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HEALTH AND SOCIAL CARE INTEGRATION SHADOW BOARD MONDAY, 10TH AUGUST, 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, 10 AUGUST 2015 at 2.00 pm

BUSINESS			
1.	**ANNOUNCEMENTS & APOLOGIES**		1 min
2.	**DECLARATIONS OF INTEREST**		1 min
3.	**MINUTES OF PREVIOUS MEETING** (Pages 1 - 6) Monday 22 June 2015 (Appendix-2015-38)		3 mins
4.	**MATTERS ARISING** (Pages 7 - 10) Action Tracker (Appendix-2015-39)		5 mins
5.	**STRATEGIC**		
	(a) **Development of the Draft Strategic Plan for Health & Social Care** Director of Strategy (Appendix-2015-40)	(Pages 11 - 14)	10 mins
6.	**GOVERNANCE**		
	(a) **Programme Highlight Report** Programme Manager (Appendix-2015-41)	(Pages 15 - 24)	10 mins
	(b) **Interim Standing Orders** Chief Officer (Appendix-2015-42)	(Pages 25 - 38)	5 mins
	(c) **Integration Scheme Update** Chief Officer (Appendix-2015-43)	(Pages 39 - 40)	5 mins
	(d) **Communications Update** Communications Officer (Appendix-2015-44)	(Pages 41 - 46)	10 mins
7.	**DEVELOPMENT UPDATES**		

	(a)	**Mental Health Service Update** Interim General Manager MH&LD (Appendix-2015-45)	(Pages 47 - 54)	20 mins
	(b)	**Integration: The difference it can make to individuals** Interim General Manager MH&LD (Presentation)		20 mins
	(c)	**Transforming Nursing & Midwifery Roles** Director of Nursing & Midwifery (Appendix-2015-46)	(Pages 55 - 60)	10 mins
	(d)	**Exploring the implications for integration of social work services** Chief Social Work Officer (Appendix-2015-47)	(Pages 61 - 66)	10 mins
8.	**FINANCE**			
	(a)	**Monitoring of the Integration Joint Budget 2015/16** Director of Finance/Chief Financial Officer (Appendix-2015-48)	(Pages 67 - 80)	10 mins
	(b)	**Chief Financial Officer Update** Director of Finance/Chief Financial Officer (Verbal)		5 mins
9.	**ANY OTHER BUSINESS**			5 mins
10.	**DATE AND TIME OF NEXT MEETING** Monday 12 October 2015 at 2.00 pm in the Council Chamber, Scottish Borders Council			

Please direct any enquiries to Iris Bishop, NHS Board Secretary
Tel: 01896 825525 Email: iris.bishop@borders.scot.nhs.uk

Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 22 June 2015 at 2.00pm in the Council Chamber, Scottish Borders Council

Present:	Cllr C Bhatia	Mr J Raine
	Cllr J Mitchell	Dr S Mather
	Cllr F Renton	Mr D Davidson
		Mrs K Hamilton
In Attendance:	Miss I Bishop	Mrs F Morrison
	Mrs E Rodger	Mr D Bell
	Mrs C Gillie	Mr D Robertson
	Dr E Baijal	Mrs K McNicoll
	Mrs S Manion	Mr J McLaren
	Mrs T Logan	Mrs J Davidson
	Mr J Lamb	Mrs E Torrance
	Mr A Pattinson	

1. Apologies and Announcements

Apologies had been received from Mrs Pat Alexander, Cllr Jim Torrance, Mr Andrew Leitch, Dr Sheena MacDonald, Cllr David Parker and Mrs Jenny Miller.

The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Shadow Board held on 9 March 2015 were approved.

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 27 April 2015 were approved.

4. Matters Arising

4.1 Minute 2: Standing Orders: Susan Manion clarified that following a discussion she had had with the Chairman of NHS Borders both the Medical Director and Director of Nursing & Midwifery were invited to be non voting members of the Integration Joint Board. In line with legislation a GP representative was also being sought as a non voting member of the Integration Joint Board.

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

5. Programme Highlight Report

Mr James Lamb gave an overview of the content of the report. He highlighted the feedback received on the Draft Scheme of Integration from the Scottish Government and the engagement events that had been held and those that were scheduled to take place over the summer period to enable engagement on the Draft Strategic Plan.

Discussion focused on the importance of the engagement process and the reinforcement that the draft strategic plan was a co-production; staff and public attendance at engagement events; costs of publicising engagement events verses attendance levels; interaction at engagement events; using wider tools for engagement such as community councils and councillors; targeted approach to home carers; learning from Heriot Watt event; and format of attendance at the forthcoming Kelso Show.

Mr John Raine reminded the Integration Joint Board that the draft scheme of integration was owned by both partners and would require further negotiation and resolution prior to being resubmitted to Scottish Ministers for further review. Mrs Manion advised that there were 36 key points raised of which most focused on wording; clinical and care governance approach; clarification on developing a performance framework and describing the delivery of services and how that was reported. Mrs Manion further advised that both Mrs Tracey Logan and Mrs Jane Davidson would be meeting to discuss the points that had been raised. The next iteration was due at the end of July.

Mr Raine commented that both partners should not allow themselves to be pushed into making changes that did not match the NHS Boards' interpretation of the legislation and he suggested seeking legal advice was important in that regard.

Mrs Jane Davidson commented that formal feedback had not yet been received to herself and Mrs Logan. Mrs Tracey Logan commented that there was nothing that could not be overcome and agreed with Mr Raine that it was important to receive legal advice and not to be pushed into a certain direction. She was resolute that the partners interpretation must be clear.

