

Public Document Pack

HEALTH AND SOCIAL CARE INTEGRATION SHADOW BOARD MONDAY, 22ND JUNE, 2015

A MEETING of the HEALTH AND SOCIAL CARE INTEGRATION SHADOW BOARD will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on MONDAY, 22 JUNE 2015 at 2.00 pm

BUSINESS		
1.	ANNOUNCEMENTS & APOLOGIES	
2.	DECLARATIONS OF INTEREST	
3.	MINUTES OF PREVIOUS MEETING (Pages 1 - 16) Monday 9 March 2015 Monday 27 April 2015	5 mins
4.	MATTERS ARISING (Pages 17 - 20) Action Tracker	5 mins
5.	STRATEGIC	
	5.1 Programme Highlight Report (Pages 21 - 26)	10 mins
	5.2 Draft Strategic Plan (Pages 27 - 30)	20 mins
6.	GOVERNANCE	
	6.1 Nursing and Midwifery Council (NMC) proposed model for Revalidation (Pages 31 - 32)	25 mins
	6.2 Business Cycle 2015/16 (Pages 33 - 38)	5 mins
7.	FINANCE	
	7.1 Monitoring of the Shadow Integrated Budget 2014/15 (Pages 39 - 50)	10 mins
	7.2 Monitoring of the Shadow Integrated Budget 2015/16 (Pages 51 - 56)	10 mins
8.	ANY OTHER BUSINESS	5 mins
9.	DATE AND TIME OF NEXT MEETING	

Monday 10 August 2015 at 2.00pm in the Council Chamber, Scottish Borders Council	
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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, Board Secretary, NHS Borders
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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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Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 27 April 2015 at 2.00pm in the Board Room, Newstead.

Present:

Cllr C Bhatia	Mrs Pat Alexander
Cllr J Torrance	Mr D Davidson
	Mrs K Hamilton

In Attendance:

Miss I Bishop	Mrs J Davidson
Mr D Robertson	Mrs C Gillie
Mrs S Manion	Mr J Lamb
Mrs E Torrance	Mrs E Rodger
Mr D Bell	Mr J McLaren
Mrs L Gallagher	Mrs T Graham

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Dr Stephen Mather, Cllr John Mitchell, Cllr Francis Renton, Cllr David Parker, Dr Sheena MacDonald, Mrs Jeanette McDiarmid, Mrs Fiona Morrison, Mrs Jenny Miller and Mrs Tracey Logan.

Mrs Lynn Gallagher deputised for Mrs Fiona Morrison.

The Chair confirmed the meeting was not quorate. The Board agreed to discuss the items on the agenda and homologate them at the next meeting.

The Chair formally recorded that she had been asked to chair the Health & Social Care Integration Joint Board for 2015/16 and had accepted.

2. Health & Social Care Integration Joint Board Standing Orders

Miss Iris Bishop introduced the draft Standing Orders. During discussion several amendments were suggested including: re-titled to Interim Standing Orders; date and version control to be included; page 2 item 3.4 the Chair shall specifically; and page 6 item 13.1 seven days.

The Board recommended that there should be two staff representatives at the meetings (one from Scottish Borders Council and one from NHS Borders) and asked that the health professionals membership be reviewed in terms of the guidance as to whether both the Medical Director and/or the Director of Nursing & Midwifery should be non voting members.

The Chair noted that the role of Board members was an item for the Development session being held on 20 May and suggested it be broadened to include a discussion on membership of non voting members.

Cllr Jim Torrance suggested if GPs were non voting members then Community Nurses should also be invited. The Chair was keen to differentiate between the Board membership and the Strategic Planning Group membership which encompassed representatives from the GP and Community Nursing communities.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** discussed the Interim Standing Orders and suggested amendments for homologation at a future meeting.

3. Declarations of Interest

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

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

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Shadow Board held on 9 March 2015 were noted and would be formally approved at the next meeting.

5. Matters Arising

5.1 Minute 5 Establishment of Strategic Planning Group: Mrs Susan Manion confirmed that letters had been issued to the relevant stakeholders inviting representation.

5.2 Minute 9 Disestablishment of the Scottish Borders Community Health & Care Partnership: Mrs Susan Manion advised that the matter would be discussed with the Programme Board in the first instance.

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

6. Programme Highlight Report

Mr James Lamb presented the report. He highlighted several elements within the report advising that the Scheme of Integration had been submitted by the due date of 31 March 2015; consultation on the Strategic Plan had commenced and a series of public engagement events had been scheduled.

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

7. Organisational Development Plan

Mrs Susan Manion introduced the framework that had been developed by the workforce workstream lead by Mrs Claire Hepburn and Mrs June Smyth (previously Mrs Edwina Cameron). She commented that it was important to think about the organisation from front line staff through to Board members and in doing that the recruitment to an additional resource requirement had been identified from the monies allocated for the transitional period.

The Chair enquired if the Board members would be copied into the newsletter to staff. Mrs Manion confirmed that it would be shared with the Board members.

Mr David Robertson suggested that updates be provided for all Board members and suggested amending the text on page 3 to read “Elected members and NHS Board members”. The Board were in agreement with the text change.

Mrs Jane Davidson enquired about the term “partnership” that was being widely used and sought clarification if that was in relation to the Health & Social Care Integration Joint Board or the wider communities.

Mr David Davidson sought a shared list of key people from both organisations that Board members may need to contact for advice or information. Mrs Manion advised that an Induction pack had been put together for members of the Strategic Planning Group and suggested it be refined for Board members and shared with them at the Development session on 20 May.

Cllr Jim Torrance was keen to be assured that monitoring would take place to ensure a delay in one project would not delay other projects.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the Organisational Development Plan subject to the change being made at page 3 and recommended it be homologated at the next meeting.

8. Draft Strategic Plan – A conversation with you

Dr Eric Baijal presented the document that was being used for engagement events across May. He advised that the Strategic Plan was for a period of 3 years and was built upon the health and social care needs of the population of the Scottish Borders.

Mr John McLaren enquired about the mention of Health Visiting within the communication plan as it had previously been agreed that Health Visiting was outwith the scope. Dr Eric Baijal confirmed that Health Visiting was outwith the scope and he would update the communication plan and ensure it reflected the content of the Strategic Plan.

Mrs Evelyn Rodger sought assurance that the document had been checked for readability. Mr James Lamb confirmed that an easy read version had been commissioned.

During discussion several points were made including: ensuring the case for change was teased out to reflect better health outcomes for the population; what is the partnership and did the Integration Joint Board have a locus around that partnership; would something be commissioned to provide a better engaged workforce; as a new Integration Joint Board what would it be commissioning and to what standards would it commission.

Mrs Lynn Gallagher requested that where service users were mentioned, colleagues remembered that carers should be included.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the initial draft Strategic Plan would be used for the first phase of a joint engagement exercise in support of the production of a Borders Strategic Commissioning Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to have a Development session later in the year dedicated to Commissioning (the commissioning cycle, review of the Manchester model and lessons learned).

Elaine Torrance left the meeting.

9. Communications & Stakeholder Engagement

Ms Tracey Graham advised that the communications and stakeholder engagement plan was a working document that was constantly refreshed. The workstream had focused on the strategic plan document and its promotion. Engagement events had been set up and were being advertised through various mediums. Ms Graham confirmed that a preferred candidate had been identified for the Communications Officer post for Integration.

The Chair enquired about a communication to Elected members and staff. Ms Graham advised that a newsletter had been prepared for the staff and public and would be updated to reflect the Strategic Plan events and would then be released.

