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

Community Palliative Care

Delivery of palliative care services in a community setting which may be the patient's own home.

Borders Ability & Equipment Store

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

Duty Hub

The Duty Hub is a single point of contact for clients requiring contact with and access to Social Work services.

Extra Care Housing

This is an assisted living service in the Scottish Borders which was only opened in 2013. Dovecot Court consists of 37 individual flats where clients can live in their own home, supported 24 hours a day/7 days a week by on-site care staff.

Joint Health Improvement/Health Promotion

The Joint Health Improvement Team leads and supports work across the Scottish Borders to improve health and reduce health inequalities.

Respite

A short break, also known as respite, is a way of providing clients and / or their carer if they have one, with a break away from the pressures and demands of the caring situation. This enables people to recharge and cope better with life at home.

Self-Directed Support

The Social Care (Self-Directed Support) Scotland Act 2013 became live on 1st April 2014. The Act gives people a range of options for how their social care is delivered, beyond just direct payments, empowering people to decide how much ongoing control and responsibility they want over their own support arrangements. It also requires council's to offer people four choices on how they can get their social care. The choices are:

- Option 1 - direct payment
- Option 2 - the person directs the available support
- Option 3 - the local authority arranges the support
- Option 4 - a mix of the above

Occupational Therapy

Occupational therapy is the assessment and treatment of physical and psychiatric conditions using specific activity to prevent disability and promote independent function in all aspects of daily life. Occupational therapists work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident. A key aim of the OT team therefore is the reablement of clients to the point where they can live independently with little or no ongoing provision of care and support.

Dental

The provision of dental services by both independent contracts and the salaried dental service. This service provides dental health services for both children and adults.

Smoking Cessation

Advice and support to members of the public who wish to stop smoking. This service provides aids to assist in the process of stopping smoking such as nicotine replacement.

Locality Offices

This is where the budgets are held for each locality office, from which a range of social care provision is provided to clients on a local basis.

Sexual Health

To provide advice, support and treatment to the Borders population on all matters related to their sexual health well being.

Accommodation Costs

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

Integrated Care Fund

NHS funding that has been identified to support partnerships to take forward health and social care integration.

Housing Services Aids and Adaptations

Mandatory grants are available to contribute towards the cost of alterations to help meet the needs of clients with a disability or impairment. This includes providing essential amenities such as stair-lifts and ramps and may also include structural alterations to buildings but specifically excludes extensions to provide living accommodation. Borders Care and Repair is a service funded by the Council which helps disabled homeowners or private sector tenants with adaptations that will enable them to stay in their own home. A free service is offered to project manage the entire adaptation process, helping to complete the application form which needs to be submitted to us, specifying the works and obtaining any necessary consents, helping the client choose and appoint reliable contractors and overseeing the works and ensuring the adaptation is completed to a satisfactory standard.

Bordercare

Community alarm services support clients to remain safe in their own home. Bordercare is a community alarm system which gives an immediate response in an emergency. Using an ordinary telephone line, Bordercare gives clients an automatic link to a control centre which is staffed by trained operators, 24 hours a day. Bordercare is available for people who live alone or are regularly left alone, who live with someone else who could not cope in an emergency or to those clients who may be at risk due to disability, frailty or ill-health and would be unable to call for assistance in an emergency on their own. The service also includes Telecare personal alarms and home safety devices such as intruder alerts and fall alarms and is a simple system that can tell when there is an emergency in a clients' home and allows help to be sent straight away.

Night Support

The night support service is provided by fully trained carers who give care and support at home to help people remain safely in their own home. The service offers assistance from 10:00pm to 7:30am to people who might otherwise be admitted to hospital, residential or nursing home care. The service is for people whose condition is not serious enough to require round-the-clock care and who could be safely supported at home by some additional care at night. This includes assistance with toileting, turning in bed and personal care, safety checks and response to agreed community alarm alerts, reassurance and reorientation visits and assistance with the assessment of risk at night-time. It is provided by a team of specially trained support workers from the Social Care and Health team's care at home service.

Due Diligence

The Director of Finance and Chief Financial Officer will undertake a formal process of financial assurance on the integrated budget which should involve a detailed review of all relevant records to assess the resources and risks associated with them. The assurance process should be proportionate to the potential risks and in line with statutory guidance, will be subject to review by Internal Audit. It is proposed that a development session on the 20th May 2015 will undertake a more detailed review of the integrated budget and in aggregate, these arrangements will provide assurance to the Joint Board over the sufficiency of resources in enabling its activities over the medium-term.

Reporting on the Integrated Budgets

The Integrated Joint Board will received a finance report at each of its meeting highlighting the performance of the integrated budget and management actions that have been taken to address any issues.

NHS Set Aside Budgets

This is determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board area. The relevant services have been identified in national guidelines and are detailed in appendix 1. The Integration Joint Board will receive updates on these lined to the strategic plan.

Summary

The attached report and appendix provide a brief description of and therefore the rational for the services to be included within the integrated budget, for the initially agreed scope and the functions following the national consultation exercise. Details of the financial resources linked to services are included in appendix 1. A more detailed session on the integrated budget is proposed for 20th May 2015. It should be noted that the integrated budget during 2015/16 will be on an aligned basis.

APPENDIX 1

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INTEGRATED CARE FUND UPDATE

Aim

- 1.1 To update members of the Integration Joint Board on the progress of the Integrated Care Fund (ICF).

Background

- 2.1 The Scottish Government has announced an Integrated Care Fund of £173.5m to support the integrated working for health and social care. Resources of £100m are to be made available to Health Boards in 2015-16. Of this, £2.13m has been allocated to the Scottish Borders.
- 2.2 On 13th March 2015 it was announced by the Health Secretary that additional funding of £200 million will be allocated over two years to extend the Integrated Care Fund into 2016-17 and 2017-18.
- 2.3 Four key areas of investment have been identified in line with the expectations of the Strategic plan framework:-
 - health improvement
 - community capacity building
 - access to services
 - early intervention and prevention.
- 2.4 At an ICF workshop on 27 January 2015 where a number of specific initiatives were agreed in line with the national and local outcomes.
- 2.5 A paper outlining governance arrangements for ICF was presented and agreed at the Shadow Board in March.

Summary

- 3.1 As a result of the announcement made by the Health Secretary regarding the extension of ICF. Further Guidance will be forthcoming and will be considered by the Strategic Planning Project Board before and subsequently the Programme Board.
- 3.2 The Programme Board are meeting in advance of the next Integrated Joint Board to outline the specific actions that will be taken forward as a priority for service development. These will be reported into the next meeting of the Integrated Joint Board

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report.

Policy/Strategy Implications	Implementing the planning described in the report will ensure local delivery of national policy and strategy.
-------------------------------------	---

Consultation	-
Risk Assessment	Appropriate governance will minimise financial risk. Risks to delivery will be mitigated by strong performance management.
Compliance with requirements on Equality and Diversity	The use of the funding in the way described is expected to promote inclusion.
Resource/Staffing Implications	Resource implications are outlined in the paper.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Pamela Jane Harding	Project Manager		