Cllr Catriona Bhatia urged resolution to ensure progress could be made in focusing on integrating services for the population of Scottish Borders.

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

6. Draft Strategic Plan

Dr Eric Baijal presented the draft strategic plan and spoke of co-production, and meaningful engagement with stakeholders.

A debate ensued regarding the readability of the document, its format and content. Several key suggestions and points were raised including: a plain English version of the strategic plan; version control; style, language and grammar; description of the Integration Joint Board; budget description; acronyms; reflect staff skills, knowledge and experience; inclusion of measurements and outputs; formation of an executive summary; inclusion of MEPs in consultation process; inclusion of projects being taken forward to make the document more tangible to the public; and inclusion of commissioning change, inequalities, what is the aim.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the draft Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** sought a revised version of the plan given the comments received during discussion.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the timescale should be extended in light of the discussion.

Tracey Logan left the meeting.

Elaine Torrance left the meeting.

7. Nursing & Midwifery Council (NMC) proposed model for Revalidation

Mrs Evelyn Rodger advised the Integration Joint Board on the expectations of revalidation for registered nurses and midwives. She highlighted several elements including; revalidation through appraisal systems; third party confirmer; system pilot by NHS Tayside: and ageing nursing workforce.

Mr David Davidson sought assurance from NHS Borders and Scottish Borders Council (SBC) that the standard of nursing care provided by NHS Borders and the various care providers commissioned by SBC would be delivered at the appropriate professional standard required.

Mrs Rodger confirmed that NHS Borders nursing staff worked to their professional standards and advised that non NHS providers would be invited to be involved in the learning from the Tayside pilot.

Cllr John Mitchell enquired if the “good character” element was the individual with the employer confirming it. Mrs Rodger advised that it was the individual with both the employer and the third party validator confirming good character and she gave an example of a situation where good character could not be confirmed.

Mrs Susan Manion advised that Mrs Elaine Torrance would bring a paper to a future meeting on the role of the Chief Social Work Officer.

Mrs Rodger advised that Nursing & Midwifery Revalidation was included as part of NHS Borders Strategic Risk Register and suggested it be included in the Integration Joint Board risk register when it became operational.

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

8. Business Cycle 2015/16

Mrs Susan Manion introduced the revised business cycle. Cllr Catriona Bhatia sought views on any potential Integration Joint Board and Development session agenda items.

Discussion focused on the Programme Board and it was noted that the Highlight Report was essentially the Programme Board report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the revised business cycle for 2015/16.

9. Monitoring of the Shadow Integrated Budget 2014/15

Mrs Carol Gillie reported the position at 31 March 2015 which was still subject to review by external audit. She advised that the budgets for 2014/15 were as per the original scope and there was a £620k overspend on a budget of £132m. Mrs Gillie highlighted that despite significant investment the pressure on older people's services was likely to continue in the future and with regard to prescribing the main issue remained the volatility of drug prices.

Mrs Gillie confirmed that the partner organisations continued to project a break even position at the year end as each partner would manage their respective overspend areas.

Mrs Karen Hamilton queried the "holiday pay" element of the overspend in the Older Peoples Service. Mr David Robertson commented that it had been a consequence of an additional charge in year. Mrs Gillie confirmed that holiday pay was built in normally.

Mr David Davidson enquired if given the volatility in drug prices a contingency should be held for that specific purpose and built into budget planning. Mrs Gillie clarified that the Medicines Resource Group undertook forward planning and as part of their financial uplift they were required to take into account unseen events.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the budget monitoring report for 2014/15.

10. Monitoring of the Shadow Integrated Budget 2015/16

Mr David Robertson presented the first report of the new financial year and emphasised that the information within the report was to be treated as a point in time. He confirmed that budgeting remained on an aligned basis and any overspend would be met by the relative constituent body. At present monitoring against a budget of £136m showed a small underspend of £28k, however he caveated that pressures were emerging in the Learning

Disabilities and Mental Health Services and an action plan had been prepared to mitigate any overspends.

Mr Robertson confirmed that volatility in prescribing would continue and there was no evidence of an overspend in that budget area at the present time.

Mr David Davidson enquired if there was an estimate of what the dental payment would reduce by. Mrs Carol Gillie confirmed that the dental payment consisted of what was actually spent the previous year.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the projected position of break even at 30 April 2015.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings and deliver a balanced budget. Where that was not possible Managers would work to bring forward actions to mitigate any projected overspends.

11. Any Other Business

11.1 Integrated Care Fund: Mrs Susan Manion advised that a number of initiatives were progressing to the approval stage including transport and work to facilitate the integration of mental health services.

Mr Alasdair Pattinson spoke of the concept of a house of care model, explaining that a community healthcare team model was proposed for the Cheviot area along with the appointment of a care coordinator. The intention was to lead to better engagement of services around vulnerable patients and ultimately better outcomes. The Torbay model was being used as a template to build on the infrastructure in central Borders to bring together services in a meaningful way for patients.

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

11.2 Branding: Mrs Tracey Graham introduced Ms Carin Petterson, Joint Communications Officer for Integration. Ms Petterson presented a suggested logo for branding purposes. During discussion it was suggested that the email banner be removed.

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

12. 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 10 August 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: 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	**Complete:** Substantive item on 10 August meeting agenda.	G

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	September	**In Progress:** Programme Board to discuss in the first instance. Timescale revised.	A

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	**Complete:** Substantive item on 10 August meeting agenda.	G

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.	A

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	September	**In Progress**: Plan to be worked to ensure it is fit for purpose and then brought to the IJB for consideration in September. In addition temporary additional resource to support the OD activities and the staff	A

				engagement events planned for later this year are being sourced.	