Mrs Lynn Gallagher enquired if there was a separate engagement plan. Ms Graham advised that at one point there was a communications plan and a separate engagement plan, however both had been combined into one plan and the wording required updating to reflect that status.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recommended the report for approval at the next meeting.

10. Scheme of Integration Update

Mrs Susan Manion reported that the Scheme of Integration had been submitted by 31 March 2015 and it was anticipated that feedback would be received within a period of 6 weeks.

Mr David Davidson enquired if any notifications of further guidance had been received. Mrs Manion confirmed that further topic based guidance had been received. Mrs Carol Gillie advised that further guidance had been received in relation to finance which she and Mr Robertson were reviewing.

Dr Eric Baijal suggested that a regular update bulletin be sent to Integration Joint Board members to keep them abreast of issues, as per the current practice in the Health Board. Mrs Manion agreed that a regular bulletin could be put in place.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive a regular update bulletin.

11. Annual Report 2014/15

Mrs Susan Manion thanked Iris Bishop for producing the Annual Report and advised that it detailed the work of the Health & Social Care Integration Shadow Board over the previous year.

Mrs Lynn Gallagher requested that the report be amended to reflect service users “and carers”.

Mr David Davidson commented that he liked the simplistic format of the report.

The Chair noted that the attendance record required amendment in terms of Iris Bishop’s attendance and also sought confirmation of service user representation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Annual Report for 2014/15 subject to the amendments suggested.

12. Monitoring of the Shadow Integrated Budget 2014/15

Mr David Robertson advised that the total resources under the report were £133m in the current year. The key issues were an overspend of £677k for the partnership with a projected year end position increased due to the inclusion of an overspend in the People Department of Scottish Borders Council which had not previously been reported. The overspend within NHS Borders related to GP prescribing as previously reported.

Overall the People Department were projecting a balanced position. The overspend on the elements of the integrated budget would be managed through contingency slippage and control measures previously reported to the Integration Joint Board.

Mr David Davidson enquired if at the end of the financial year the Integration Joint Board would have a zero balance. Mr Robertson confirmed that it would have zero balance as the overspends would be managed by Scottish Borders Council and NHS Borders.

Mrs Carol Gillie commented that if it was a live situation and the budgets were not being run on an aligned basis the Integration Joint Board would end the financial year with a significant overspend.

Mr Davidson enquired how the budget would be projected for the coming year given it would start from a zero position. Mr Robertson advised that part of the exercise was a due diligence process which looked at expenditure over the previous 5 years to establish the budget for year 1. He advised that such issues could be considered as part of the Development session on 20 May.

Mr Davidson suggested it would be helpful to discuss how costings would be added to proposals that would be put to the Integration Joint Board and how they could be managed over time as he anticipated that there would be aspirations to develop services and that would come with a cost attached.

Dr Eric Baijal clarified that the Integration Joint Board was speaking of transformational change within the same financial envelope but with improved outcomes via the strategic planning process.

Mrs Jane Davidson enquired as a commissioning body what the implications were from a financial perspective. She urged the board to be clear moving forward what the differences were and what the responsibilities were as they could be limited by financial spend.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected position of £677k pressures at 28th February 2015.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that additional funding had been earmarked from elsewhere within NHS and SBC non-integrated budgets enabling a balanced breakeven position to be reported

The **HEALTH & SOCIAL CARE INTEGRATION JOINT 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 and that Scottish Borders Council would continue to deliver its action plan to further reduce the projected Adult Services pressures during March.

13. Integrated Budget 2015/16

Mrs Carol Gillie introduced the paper advising that it set out the Integrated Budget for 2015/16. It was based on services agreed in 2014/15 and included other services taking into account the national consultation exercise and services that must be included. It was therefore a slightly different scope to the previous year and where it had not been possible to disaggregate adult services the full budget had been included ie GP prescribing for the whole population.

Mrs Jane Davidson suggested including efficiency savings within the budget element of the Development session. Mr David Davidson welcomed the suggestion and commented that it should include both how the Board, Scottish Borders Council and NHS Borders will manage their efficiency savings.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that an Integrated Joint Board development session was planned for 20th May 2015 to discuss in more detail the budgets as set out in appendix 1.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the draft Partnership Strategic Plan would be developed based on the integrated budget and would include information on the set aside budget as set out in the consultation papers.

14. Integrated Care Fund Update

Mrs Susan Manion reported that the Integrated Care Fund would continue for a further 2 years (2015/16, 2016/17, 2017/18). She advised that the Programme Board would be

meeting to outline the specific actions that would be taken forward as a priority for service development and progress would be shared with the Integration Joint Board.

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

15. Any Other Business

15.1 Resilience: Mr David Davidson advised that he was the Chair of the NHS Borders Resilience Committee. He was keen to explore telecommunications coverage in the Scottish Borders and eluded to the Scottish Borders Council paper entitled "Our Borderlines our Future Final Report". He suggested that NHS Borders and Scottish Borders Council work together collectively to try and engage the centre to see what could be progressed with connectivity in the region.

Mr Davidson advised he would pass the link to the paper to the Board Secretary to email out to Board members.

15.2 Managerial Organisational Changes in NHS Borders: Mrs Jane Davidson advised the Board that the acute management structure at NHS Borders was being reviewed with a focus on putting the patient at the centre. She advised that a consultation paper had been released in January 2015 which discussed the proposed management revisions and the barriers between primary, acute and social care services. One of the main aspects of the reorganization was to support the Health & Social Care Integration Joint Board to commission for a reduction in admissions, preventable admissions, take expertise to the patient, invest in medical leadership, reduce management costs, etc.

15.3 Information Technology: Cllr Catriona Bhatia advised that there was a consultation underway in regard to the potential to outsource Information Technology services from Scottish Borders Council. Mrs Jane Davidson confirmed that NHS Borders had written to Unite expressing concern at their narrative relating to NHS staff.

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

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 22 June 2015 at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 4.10pm.

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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

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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	Complete: Letters issued	

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	August	In Progress: Pending discussion between Susan Manion and Cllr Bhatia. Timescale revised.	

Agenda Item 4


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 future position.	Jane Davidson/ Elaine Torrance	August	In Progress: Programme Board to discuss in the first instance. Timescale revised.	

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	August	In Progress: Timescale revised.	


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.	

Health & Social Care Integration Joint Board Action Point Tracker


Meeting held 27 April 2015

Agenda Item: Organisational Development Plan


Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
7	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD endorsed the Organisational Development Plan subject to the change being made at page 3 and recommended it be homologated at the next meeting.	Cllr C Bhatia	August	In Progress: Plan to be further updated in terms of identified leads and progress. Timescale revised.	

Agenda Item: Draft Strategic Plan – A conversation with you


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Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed to have a Development session later in the year dedicated to Commissioning (the commissioning cycle, review of the Manchester model and lessons learned).	Susan Manion/ Iris Bishop	October	In Progress: Item included on schedule of forward business	

Agenda Item: Scheme of Integration Update

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
10	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed to receive a regular update bulletin.	Tracey Graham	August	In Progress: Standard bulletin to be formulated. Timescale revised.	

Agenda Item: Annual Report 2014/15

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted the Annual Report for 2014/15 subject to the amendments suggested.	Iris Bishop	May	Complete	

KEY:	
	Overdue / timescale TBA
	<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 – June 2015

Aim

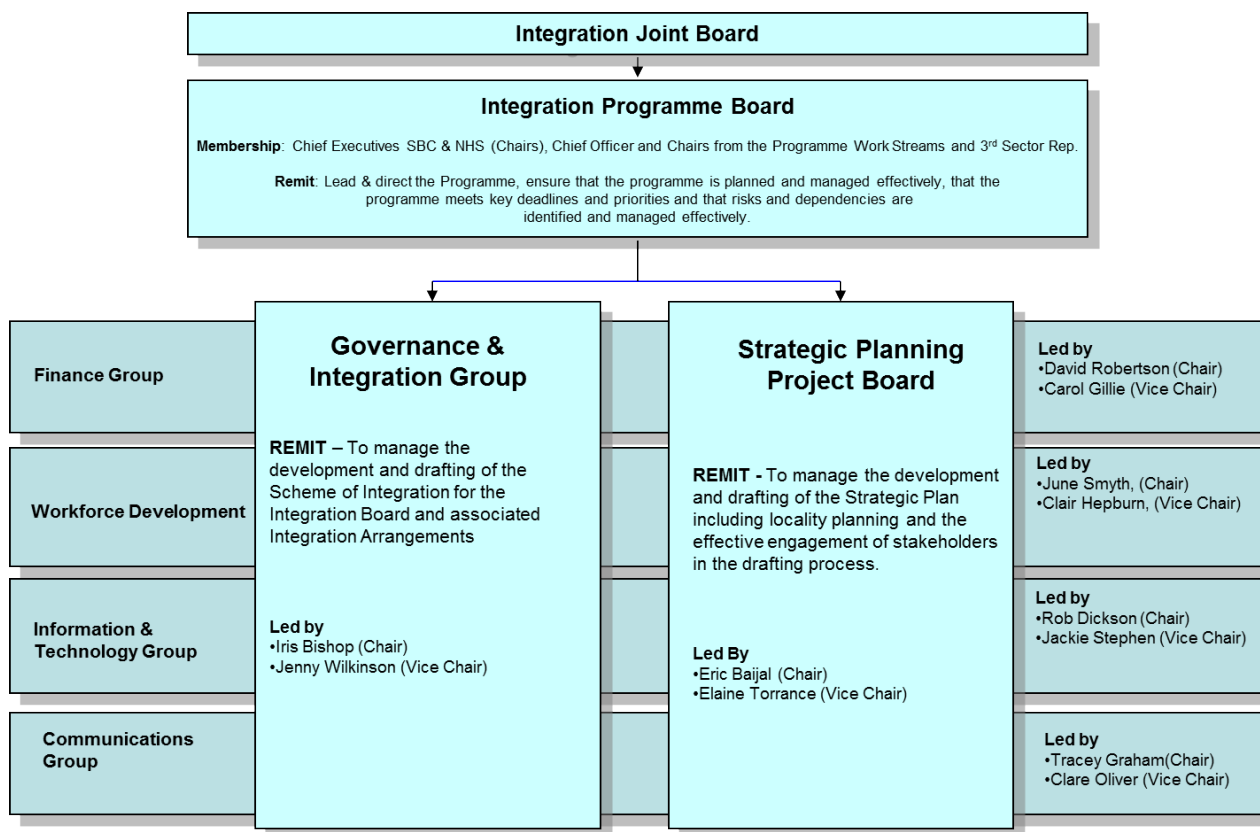
1.1 To provide an outline update on progress in the delivery of the Integration Programme.

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**. Feedback on the submitted Scheme has now been received from the Scottish Government. This sets out a number of areas where further clarification is required.
- 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.
- 3.2 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 on the submitted Scheme has now been received from the Scottish Government. This sets out a number of areas where further clarification is required
 - **Strategic Plan** – The 1st draft of the Strategic Plan was published on 10th April with a press release, facebook and twitter posts. The Plan was 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 second draft of the plan is in preparation and is due to be presented to the Integration Joint Board on the 22nd June and the Council and NHS Board on the 25th of June. The 2nd draft will be published on the 1st of July for consultation and further engagement events will be held in late August and early September. Engagement over the 2nd draft ends on 22nd September and a final draft will be developed by the end of October.
 - **Staff and Public Engagement** – A series of public engagement events has been held across 11 communities across the Borders over May and early June – the last of these is being held in Newcastleton on the 9th June. Staff and Public attendance at the meetings is set out in table 1 below. The events were publicised through direct mailing, posters, press releases, advertising in the local press and on Radio Borders as well as facebook, twitter and on the Council and NHS Borders websites. Following justified criticism over lead-in times from the February events, more than a month's notice was given for each event. However, numbers were disappointingly low in a many communities. Ways in which this can be addressed will be considered for the next round of engagement sessions.

Table 1: Attendance at the Staff and Public Engagement Events in May/June 15

Meeting	Staff	Public
Kelso	17	10
Galashiels	18	1
Jedburgh	11	2
Lauder	7	5

Eyemouth	3	8
Hawick	20	6
Selkirk	11	3
Duns	20	7
Peebles	16	16
Coldstream	2	9

3.3 Overall, there has been excellent feedback from staff and public and *some* of the main points raised have been summarised in Table 2 below. The feedback – which was also received via online forms on the website - is being used to inform the development of the 2nd draft of the Strategic Plan.

Table 2: Some of the key issues from staff and public engagement events	
Care Co-ordinators	the need to have co-ordinated care plans and a person who acts as a co-ordinator and single point of contact
Better Planning for Discharges	the need to improve planning for discharges to avoid people facing struggling at home without the proper support leading to pressure on community-based services and ultimately leading to readmission
Transport	the need for improved services and co-ordination of transport to enable access to services.
IT	the need for joined up systems that enable integration, have a single view of the patient and allow staff to share emails and calendars and also avoid duplication.
Access to equipment	particularly out of hours - to support people in their own home and prevent failed discharge.
24/7 Services	the need for flexible 24/7 services to be made widely available to reflect modern lifestyles.
Valuing Carers	the difficulty in recruiting and retaining carers – the need for professional development and appropriate/attractive remuneration to tackle this issue.
Improved Information Sharing and Signposting	the need for a change in attitudes to information sharing and also improved systems/protocols to facilitate this.
Isolation & Loneliness	the negative impact of social isolation on individual outcomes and the impact this has on services needs to be addressed.
Early Intervention	more focus on early intervention and prevention opportunities.
Improved Education	Improved education and training opportunities for both staff and communities.
Self-Referral and Self-Management	the need for more services to offer this approach.
Multi-Disciplinary Teams	the need for more multi-disciplinary teams to reduce waiting times and improve outcomes.
Targeting Poverty and Health Inequalities	the need for more focus on the impact of poverty and inequalities on individual outcomes and the need for targeted resources to improve outcomes.
Improved support for unpaid carers	supporting them in their role, including them as valued members of the team and consulting them in discharge arrangements all considered to be crucial.

- **Strategic Planning Group** – The Strategic Planning Group (required under legislation to support the Integration Joint Board in the development, review and renewal of the Strategic Plan) has now been established. The first meeting of the group was on the 22nd of May and the Group took part in a national event at Heriot Watt University on the 28th May.

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 Project Board

- 5.1 The Project Board has focussed on the delivery of the engagement events around the 1st draft of the Strategic Plan, the recruitment and induction of the Strategic Planning Group and the development of the 2nd draft of the Plan which will be presented to the Integration Joint Board on the 22nd June and to the Council and NHS Board on the 25th June. The 2nd draft will go out for wider consultation between 1st July and 22nd September. Stakeholder events for this will be in the last week of August and first two weeks of September.

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 August and September 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.

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 Integration Officer		

Author(s)

Name	Designation	Name	Designation
James Lamb	Programme Manager		

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HEALTH & SOCIAL CARE – DRAFT STRATEGIC PLAN

Aim

- 1.1 The purpose of this paper is to present to the Integration Joint Board a draft of the Health & Social Care Strategic Plan for discussion and comment prior to formal consultation from July 2013 for 3 months.