Agenda Item: Draft Strategic Plan – A conversation with you

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	A

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	**Complete:** Communications Update is now a substantive item on all meeting agendas.	G

Health & Social Care Integration Joint Board Action Point Tracker

Meeting held 22 June 2015

Agenda Item: Draft Strategic Plan

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status

6	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** sought a revised version of the plan given the comments received during discussion.	Eric Baijal	August	**In Progress:** Update paper appears as substantive item on 10 August agenda.	G

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

DEVELOPMENT OF THE DRAFT STRATEGIC PLAN FOR HEALTH AND SOCIAL CARE

Aim

1.1 The purpose of this paper is to update the Integrated Joint Board on the development of the Strategic Plan for Health and Social Care Integration, specifically a second version to use for formal consultation.

Background

2.1 A series of engagement events were held during May and early June around an initial version of the draft Strategic Plan for Health and Social Care Integration titled 'a conversation with you'. The feedback from these events informed the development of a second draft which was to be used for formal consultation from 1 July to 22 September. There were a number of events across the Borders attracting a significant number of staff and service users. There were also a number of discussions with professional groups, carers and Area Forums.

2.2 The second draft was considered by the IJB on 22 June 2015 and the Board of NHS Borders on 25 June 2015. At these meetings it was highlighted that the draft Strategic Plan was a work in progress. Both discussions concluded with the suggestion that a summary of the key themes and intention be outlined in the next phase;

2.3 Discussion highlighted several aspects requiring particular attention including: drafting quality; version control; format and content; the need for an executive summary; the readability of the document (style, language and grammar); description of the Integration Joint Board; avoidance or explanation of acronyms; work in progress - inclusion of projects being taken forward, to make the document more tangible to the public; and inclusion of what is the aim.; lack of focus; differentiating the document as a strategy for commissioning change and tackling inequalities, rather than a plan; what outcomes were expected and how these would be measured – the need to include related measurements and outputs; what action would be taken should the outcomes not be achieved; vulnerable adults and domestic abuse services; description of the budget and inclusion in the Strategic Plan; and potential difficulty in relying on advanced nurse/AHP practitioners while reflecting staff skills, knowledge and experience. It was also suggested that the engagement process be widened to include MEPS.

2.4 It was agreed that the document would be redrafted in light of comments received during discussion at both these meetings. It was noted that an easy read version of the document was being produced.

Summary

3.1 Work is ongoing to produce a revised, more readable draft with correct grammar, more clearly derived from the initial consultation document on the strategic plan, 'a conversation with you.' The aim is to produce a public facing document focusing on outcomes and deliverables, explained by graphic illustration in the form of a "storyboard". The earlier part of the document will now include material on our vision and values. A subsequent section will focus on outcomes, composed of a Borders-wide profile and a locality map outlining demographics and service use for each locality. There will be local objectives linked to national outcomes with measurable indicators. This will include an improved version of the case study, examples of initiatives that have already been put in place including an indication of the expected benefits, overviews of locality planning and resources. The document will end with a description of the work programme going forward.

3.2 Acknowledging the significant work there had been, it was agreed that the draft presented to the IJB should be made available for those seeking further detail.

3.3 While it is the role of the Integrated Joint Board to endorse the plan, it is important that this piece of work is jointly owned and that is why the second draft of the plan went to the NHS Board and Full Council to note as well as future versions. Given the major changes necessary, the time required to complete this revision means that the final draft for formal consultation will be now be presented to the **NHS Board on 1 October and Full Council on 8 October, before going to the Integrated Joint Board on 12 October for sign off**. There will then be a period of consultation before the final version, incorporating the feedback from public and staff, is presented to the IJB for approval on 1 February 2016. It will then go to the Health Board on 18 February and Full Council on 25 February to note.

The table below details the revised timetable:

Original Timetable	**Revised Timetable**
Second draft published beginning of July.	Second draft published mid-October.
Consultation from 1 July to 22 September.	Consultation from mid-October until end of December.
Staff and Public Engagement Events late August/early September.	Staff and Public Engagement Events full month of November/early December.
Strategic Plan to go to NHS Board 1 October and Full Council 8 October to note, before going to IJB 12 October 2015 for final approval.	Strategic Plan to go to IJB for final approval 1 February 2016, before going to NHS Board on 18 February and Full Council on 25 February to note.

Recommendation

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

Policy/Strategy Implications	While it is the role of the Integrated Joint Board to endorse the plan, it is important that this piece of work is jointly owned by the NHS Board and Full Council.
Consultation	Head of Planning and Performance, NHS

	Borders Chief Officer, Borders Health and Social Care partnership Chief Executive, NHS Borders
Risk Assessment	If Scottish Borders Council and NHS Borders do not conduct an initial consultation exercise there is a potential risk that the requirements of the integration legislation and associated guidance will not be fulfilled i.e. the people who use and provide services and others will not have an opportunity to be involved in the development of the Plan from its earliest stages.
Compliance with Board Policy requirements on Equality and Diversity	An Equalities Impact Assessment is being conducted alongside the development of the Plan.
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
Susan Manion	Chief Officer, Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Eric Baijal	Director of Strategy		

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PROGRAMME HIGHLIGHT REPORT – July 2015