Background

- 2.1 The Strategic 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 This is the second version of the Plan 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 this draft Plan profiles the all important Strategic Objectives derived from National Outcomes by which local future ambitions are directed.
- 2.5 The Strategic Commissioning plan requires to be co-produced with all key stakeholders and therefore over the last 2 months there has been engagement across all localities and staff groups. Key stakeholders have had the opportunity to express views, opinions and thoughts and these have informed this version of the plan. This version of the plan (subject to comments and changes during June) will then be subjected to a full formal 3 month consultation exercise from July 2015.
- 2.6 The final version of the plan will be based on what is learned from the consultation exercise by listening to people in the Borders – patients, service users, carers, members of the public, clinicians, staff and professionals and other partner organisations.
- 2.7 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.

- SBC Elected Members
- Community planning partners
- Community councils
- Area Forums
- Other Health Boards and special boards
- NHS Borders Board, Advisory
- Scottish Health Council
- MPs MSPs
- Media
- Third Sector (voluntary groups/organisations)
- Commissioned service providers
- Joint service providers

- | | |
|--|--|
| <ul style="list-style-type: none"> Committees and Non-Executives Directors • Independent contractors • Participation Network - including public partnership forum and public reference group • Scottish Government | <ul style="list-style-type: none"> • Public Governance Committee • Cross Borders patient flows/neighbour Boards • Equality Forum • Children & Young People |
|--|--|

Summary

- 3.1 This draft of the plan has taken on views and comments from the staff and public engagement exercise during May and June.
- 3.2 It is proposed to use the appended Draft of the Strategic Plan (subject to final changes) in a formal 3 month consultation and engagement process from July – September 2015.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the draft Strategic Plan (Subject to final approval from NHS Borders Board and Scottish Borders Full Council) to go forward for a 3 month public consultation.

Policy/Strategy Implications	The documentation and exercise outlined above is designed to inform the development of the Strategic Commissioning Plan
Consultation	The purpose of this report is to recommend a formal consultation on the Strategic Commissioning Plan.
Risk Assessment	If Scottish Borders Council and NHS Borders do not conduct a 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
Eric Baijal	Director of Strategy (Integration)	Susan Manion	Chief Officer

Author(s)

Name	Designation	Name	Designation
Stephanie Errington (On behalf of the writing group)	Head of Planning & Performance		

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NURSING AND MIDWIFERY COUNCIL (NMC) PROPOSED MODEL FOR REVALIDATION - SCOTTISH PILOT HOSTED BY NHS TAYSIDE

Aim

- 1.1 This report provides an update on progress of the Scottish Pilot for Revalidation, planning, implementation and learning, to support the Nursing and Midwifery Council (NMC) proposed Model for Revalidation co-ordinated by Scottish Government and hosted by NHS Tayside.

Background

- 2.1 The NMC is the largest health professional regulator in the world and ensures public protection through regulation of nursing and midwifery professionals. It has a registrant body in excess of 680,000, approximately 10% of who work in Scotland. Implementation of the NMC revalidation proposals will affect all nurses and midwives in Scotland, including those who work in NHS Scotland, the care sector, and the independent and third sectors.
- 2.2 Following a number of reviews of NMC processes (Council for Healthcare Regulatory Excellence 2012, Francis Report 2013) the NMC has committed to introducing a more robust system of assurance for ensuring the ongoing fitness to practise of nurses and midwives and has confirmed to the Health Select Committee of the UK Parliament that this system will be in place by October 2015.
- 2.3 The NMC model proposes:
- Replacement of the current 3 yearly Notification to Practice Form.
 - Registered nurses and midwives will hold personal responsibility for declaring Fitness to Practise alongside providing;
 - A receipt of confirmation that declaration of fitness to practise is reliable in accordance with the Code;
 - Receipt of third party feedback which has informed reflection on practice;
 - The nurse/midwife has met requirements for practice hours and Continuing Professional development (CPD) proposed as 40 hours (20 in participatory learning).
- 2.4 This proposal supports the implementation of NHS Scotland's Healthcare Quality Strategy (2010), Staff Governance Standards (2012) and the Route Map to the 2020 Vision for Health and Social Care (2013), ensuring a workforce fit to practise and to deliver safe, effective, person-centred care for people of all ages in a range of health and social care environments.
- 2.5 The NMC revalidation model seeks to be proportionate, risk-based and aligned with existing processes, such as employer-led appraisal processes. It will consist of:
- Self-confirmation from the registrant
 - Reflection on the revised Code
 - Satisfaction of the required hours of CPD and hours of practice
 - Confirmation of good health and good character
 - Confirmation that Professional Indemnity Insurance is in place
 - Third party input – confirmation and feedback

- Random risk-based audit by the NMC regarding compliance
- 2.6 The NMC is preparing to launch revalidation in October 2015, with the first nursing and midwifery registrants progressing revalidation in April 2016.
- 2.7 Each of the four UK countries has identified organisations to test and evaluate the proposed revalidation model, and NHS Tayside has been nominated by the Scottish Government Revalidation Programme Board and Scottish Executive Nurse Directors to lead the pilot on behalf of Scotland.
- 2.8 NHS Tayside Board accepted the position of Pilot NHS Board and became a Pilot site in January 2015 to host the Pilot programme within the dedicated timeline of January – June 2015.

Summary

- 3.1 To establish a Revalidation Working Group comprised of representation from Finance, IM&T, Workforce and Nursing & Midwifery Directorate under the chairmanship of David Thomson, Associate Director of Nursing.

Recommendation

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

Policy/Strategy Implications	May be implications of revalidation on a number of policies.
Consultation	Pilot currently being tested in NHS Tayside. A Revalidation Working Group will be set up in NHS Borders.
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	Yes.
Resource/Staffing Implications	Yes.

Approved by

Name	Designation	Name	Designation
Evelyn Rodger	Director of Nursing and Midwifery, Interim Director of Acute Services		

Author(s)

Name	Designation	Name	Designation
Zoe Brydon	Project Support Manager/PA		

HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD BUSINESS CYCLE 2015/16

Aim

- 1.1 To provide the H&SC Integration Joint Board with a focused and structured approach to the business that will be required to be conducted over the coming year.

Background

- 2.1 To deliver against targets and objectives, the Integration Joint Board must be kept aware of progress on a regular basis.
- 2.2 Integration Joint Board meeting agendas will be focused on strategic, clinical and care governance and financial issues at each meeting in order to facilitate strong debate of items.
- 2.3 Standing items will be submitted to the Integration Joint Board in full format however only verbal by exception reporting will be required at the meeting. Integration Joint Board members should be encouraged to seek complex detail of issues outwith the meeting.
- 2.4 Attached is the revised Business Cycle for 2015/16 for the H&SC Integration Joint Board and Development sessions. The business cycle will remain a live document and subject to amendment to accommodate any appropriate changes to timelines, legislative requirements, etc.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the revised Business Cycle for 2015/16.

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions/decisions resulting from the business presented to the H&SC Integration Joint Board.
Consultation	Programme Board
Risk Assessment	Risk assessment will be addressed in the management of any actions/decisions resulting from the business presented to the H&SC Integration Joint Board.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions/decisions resulting from the business presented to the H&SC Integration Joint Board.