Aim

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

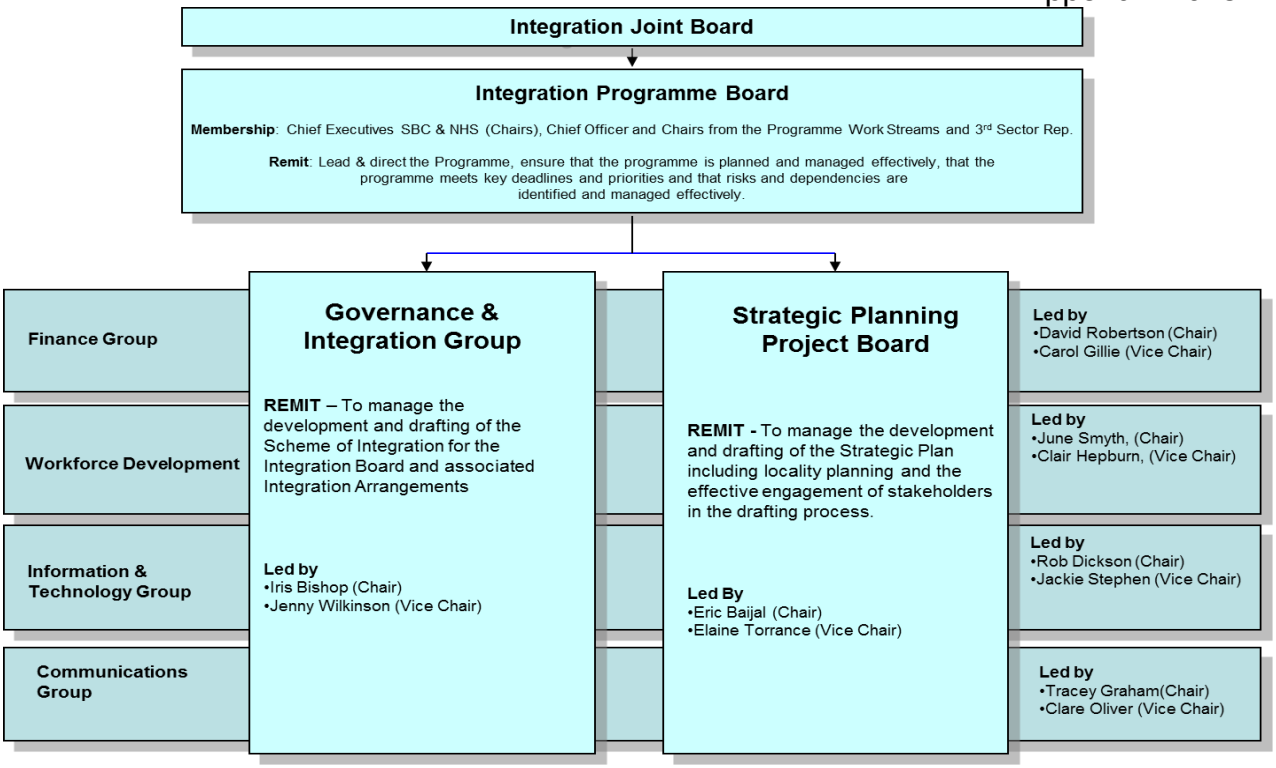
Background and Summary

2.1 The Programme aims to deliver:

1. a Scheme of Integration (effectively the governance and operating arrangements for the partnership) by April 2015 in line with national, legislative timescales. A draft of the Scheme was submitted to the Scottish Government by the deadline. However, feedback on the Scheme has since been received from the Scottish Government requesting clarification on a number of points. It is anticipated that a revised draft will be re-submitted to the Scottish Government in August. The status of this work is **AMBER** – although still within the broad national timescales.

2. a Strategic Planning Framework for the delivery and commissioning of services under the new integration arrangements. The Strategic Planning Framework needs to be in place by April 2016 at the latest. Our local target was to have this in place by October 2015. However, following the last meeting of the IJB and the need to make further revisions to the second draft, it revised local target of February 2016 is proposed – a slip of just over three months. This is within national timescales, however, given the slippage – and until the revised timescales are agreed – the status of the work is shown as **RED**.

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



2.3 The two main Work Streams are:

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

2.4 These 2 work streams are supported by 4 Work Streams

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

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

Headline Progress in the Reporting Period (March/April)

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

- **Scheme of Integration** –The draft Scheme of Integration has been submitted to Scottish ministers on the 31st March as per the programme plan and as per the national timescales. The papers were presented as work in progress to both the Council and Health Board on the 2nd of April. Feedback on the submitted Scheme was received on 29th May from the Scottish Government. This set out 36 areas where further clarification or amendment was required.

  A revised Scheme of Integration has been drafted and will be submitted to the Scottish Government.

Nationally, 18 of the 32 Partnerships have had their Schemes approved and a further 2 have been resubmitted and are with sitting with ministers prior to approval. The remaining 12 partnerships, including our own, are still to resubmit.

- **Strategic Plan** – A second draft was presented to the Integration Joint Board on the 22nd June with a view to publication in early July. The Board requested that a revised plan be drafted to incorporate a number of changes to both the style and content of the plan (see separate paper on this agenda) and agreed that timescales should be extended to enable this. Given this, proposed timescales have been identified which would see:

  - work on re-drafting the plan – to end of September
  - Publication in mid-October (assuming approval by the Integration Joint Board at its meeting on the 12th October)
  - consultation over the plan – mid-October to end December
  - stakeholder engagement events – November and early December
  - Final approval by the Integration Joint Board would be on 1st February 2016 for noting by the Health Board and Council on 18th and 25th February respectively.

  The above plan represents a slip of just over three months on the published timescales but is still within the national deadline of the 31st of March 2016. Although it provides less of a margin for error, the revised timescale provides an opportunity to work with the Strategic Planning Group in the further development of the draft and to enable better preparations for the engagement of staff and other stakeholders as part of the consultation process. It also enables feedback from the first round of stakeholder engagement to be incorporated into the revised 2nd draft.

  If agreed a news release will be prepared setting out the revised timescales for the preparation of the plan.

- **Strategic Planning Group** – The Strategic Planning Group, the standing advisory body to the IJB in respect of the development, monitoring and renewal of the Strategic Plan, met on the 29th July. The key, points from the meeting were that the Group:

  - Noted the proposed change in the timescales for the drafting of the Strategic Plan and the resulting opportunities to prepare for engagement in November/December.
  - Endorsed the view that the style and content of the Plan needs to be as simple as possible while striking the right balance with sufficient level of detail.
  - Welcomed the clarity of the diagrams presented by Elaine Torrance and, while recognising that further work needed to be done on these diagrams, asked that similar graphics be incorporated in the 2nd draft of the Strategic Plan
  - Noted the feedback from public engagement at the Border Union Show
  - Provided feedback on initial draft proposals for the engagement of stakeholders over the 2nd draft of the Strategic Plan in November/December.

Governance & Integration Group

4.1 The focus of the Group has been on the co-ordination of an updated draft of the Scheme of Integration which will be submitted to the Scottish Government. (See also 3 above.)

Strategic Planning Project Board

5.1 The Strategic Planning Project Board has focussed on continuing to develop a revised version of the 2nd draft of the Strategic Plan and in the development of a revised proposed timescale for the publication, consultation and finalisation of the Plan by February 2016. (See also 3 above.)

The Finance Group

6.1 Progress continues to be made, on schedule, on the delivery of component parts of the Finance Workstream. In the next reporting period, arrangements will be progressed for the appointment of a Chief Financial Officer.

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 November and early December 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 continuing to finalise the scope of, and resource, a programme to take forward the IT and data and information sharing issues identified in the initial investigative work.

The Communications and Engagement Group

9.1 The main activity has been in preparing and delivering a stand for the Border Union Show and developing proposals for the launch and consultation of the 2nd draft of the Strategic Plan.

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 applies across the programme.
Compliance with requirements on Equality and Diversity	Integration arrangements will seek to identify and address equality and diversity issues and will be subject to the appropriate Impact Assessments.
Resource/Staffing Implications	None at this stage, however the Programme will address resource and staffing implications via its Workforce Development work stream and through its staff engagement arrangements.

Approved by

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

Author(s)

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

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Programme Highlight Report Summary

Strategic Planning	**R**	Despite considerable efforts, significant delays have been introduced to the development of the Strategic Plan, meaning that its finalisation and approval will not be until October 2015. The delay in making decisions to disperse the Integrated Care Fund remains a matter of grave concern. A number of key issues/risks and proposed actions to mitigate these were identified around the Strategic Plan and ICF. In relation to the Strategic Plan these include focused engagement with stakeholders to counter any potential reputational damage as a result of slippage in timescale, ensuring available resources are focused on the significant work still needed to develop the Strategic Plan and rigorous programme management to ensure new timescale are adhered to. In terms of the ICF, formal clarification of decision making points by August 2015 and additional support for project leads submitting proposals to address the ongoing delay.
Draft Strategic Plan	**R**	Feedback from engagement events with staff and public was used to develop a second draft which was considered by the Strategic Planning Group, NHS Board and Integration Joint Board. It has also been circulated to elected members for comment. There was significant comment about the developing draft at the NHS Borders Board and IJB. Given the significant concerns expressed, the time necessary to do that redrafting work will mean that final draft version for public consultation will now go to the NHS Board on 1st October and the IJB on 12th October for approval. A consultation period will follow.
Integrated Care Fund	**A**	Despite a lack of formal clarification of decision-making points for initiatives to be funded by the Integrated Care Fund, considerable work has gone into further development of bids with a number now developed to the point where they satisfy robust financial appraisal.

Gov, & Integration	**A**	Finalise revised Scheme of Integration for submission to Scottish Government. Estimated timeline for completion September 2015.
Scheme of Integration	**A**	Feedback from Scottish Government received. Shared with workstreams and allocated for actions. Version 4 to be discussed by Programme Board on 30 July. Workstream to review final Scheme when all revisions made.

Workforce Planning	**G**	**This group have not met since last reporting period and therefore no update is available at this time. The comments below are based on the previous report.**
Scope each orgs. existing HR policy - produce a report on significant differences	**G**	Complete for 10 main policies, further work planned for other HR policies – report to be prepared for Programme Board.
Agreement for staff to raise public service issues using existing policies	**G**	As above whistleblowing policies have been compared.
Develop a staff engagement plan	**G**	Close links with Communications Group continues.
Develop an OD plan up to and including April 2015	**A**	Draft Organisational Development Plan developed and to be amended for next IJB meeting. Further work with local OD being advanced.
Scope and develop joint training	**G**	Work continues to scope existing Statutory and Mandatory Training. Early discussion re opportunities within eLearning/Shared Learning/Quality Assurance - group agreed this could be explored further once Statutory and Mandatory scoping exercise is complete.