Approved by

Name	Designation	Name	Designation
CLlr C Bhatia	Chair	Susan Manion	Chief Officer

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

INTEGRATION SHADOW BOARD WORKPLAN/BUSINESS CYCLE 2015/16

Meeting	Date, Time and Venue	Session Items	What on next session
H&SC Integration Shadow Board	9 February 2015 2pm Scottish Borders Council	Programme Highlight Report/Chief Officer Report Budget Monitoring Proposal for Establishing the Standing SPG (Strategic Planning Group) Change Fund Report Workplan and Meeting Dates agreed for 2015/16	Programme Highlight Report/Chief Officer Report Budget Monitoring Final Integration Scheme First Draft of the Strategic Planning Framework
H&SC Integration Shadow Board	9 March 2015 2pm Scottish Borders Council	Programme Highlight Report/Chief Officer Report Budget Monitoring Final Integration Scheme Update First Draft of the Strategic Planning Framework Integrated Care Fund Governance	Programme Highlight Report/Chief Officer Report Budget Monitoring Scheme of Integration First Draft of Strategic Planning Framework consultation. OD Plan Communications Plan Annual Report 2014/15 IJB Standing Orders - Approval
H&SC Integration Joint Board	27 April 2015 2pm Board Room, Newstead	Programme Highlight Report/Chief Officer Report Budget Monitoring Scheme of Integration First Draft of Strategic Planning Framework consultation. OD Plan Communications Plan Annual Report 2014/15 IJB Standing Orders - Approval	Programme Highlight Report/Chief Officer Report Budget Monitoring Second Draft of Strategic Planning Framework consultation. Patient Story Mental Health Services Update Torbay Principles Update
H&SC Integration Joint Board Development Session	20 May 2015 9.30am Scottish Borders Council	Financial Pressures – GP Prescribing/Older People Home Care Packages (Carol Gillie/David Robertson) How the Board Operates – Roles of Attendees (Susan Manion/Iris Bishop)	IT Delayed Discharges (Susan Manion) GP to be invited to explore how they can help with integration (Susan Manion) Clinical and Care Governance (Patient/Public Involvement/Staff Governance)
H&SC Integration Joint Board	22 June 2015 2pm Scottish Borders Council	Programme Highlight Report/Chief Officer Report Budget Monitoring Second Draft of Strategic Planning Framework consultation.	Programme Highlight Report/Chief Officer Report Budget Monitoring Mental Health Service Update Torbay Principles/Healthcare Coordinator

Meeting	Date, Time and Venue	Session Items	What on next session
NO MEETINGS HELD IN JULY			
H&SC Integration Joint Board	10 August 2015 2pm Scottish Borders Council	Programme Highlight Report/Chief Officer Report Budget Monitoring Mental Health Service Update Torbay Principles/Healthcare Coordinator	
H&SC Integration Joint Board Development Session	23 September 2015 9.30am Scottish Borders Council	IT Delayed Discharges (Susan Manion) GP to be invited to explore how they can help with integration – Susan Manion Clinical and Care Governance (Patient/Public Involvement/Staff Governance)	Communication Commissioning (Commissioning cycle/review models) Performance Framework Role of IJB
H&SC Integration Joint Board	12 October 2015 2pm Scottish Borders Council	Programme Highlight Report/Chief Officer Report Budget Monitoring Strategic Plan agreed Integrated Care Fund 6 monthly report	Programme Highlight Report/Chief Officer Report Budget Monitoring Workplan and Meeting Dates agreed for 2016
H&SC Integration Joint Board Development Session	11 November 2015 2pm Scottish Borders Council	Communication Commissioning (Commissioning cycle/review models) Performance Framework Role of IJB	
H&SC Integration Joint Board	14 December 2015 2pm Scottish Borders Council	Programme Highlight Report/Chief Officer Report Budget Monitoring Workplan and Meeting Dates agreed for 2016	Programme Highlight Report/Chief Officer Report Budget Monitoring
H&SC Integration Joint Board Development Session	20 January 2016 9.30am Scottish Borders Council		
H&SC Integration Joint Board	1 February 2016 2pm Scottish Borders Council	Programme Highlight Report/Chief Officer Report Budget Monitoring	Approve Standing Orders Appoint Chief Officer Appoint Chief Financial Officer Chief Officer Report Financial Report

Meeting	Date, Time and Venue	Session Items	What on next session
H&SC Integration Joint Board Development Session	7 March 2016 2pm Scottish Borders Council		
H&SC Integration Joint Board	18 April 2016 2pm Scottish Borders Council	Approve Standing Orders Appoint Chief Officer Appoint Chief Financial Officer Chief Officer Report Financial Report	Chief Officer Report Financial Report

Black – Standing Items

Red – Yearly Items

Mauve – Confirmed additional items

Blue – Tentative item

Green – Potential Items (items and timelines unconfirmed)

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MONITORING OF THE SHADOW INTEGRATED BUDGET 2014/15**Aim**

- 1.1 To provide the Integrated Joint Board with a full report, on the Partnership's Integrated Budget based on the actual expenditure outturn as at 31st March 2015. It should be noted that the information contained in the report is still subject to review and confirmation from external audit.

Background

- 2.1 The total Shadow Revised Integrated Budget stands currently at £132.7m.
- 2.2 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.
- 2.3 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.

Outturn

- 3.1 The revenue monitoring position reported to the Board is based on the actual outturn as at the 31st March 2015. At the financial year end the Partnership's outturn expenditure position was £133.3m against the revised budget of £132.7m resulting in an overspend of £620k on the revised budget. This overspend was slightly less than had previously been projected (£677k) mainly due to an improved position in the learning disability service.

Key Issues

- 4.1 *Joint Learning Disability Service* - The Joint Learning Disability Service has undertaken a review of all services which has resulted in an underspend on packages of care within this area. Staffing vacancies have also been tightly managed to ensure the partnership achieved an underspend outturn position of £0.249m which was available to support other pressure areas.
- 4.2 *Joint Mental Health Service* - At March the Mental Health Service are reporting a very slight overspend. This position masked staffing pressures in older adult's inpatient services due to the age and acuity of the patient cohort which was offset by savings achieved through SBC renegotiating housing contracts.
- 4.3 *Older People Service* - Increased demand for adult services continued throughout the year which has resulted in a considerable overspend of £0.509m. Although additional investment had been made in the older people's service across areas such as homecare and residential care, it was insufficient to meet demand. Issues related to residential care additional transport costs, Bordercare and holiday pay also contributed to the reported overspend.
- 4.4 *Physical Disability Service* - The increasing complexity of care required for people

with physical disability has led to a rise in the level and cost of community based services resulting in an outturn pressure of £92k.