Information & Technology	**G**	A draft brief for a Programme of work has been prepared with colleagues in the NSS. Over the 6 weeks, this will be validated with service managers and key stakeholders before a finalised brief is brought to the Programme Board in October along with proposals for funding and resourcing the work.
Agree and prioritise business requirements	**G**	Initial scoping work has been completed involving Business users.
Data Sharing	**G**	Agreement, in principle, has been reached to incorporate the eGIRFEC and adult data sharing solution into a single project – i.e. one project to identify and procure a data sharing solution to the sharing of information for both adults and children.
Technology Enabled Care	**G**	Technology Enabled Care (TEC)-funded Video Conferencing project being scoped at both a national and local level.

Finance	**G**	Attended third finance national leads meeting 13 July and now furthering current issues. During the next reporting period agree 2015/16 Resource Transfer uplift. Lead on Due Diligence and Assurance over sufficiency of integrated resources. Confirm arrangements around minimising VAT impacts of supply of services. Support the development of 'Directions' and Financial Regulations/Wider Code of Governance.
Revenue Financial Planning	**G**	Work continues on analysing large-hospital set aside budgets.
Revenue Financial Management	**G**	2015/16 Shadow Integrated Budget now operational to month 3.
Statutory reporting	**G**	Still working towards identification and implementation of a Health & Social Care Integration joint reporting entity.
Governance	**G**	Updated comments and revisions on provisions within the Scheme of Integration submitted. Supported evaluation of all submitted Integrated Care Fund bids and governance arrangements. Confirmed SBC Ext Auditors will audit IJB.

Communications	**G**	Activity has been focused on information distribution and branding development. New communications plan of activity needs to be developed working with workstream leads – and this should include a plan for engaging with all stakeholders, including staff. Due to revision of timescale in regard to 2nd draft of Strategic Plan, communication and engagement activates need to be reviewed.
SB Connect article	**G**	Article included, top page 3. SB Connect has now been issued to homes from 6 July.
Branding	**G**	New logo for branding has been developed and approved by the Integration Joint Board.
Communications and Engagement Officer post for Integration.	**G**	Carin Pettersson started working June 8 as Communications and Engagement Officer and has been introduced to the Health & Social Care Management , Integrated Joint Board and key persons.
Newsletter	**A**	Newsletter drafted, awaiting confirmation on new timescales and input required from workstream leads
Comms plan for next phase of consultation	**A**	Due to shifted timescale, plan has been on hold until timeframes are confirmed. In the meantime proposed options are being worked up.
Stakeholder list & analysis	**G**	Review of stakeholder list is under way.
Border Union Show	**G**	Attended the Border Union Show on 24th and 25th July. Engaged with the public and raised awareness of Strategic Plan with support from integrated areas: NHS Borders Public Dental, Community Capacity Building, Learning Disability, Joint health Improvement Team, Mental Health and Safer Communities.

Decisions Needed from the Board :
None

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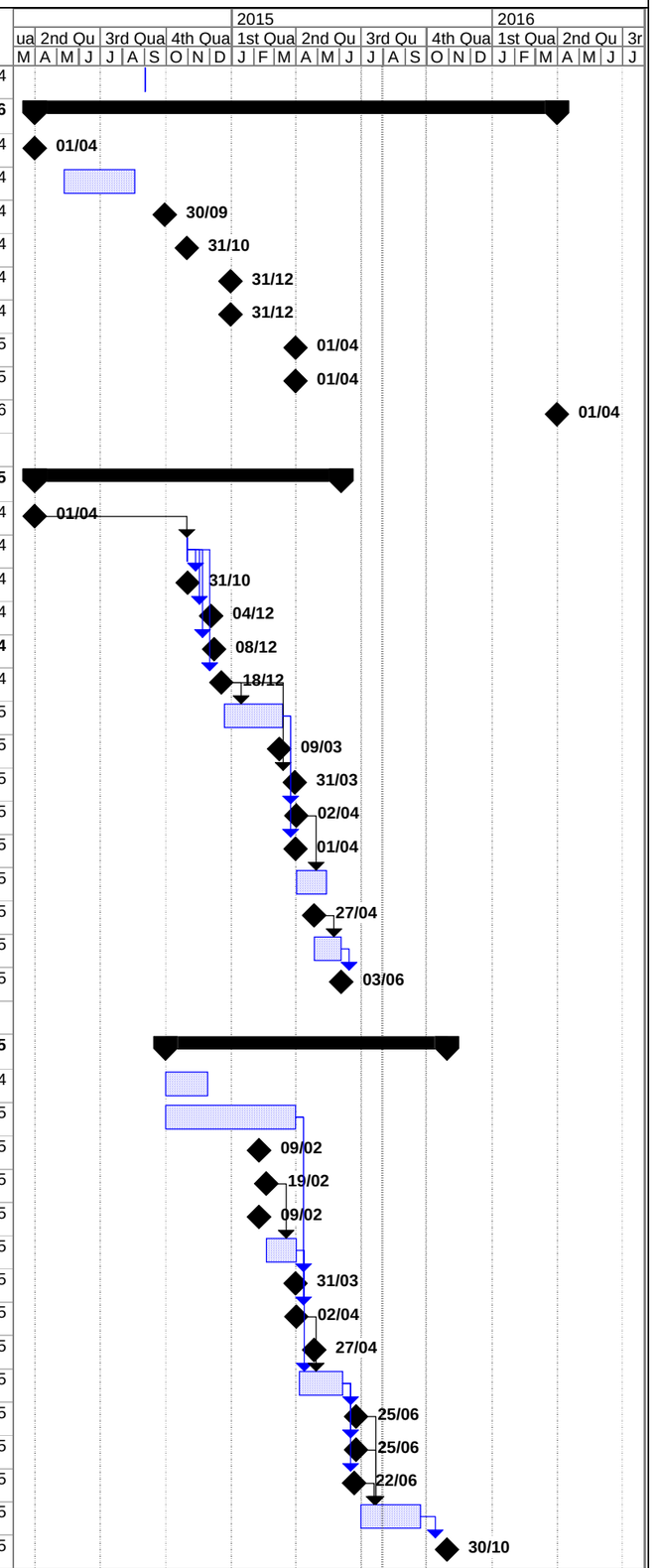
Integration Programme - High Level Milestones

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



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Borders NHS Board

HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD – DRAFT STANDING ORDERS

Aim

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

Background

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

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

Summary

On agreement of the Strategic Plan and the delegation of functions and resources to the Health & Social Care Integration Joint Board, the Health & Social Care Integration Joint Board will require its own Standing Orders.

Attached are draft Standing Orders in preparation for 1 April 2016 or the date that functions and resources are delegated as per the approved Strategic Plan if earlier than 1 April 2016.

Recommendation

The Health & Social Care Integration Joint Board are asked to **note** the draft Standing Orders.

Policy/Strategy Implications	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	Not applicable.
Risk Assessment	A full risk assessment and risk monitoring

	process for the Integration Programme has been developed as part of the Integration Programme arrangements.
Compliance with requirements on Equality and Diversity	An equality impact assessment will be undertaken on the arrangements for Joint Integration when agreed.
Resource/Staffing Implications	It is anticipated that the Integration Joint Board will oversee services which have a budget of over £100m, within the existing scope. The budget will change as other functions are brought within the scope of the Integration Joint Board.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

SCOTTISH BORDERS
HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

DRAFT STANDING ORDERS

Version	**3**
Date	**14.07.15**
Author	**Iris Bishop, Board Secretary**

1. General

1.1 The Standing Orders of the Scottish Borders Health & Social Care Integration Joint Board are set up in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.

1.2 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

2. Membership

2.1 The Integrated Joint Board shall comprise five NHS Non-Executive Directors appointed by Borders Health Board, and five Elected Councillors appointed by Scottish Borders Council. In addition, there will be non-voting representatives drawn from health and social care professionals, staff, the third sector, users, the public and carers as identified by the Integration Joint Board. The Chief Officer of the Integration Joint Board, Chief Financial Officer and the Chief Executives of NHS Borders and Scottish Borders Council, and any other senior officers as appropriate, will be invited to attend the Integration Joint Board as non-voting members.

2.2 The term of office of voting Members of the Integration Joint Board shall last as follows:

(a) for Local Government Councillors, three years, thereafter Scottish Borders Council will identify its replacement Councillor(s) on the Integration Joint Board,

(b) for Borders Health Board nominees, three years, thereafter Borders Health Board will identify its replacement Non Executive(s) on the Integration Joint Board.

2.3 Where a Voting Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Voting Member they replace.

2.4 On expiry of a Voting Member's term of appointment the Voting Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.

2.5 Any Voting Member appointed to the Integration Joint Board who ceases to fulfil the requirements for membership detailed in the Scheme of Integration approved by the Scottish Ministers shall be removed from membership on the serving by the Board Secretary of notice to that effect.

2.6 A Voting Member of the Integration Board may resign his/her membership in writing at any time during their term of office by giving notice to the Board Secretary or the Clerk to the Council. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.

2.7 If a Voting Member has not attended three consecutive Ordinary Meetings of the, Integration Joint Board, the Board Secretary shall, by giving notice in writing to that Voting Member, remove that person from office unless the Integration Joint Board are satisfied that :-

(a) The absence was due to illness or other reasonable cause; and

(b) The Voting Member will be able to attend future Meetings within such period as the Integration Joint Board consider reasonable.

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

3. Chair

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

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

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

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

The Chair shall specifically:-

(a) Preserve order and ensure that every Member has a fair Hearing;

(b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;

(c) Determine the order in which speakers can be heard;

(d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

(e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;

(f) Maintain order and at his/her discretion, order the exclusion of any Member of the public who is deemed to have caused disorder or misbehaved;

(g) The decision of the Chair on all matters within his/her jurisdiction shall be final;

(h) Deference shall at all times be paid to the authority of the Chair. When he/she rises to speak, the Chair shall be heard without interruption and

(i) Members shall address the Chair while speaking.

4. Meetings

4.1 The Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board and no less than four times per year.

4.2 The Chair may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a Meeting.

4.3 If the Chair refuses to call a Meeting of the Integration Joint Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one third of the whole number of voting Members, has been presented to the Chair or if, without so refusing, the Chair does not call a Meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

5. Notice of Meeting

5.1 Before every Meeting of the Integration Joint Board a Notice of the Meeting, specifying the time, place and business to be transacted at it shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least seven clear days before the Meeting. Members may opt in writing addressed to the Chief Officer to have Notice of Meetings delivered to an alternative address. Such Notice will remain valid until rescinded in writing. Lack of service of the Notice on any Member shall not affect the validity of a Meeting.

5.2 In the case of a Meeting of the Integration Joint Board called by Members in default of the Chair, the Notice shall be signed by those Members who requisitioned the Meeting. The meeting will consider the business specified in the notice. Such meeting shall be held within fourteen days of receipt of the notice by the Chief Officer.

5.3 At all Ordinary or Special Meetings of the Integration Joint Board, no business other than that on the Agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the Meeting as a matter of urgency.

5.4 The Board Secretary shall be responsible for giving public notice of the time and place of each Meeting of the Integration Joint Board by posting within the main offices of the Integration Joint Board not less than three clear days before the date of each Meeting.