- 4.5 *Generic Services* - Generic Service is £267k overspent at the end of March and details of the individual areas of concern are given below.
- 4.6 Community Nursing and Community Hospitals are £0.065m overspent. This pressure is mainly related to the impact of service redesign, maternity leave and sickness absence. These issues have been ongoing and by ensuring appropriate policies are actively adhered to the level of overspend has been minimised.
- 4.7 The GP prescribing budget is reporting a year end overspend of £1.097m. A global shortage in the supply of certain drugs continued to cause volatility in the price of drugs for all of 2014/15. It is likely this issue will continue into 2015/16 even though Information Services Division of NSS is taking forward work to identify any actions to potentially address this financial pressure.
- 4.8 The GP Prescribing overspend is being offset by an underspend £0.534m in the dental outturn position. This underspend should not be anticipated as recurrent as Scottish Government will review the level of funding allocated to each board in 2015/16.
- 4.9 Additionally, savings of £218k were made within Allied Health Professional services in order to contribute to the wider board pressures, along with a further £128k attributable to rigorous management of staff turnover across locality and central teams, general staffing budgets and the out of hours service.
- 4.10 As the budgets were designated as aligned budget in 2014/15 the reported overspend of £264k on the Scottish Borders Councils element of the Partnership budget and £356k relating to NHS Borders will be offset by savings from elsewhere within the respective partner's budgets.
- 4.11 Savings have been identified from elsewhere within SBC Adult Services and across the wider People department, enabling a balanced breakeven position to be achieved overall within SBC. In 2015/16, Scottish Borders Council has invested £1.510m of additional budget growth in order to meet the recurring impact of both these historic and new emerging pressures.
- 4.12 NHS Borders has managed its element of the overspend as part of its year end planning, by use of its contingency, slippage on expenditure levels in other areas and by the impact of number of control measures put in place to offset financial pressures. These measures included restrictions on discretionary spend and increased scrutiny and levels of authorisation of non discretionary spend.
- 4.13 In terms of moving into 2015/16 the risk remains around the GP prescribing expenditure as NHS Borders has little control over the rising drugs cost and can only estimate based on information currently available. Scottish Government are in the process of reviewing dental allocation and the underspend reported in 2014/15 will not be available to support the overall position in 2015/16.

Summary

- 5.1 The revenue monitoring position set out in this report is based on the actual income

and expenditure to the 31st March 2015. The Partnership is reporting an out turn position of £0.620m which will be met by funds from each of the individual partner bodies outwith the partnership budget.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the budget monitoring reports at Appendix 1.

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

Approved by

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

Author(s)

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

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MONTHLY REVENUE MANAGEMENT REPORT



Joint Health and Social Care Budget -SBC

2014/15

AT END OF MTH:

Mar

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	Summary Financial Commentary
Joint Learning Disability Service	13,885	13,806	13,720	86	13,806	13,720	86	101	
Residential Care	1,535	1,509	1,521	(12)	1,509	1,521	(12)	0	Managed review of care
Homecare	467	712	789	(77)	712	789	(77)	0	packages for a small number
Day Care	2,891	2,773	2,465	308	2,773	2,465	308	74	of additional clients has
Community Based Services	7,683	7,542	7,720	(178)	7,542	7,720	(178)	0	enhanced ability to contribute
Respite	231	230	254	(24)	230	254	(24)	0	to offset pressures elsewhere
Same as You	0	0	0	0	0	0	0	0	across integrated services
Other	1,078	1,040	971	69	1,040	971	69	27	
Joint Mental Health Service	2,038	1,990	1,939	51	1,990	1,939	51	23	
Residential Care	87	0	0	0	0	0	0	0	
Homecare	215	227	200	27	227	200	27	0	Efficiencies delivered through:
Day Care	179	178	179	(1)	178	179	(1)	5	Housing Contract re-
Community Based Services	794	776	770	6	776	770	6	3	negotiations, staff turnover
Respite	18	36	35	1	36	35	1	0	and management savings and
SDS	50	64	116	(52)	64	116	(52)	0	package cost reductions
Choose Life	69	69	66	3	69	66	3	1	
Mental Health Team	626	640	573	67	640	573	67	14	
Joint Alcohol and Drug Service	195	187	162	25	187	162	25	4	
D & A Commissioned Services	177	177	125	52	177	125	52	0	
D & A Team	18	10	37	(27)	10	37	(27)	4	
Older People Service	23,003	23,647	24,156	(509)	23,647	24,156	(509)	484	Increased demand for
Residential Care	10,638	11,140	11,150	(10)	11,140	11,150	(10)	176	homecare/residential care
Homecare	8,306	8,308	8,684	(376)	8,308	8,684	(376)	248	£450k being only partially
Day Care	1,042	1,041	1,015	26	1,041	1,015	26	24	addressed by investment of
Community Based Services	964	1,363	1,344	19	1,363	1,344	19	0	demographic growth funding
Extra Care Housing	575	570	575	(5)	570	575	(5)	30	together with unbudgeted
Housing with Care	0	414	328	86	414	328	86	0	corporate pressure on holiday
Dementia Services	235	33	(46)	79	33	(46)	79	7	pay £71k,£86k additional
Delayed Discharge	251	267	279	(12)	267	279	(12)	0	transport costs and £81k
Other	992	511	334	177	511	334	177	0	additional Borderscare costs.
Change Fund	0	0	493	(493)	0	493	(493)	0	Care package reductions
									following reiew (£200k) have
									partly mitigated these
Physical Disability Service	2,816	3,081	3,173	(92)	3,081	3,173	(92)	5	
Residential Care	441	441	440	1	441	440	1	0	Demand driven shift in service
Homecare	1,622	1,824	1,789	35	1,824	1,789	35	0	provison from homecare and
Day Care	194	194	142	52	194	142	52	5	day services to community
Community Based Services	480	550	730	(180)	550	730	(180)	0	based service based on
Other	79	72	72	0	72	72	0	0	assessed client need

MONTHLY REVENUE MANAGEMENT REPORT



Joint Health and Social Care Budget -SBC

2014/15

AT END OF MTH:

Mar

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	Summary Financial Commentary
Generic Services	5,162	4,707	4,532	175	4,707	4,532	175	101	
Community Hospitals	0			0	0	0	0	0	
GP Prescribing	0			0	0	0	0	0	
AHP Services	0			0	0	0	0	0	
General Medical Services	0			0	0	0	0	0	
Community Nursing	0			0	0	0	0	0	
Assesment and Care Management	411	282	281	1	282	281	1	8	
Group Managers	244	248	239	9	248	239	9	3	
Service Managers	160	158	161	(3)	158	161	-3	3	
Planning Team	259	252	225	27	252	225	27	5	Savings on vacancy mgt
Locality Offices	2,572	2,522	2,443	79	2,522	2,443	79	61	Savings on vacancy mgt & targeted budget reductions
BAES	467	423	407	16	423	407	16	11	
Duty Hub	169	64	27	37	64	27	37	5	
Extra Care Housing	353	260	258	2	260	258	2	0	
Joint Health Improvement	116	56	53	3	56	53	3	0	
Respite	57	22	16	6	22	16	6	0	
SDS	0	51	35	16	51	35	16	0	
OT	58	57	56	1	57	56	1	1	
Grants to Voluntary	34	43	34	9	43	34	9	0	
Out of Hours	134	28	0	28	28	0	28	0	
Sexual Health	0			0			0	0	
Public dental Services	0			0			0	0	
Community Pharmacy Services	0			0			0	0	
Contenance Services	0			0			0	0	
Smoking Cessation	0			0			0	0	
Patient Transport	0			0			0	0	
Accommodation Costs	0			0			0	0	
Resource Transfer	0			0			0	0	
Other	128	241	297	(56)	241	297	(56)	5	
Total	47,099	47,418	47,682	(264)	47,418	47,682	(264)	722	
Financed By:									
AEF, Council Tax and Fees & Charges									
NHS Funding from Sgovt etc									
Total	0	0	0	0	0	0	0		

MONTHLY REVENUE MANAGEMENT REPORT



Joint Health and Social Care Budget

NHS

2014/15

AT END OF MTH: **Mar**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	3,719	3,670	3,507	163	3,670	3,507	163	21	20	19	
Residential Care	2,749	2,689	2,646	43	2,689	2,646	43	0	0	0	Fluctuating demand for assessment & treatment Staffing vacancies
Homecare				0	0	0	0	0	0	0	
Day Care	0			0	0	0	0	0	0	0	
Community Based Services	0			0	0	0	0	0	0	0	
Respite	0			0	0	0	0	0	0	0	
Same as You	0			0	0	0	0	0	0	0	
Other	970	981	861	120	981	861	120	21	20	19	
Joint Mental Health Service	13,138	13,735	13,812	(77)	13,735	13,812	(77)	320	324	329	
Residential Care	0	0	0	0	0	0	0	0	0	0	Challenging efficiency targets and high patient dependency
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Respite	0	0	0	0	0	0	0	0	0	0	
SDS	0	0	0	0	0	0	0	0	0	0	
Choose Life	0	0	0	0	0	0	0	0	0	0	
Mental Health Team	13,138	13,735	13,812	(77)	13,735	13,812	(77)	320	324	329	
Joint Alcohol and Drug Service	1,349	773	773	0	773	773	0	3	3	3	
D & A Commissioned Services	970	548	548	0	548	548	0	0	0	0	
D & A Team	379	225	225	0	225	225	0	3	3	3	
Older People Service	0	0	0	0	0	0	0	0	0	0	
Residential Care	0	0	0	0	0	0	0	0	0	0	
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Extra Care Housing	0	0	0	0	0	0	0	0	0	0	
Housing with Care											
Dementia Services	0	0	0	0	0	0	0	0	0	0	
Delayed Discharge	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	
Change Fund	0	0	0	0	0	0	0	0	0	0	
Physical Disability Service	0	0	0	0	0	0	0	0	0	0	
Residential Care	0	0	0	0	0	0	0	0	0	0	
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT



Joint Health and Social Care Budget

NHS

2014/15

AT END OF MTH: Mar

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Generic Services	53,691	67,106	67,548	(442)	67,106	67,548	(442)	507	501	497	
Community Hospitals	4,620	4,478	4,507	(29)	4,478	4,507	(29)	122	125	129	
GP Prescribing	20,839	20,163	21,260	(1097)	20,163	21,260	(1097)	0	0	0	Increased prices due to short supply of drugs
AHP Services	5,332	5,493	5,275	218	5,493	5,275	218	146	133	131	High number of staff vacancies
General Medical Services	15,501	16,635	16,642	(7)	16,635	16,642	(7)	0	0	0	
Community Nursing	5,424	5,587	5,623	(36)	5,587	5,623	(36)	141	138	136	
Assesment and Care Management	0		0	0		0	0	0	0	0	
Group Managers	0		0	0		0	0	0	0	0	
Service Managers	0		0	0		0	0	0	0	0	
Planning Team	0		0	0		0	0	0	0	0	
Locality Offices	0		0	0		0	0	0	0	0	
BAES	246	258	275	(17)	258	275	(17)	0	0	0	
Duty Hub	0		0	0		0	0	0	0	0	
Extra Care Housing	0		0	0		0	0	0	0	0	
Joint Health Improvement	0		0	0		0	0	0	0	0	
Respite	0		0	0		0	0	0	0	0	
SDS	0		0	0		0	0	0	0	0	
OT	0		0	0		0	0	0	0	0	
Grants to Voluntary	0		0	0		0	0	0	0	0	
Out of Hours	0		0	0		0	0	0	0	0	
Sexual Health	0	584	553	31	584	553	31	6	6	6	
Public dental Services	0	4,056	3,522	534	4,056	3,522	534	85	84	81	
Community Pharmacy Services	0	3,790	3,790	0	3,790	3,790	0	0	0	0	
Continence Services	0	443	507	(64)	443	507	(64)	3	3	3	
Smoking Cessation	0	266	219	47	266	219	47	4	4	3	
Patient Transport	0		0	0		0	0	0	0	0	
Accomodation Costs	0	946	926	20	946	926	20	0	0	0	
Resource Transfer	0	2,678	2,720	(42)	2,678	2,720	(42)	0	0	0	
Other	1,729	1,729	1,729	0	1,729	1,729	0	0	8	6	
Total	71,897	85,284	85,640	(356)	85,284	85,640	(356)	851	848	847	
Financed By:											
AEF, Council Tax and Fees & Charges											
NHS Funding from Sgovt etc											
Total	0	0	0	0	0	0	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT



Joint Health and Social Care Budget	2014/15		AT END OF MTH: Mar					Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000				
Joint Learning Disability Service	17,604	17,476	17,227	249	17,476	17,227	249	122	20	19	A combination of additional costs arising as a result of further increases in the number and complexity of need above the level of budget investment made this year.
Residential Care	4,284	4,198	4,167	31	4,198	4,167	31	0	0	0	
Homecare	467	712	789	(77)	712	789	(77)	0	0	0	
Day Care	2,891	2,773	2,465	308	2,773	2,465	308	74	0	0	
Community Based Services	7,683	7,542	7,720	(178)	7,542	7,720	(178)	0	0	0	
Respite	231	230	254	(24)	230	254	(24)	0	0	0	
Same as You	0	0	0	0	0	0	0	0	0	0	
Other	2,048	2,021	1,832	189	2,021	1,832	189	49	20	19	
Joint Mental Health Service	15,176	15725	15751	(26)	15725	15751	(26)	343	324	329	Challenging Efficiency Targets, plans being formulated now to achieve targets
Residential Care	87	0	0	0	0	0	0	0	0	0	
Homecare	215	227	200	27	227	200	27	0	0	0	
Day Care	179	178	179	(1)	178	179	(1)	5	0	0	
Community Based Services	794	776	770	6	776	770	6	3	0	0	
Respite	18	36	35	1	36	35	1	0	0	0	
SDS	50	64	116	(52)	64	116	(52)	0	0	0	
Choose Life	69	69	66	3	69	66	3	1	0	0	
Mental Health Team	13,764	14375	14385	(10)	14375	14385	(10)	334	324	329	
Joint Alcohol and Drug Service	1,544	960	935	25	960	935	25	7	3	3	Budget has been transferred to Mental Health for BAS since base was set
D & A Commissioned Services	1,147	725	673	52	725	673	52	0	0	0	
D & A Team	397	235	262	(27)	235	262	(27)	7	3	3	
Older People Service	23,003	23647	24156	(509)	23647	24156	(509)	484	0	0	Significant additional costs in Homecare of £1m, together with further additional costs (£200k) due to a higher number of residential beds than budgeted (c.50 more) has led to considerable pressure on the OP Service. Additional investment has been made in the budget to address this and it is proposed to charge certain areas of spend to the Olders Peoples Change Fund in 2014/15.
Residential Care	10,638	11,140	11,150	(10)	11,140	11,150	(10)	176	0	0	
Homecare	8,306	8,308	8,684	(376)	8,308	8,684	(376)	248	0	0	
Day Care	1,042	1,041	1,015	26	1,041	1,015	26	24	0	0	
Community Based Services	964	1,363	1,344	19	1,363	1,344	19	0	0	0	
Extra Care Housing	575	570	575	(5)	570	575	(5)	30	0	0	
Housing with Care	0	414	328	86	414	328	86	0	0	0	
Dementia Services	235	33	-46	79	33	-46	79	7	0	0	
Delayed Discharge	251	267	279	(12)	267	279	(12)	0	0	0	
Other	992	511	334	177	511	334	177	0	0	0	
Change Fund	0	0	493	(493)	0	493	(493)	0	0	0	
Physical Disability Service	2,816	3,081	3,173	(92)	3,081	3,173	(92)	5	0	0	Significant additional complexities of PD need has led to considerable increase in the level of homecare required, offset by the further budget investment in part.
Residential Care	441	441	440	1	441	440	1	0	0	0	
Homecare	1,622	1,824	1,789	35	1,824	1,789	35	0	0	0	
Day Care	194	194	142	52	194	142	52	5	0	0	
Community Based Services	480	550	730	(180)	550	730	(180)	0	0	0	
Other	79	72	72	0	72	72	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT



Joint Health and Social Care Budget		2014/15		AT END OF MTH: Mar							
	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Generic Services	58,853	71,813	72,080	(267)	71,813	72,080	(267)	608	501	497	
Community Hospitals	4,620	4,478	4,507	(29)	4,478	4,507	(29)	122	125	129	Concern due to limited information on drugs shortages Considerable savings are projected in order to enable a balanced projected outturn for all Social Care Intergrated budgets. In particular a range of measures such as vacancy management, the reduction of a number of areas of discretionary spend and a withdrawal of identified soft commitments have been undertaken and their financial impact accounted for.
GP Prescribing											
AHP Services	20,839	20,163	21,260	(1097)	20,163	21,260	(1097)	0	0	0	
General Medical Services	5,332	5,493	5,275	218	5,493	5,275	218	146	133	131	
Community Nursing	15,501	16,635	16,642	(7)	16,635	16,642	(7)	0	0	0	
Assessment and Care Management	5,424	5,587	5,623	(36)	5,587	5,623	(36)	141	138	136	
Group Managers	411	282	281	1	282	281	1	8	0	0	
Service Managers	244	248	239	9	248	239	9	3	0	0	
Planning Team	160	158	161	(3)	158	161	(3)	3	0	0	
Locality Offices	259	252	225	27	252	225	27	5	0	0	
BAES	2,572	2,522	2,443	79	2,522	2,443	79	61	0	0	
Duty Hub	713	681	682	(1)	681	682	(1)	11	0	0	
Extra Care Housing	169	64	27	37	64	27	37	5	0	0	
Joint Health Improvement	353	260	258	2	260	258	2	0	0	0	
Respite	116	56	53	3	56	53	3	0	0	0	
SDS	57	22	16	6	22	16	6	0	0	0	
OT	0	51	35	16	51	35	16	0	0	0	
Grants to Voluntary	58	57	56	1	57	56	1	1	0	0	
Out of Hours	34	43	34	9	43	34	9	0	0	0	
Sexual Health	134	28	0	28	28	0	28	0	0	0	
Public dental Services	0	584	553	31	584	553	31	6	6	6	
Community Pharmacy Services	0	4,056	3,522	534	4,056	3,522	534	85	84	81	
Continence Services	0	3,790	3,790	0	3,790	3,790	0	0	0	0	
Smoking Cessation	0	443	507	(64)	443	507	(64)	3	3	3	
Patient Transport	0	266	219	47	266	219	47	4	4	3	
Accomodation Costs	0	0	0	0	0	0	0	0	0	0	
Resource Transfer	0	946	926	20	946	926	20	0	0	0	
Other	0	2,678	2,720	(42)	2,678	2,720	(42)	0	0	0	
	1,857	1,970	2,026	(56)	1,970	2,026	(56)	5	8	6	
	0						0				
Total	118,996	132,702	133,322	(620)	132,702	133,322	(620)	1569	848	847	
Financed By:											
AEF, Council Tax and Fees & Charges	0	0	0	0	0	0	0	0	0	0	
NHS Funding from Sgovt etc	0	0	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT



Joint Health and Social Care Budget

2014/15

AT END OF MTH: Mar

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	17,604	17,476	17,227	249	17,476	17,227	249	122	20	19	Staff vacancies and review and management of care packages a have created underspend
Joint Mental Health Service	15,176	15,725	15,751	(26)	15,725	15,751	(26)	343	324	329	Significant efficiency but offset by reductions in housing contracts
Joint Alcohol and Drug Service	1,544	960	935	25	960	935	25	7	3	3	
Older People Service	23,003	23,647	24,156	(509)	23,647	24,156	(509)	484	0	0	Increased demand for service particulary homecare Increased in demand for community based services
Physical Disability Service	2,816	3,081	3,173	(92)	3,081	3,173	(92)	5	0	0	
Generic Services	58,853	71,813	72,080	(267)	71,813	72,080	(267)	608	501	497	Overspend on GP prescribing masked by underspends mainly in dental. Overspend on prescribing due to short supply drugs and resultant cost impact. Also offset by considerable savings made through vacancy management
Total	118,996	132,702	133,322	(620)	132,702	133,322	(620)	1569	848	847	
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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MONITORING OF THE INTEGRATED BUDGET 2015/16

Aim

- 1.1 To provide the Integrated Joint Board with a report, by exception, of any significant pressures within the Partnership's Integrated Budget based on the projected outturn as at 30th April 2015.

Background

- 2.1 The total Shadow Revised Integrated Budget stands currently at £136.658m.
- 2.2 The services contained within this report related to the most current guidance and these will be updated should further new guidance be received and changes agreed.
- 2.3 It was agreed that 2015/16 will be a shadow financial year and the integrated budget will be on an aligned basis. Therefore any cost pressures remain the responsibility of the partner organisations.

Key Issues

- 3.1 The revenue monitoring position reported to the Board is based on the projected out turn as at the 30th April 2015. At this point the Partnership is reporting an outturn expenditure position of £136.786m, and a projected year end position of a small overspend of £128k primarily within Adults with Physical Disability and the Joint Mental Health services. This projected year end position should be treated with a caution as there is currently only one month's data available.
- 3.2 Within the NHS budgets the risk remains around GP Prescribing due to the volatility in price paid for some drugs which are in short supply. In April the GP prescribing budget is shown as break even as limited information is currently available for the new financial year due to the normal time lag in processing prescriptions by National Services Scotland (NSS).
- 3.3 Scottish Government is currently reviewing the dental allocation for 2015/16 and therefore this has been shown as breakeven out turn due to the uncertainty around the final allocation.
- 3.4 As 2015/16 continues to be a shadow year financially and budgets are aligned any year end overspends will be the responsibility of the host organisation. NHS Borders will manage its element of any emerging overspend by taking appropriate action. In anticipation of any unforeseen pressures NHS Borders has set aside a small contingency in its financial plan and will make continued use of a number of financial control measures. Scottish Borders Council is already implementing an action plan aimed at bringing forward additional savings to offset both the small reported variance and other unquantified potential pressures that may emerge during this financial year, including a higher-than-expected COSLA uplift to external residential care home contract, potential increases to provider rates across Older People, Learning Disability and Physical Disability services and a change in legislation that will result in significant cost increases in the cost

of providing Night Support within the Learning Disability service.

- 3.5 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 June.

Recommendation

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

Note the above reported projected position of break even at 30th April 2015.

Note that Budget Holders/Managers will continue to work to deliver planned savings and deliver a balanced budget. Where this is not possible managers will work to bring forward actions to mitigate any projected overspends.

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

Approved by

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

Author(s)

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

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MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget **2015/16**

AT END OF MTH: April



	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	18,092	2,297	1,906	391	18,061	18,060	1	122	17	17	Current pressure relating to additional clients above budget to be resolved through further savings being identified.
Joint Mental Health Service	15,795	1,219	1,369	(150)	15,747	15,776	(29)	343	324	329	
Joint Alcohol and Drug Service	1,076	88	84	4	1,076	1,076	0	7	3	3	
Older People Service	23,426	2,565	1,956	609	24,556	24,560	(4)	448	0	0	
Physical Disability Service	3,250	455	468	(13)	3,107	3,194	(87)	5	0	0	
Generic Services	74,414	6,519	6,316	203	74,111	74,120	(9)	577	455	455	
Total	136,053	13,143	12,099	1044	136,658	136,786	(128)	1502	799	803	
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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