6. Quorum

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

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

7. Codes of Conduct and Conflicts of Interest

7.1 Members of the Integration Joint Board shall subscribe to and comply with both the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and Councillors Code of Conduct and Guidance made in respect thereto which are incorporated into the Standing Orders. All members who are not already bound by the terms of either Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

7.2 If any Member has a financial or non-financial interest as defined in the Councillors' Code of Conduct or the Code of Conduct of Members of Devolved Public Bodies and is present at any Meeting at which the matter is to be considered, he/she must as soon as practical, after the Meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.

7.3 If a Member or any business associate, relative or friend of theirs has any pecuniary or any other interest direct or indirect, in any Contract or proposed Contract or other matter and that Member is present at a Meeting of the Integration Joint Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any Contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that Contract or matter.

7.4 A Member who has an interest in service delivery may participate in the business of the Integration Joint Board, except where they have a direct and significant interest in a matter, unless the Integration Joint Board formally decides and records in the Minutes of the Meeting that the public interest is best served by the Member remaining in the Meeting and contributing to the discussion. During the taking of a decision by the Integration Joint Board on such matter, the Member concerned shall absent him/herself from the Meeting.

8. Adjournment of Meetings

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

9. Disclosure of Information

9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.

- The full or any part of any document marked not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.

- Any information regarding proceedings of the Integration Joint Board from which the Public have been excluded unless or until disclosure has been authorised by the Council or the NHS Board or the information has been made available to the Press or to the Public under the terms of the relevant legislation.

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

10. Recording of Proceedings

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

11. Admission of Press and Public

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

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

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

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

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

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

11.7 Every Meeting of the Integration Joint Board shall be open to the public but these provisions shall be without prejudice to the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a Meeting. The Integration Joint Board may exclude or eject from a Meeting a

member or members of the Press and Public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board.

12. Reception of deputations

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

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

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

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

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

(i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;

(ii) that the issue(s) raised do not merit or do not require further action.

13. Receipt of petitions

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

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

(i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;

(ii) that the issue(s) raised do not merit or do not require further action.

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

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

15. Suspension, Deletion or Amendment of Standing Orders

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

16. Order of business

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

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

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

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

17. Motions, Amendment and Debate

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

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

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

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

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

17.4 The mover of an amendment and thereafter the mover of the original motion will have

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

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

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

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

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

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

17.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

18. Voting

18.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

18.2 Only the five Members nominated by the NHS Board, and the five Members appointed by the Council shall be entitled to vote. Those Members drawn from health and social care professionals, staff, the third sector, users, the public and carers shall not be entitled to vote.

18.3 Every question at a Meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote. In the event of an equality of votes, the matter shall be referred to the NHS Borders Board and to Scottish Borders Council for final decision.

19. Minutes, agendas and papers

19.1 The Board Secretary is responsible for ensuring that Minutes of the proceedings of a meeting of the Integration Joint Board or its Committees, including any decision or

resolution made at that meeting, shall be drawn up. The minutes shall be submitted to the next meeting of the Integration Joint Board, or relevant Committee, for approval by members as a record of the meeting subject to any amendments proposed by members and shall be signed by the person presiding at that meeting. A Minute purporting to be so signed shall be received in evidence without further proof.

19.2 The names of members present at a meeting of the Integration Joint Board or of a Sub-Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any member.

19.3 Minutes of Meetings shall be submitted by the Chief Officer or an officer so designated by him/her to the Council and the NHS Board for noting.

19.4 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public. This does not apply to Minutes of a private section of any meeting.

19.5 The Minute of a meeting being held where authority or approval is being given by the Integration Joint Board and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:

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

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

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

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

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

20. Freedom of Information (Scotland) Act 2002

20.1 The Freedom of Information (Scotland) Act 2002 (FOI(S)A) was introduced by the Scottish Parliament to ensure that people have the right to access information held

by Scottish public authorities. The Act states that any person can receive information that they request from a public authority, subject to certain exemptions such as protection of personal data and commercial interests, or national security. It came into force on 1 January 2005 and is retrospective.

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

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

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

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

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

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

21. Records management

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

22. Reserved Business

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

23. Suspension and Disqualification

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

24. Working Groups

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

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

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

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

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

SCHEME OF INTEGRATION - UPDATE

Aim

1.1 To update the Board in regard to revising the Draft Scheme of Integration (Version 4).

Background

2.1 The Scheme of Integration is the document by which the Health Board and Local Authority outline how the legislation, Public Bodies (Joint Working) Act 2014, is to be complied with.

2.2 The Integration Scheme is the means by which the Health Board and Local Authority give an assurance that they will meet the legislative requirements.

2.3 It must be noted that the agreements within the Integration Scheme are legally binding and once agreed any changes will require to be consulted upon and will require to be submitted to Scottish Ministers for approval.

2.4 The Draft Scheme of Integration was approved by Borders NHS Board and Scottish Borders Council in March 2015 and submitted to Scottish Ministers for approval on 31 March 2015.

2.5 A table of comments within the Draft Scheme of Integration requiring amendment/clarification was received on 29 May 2015.

Summary

3.1 The table of comments was allocated to the various integration workstreams and amendments have now been collated into Version 4 of the Draft Scheme of Integration.

3.2 The final Scheme of Integration and a summary report of the changes made will be submitted to the Borders NHS Board and Scottish Borders Council meetings on 1 October 2015.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the progress being made in regard to the next iteration of the Draft Scheme of Integration.

Policy/Strategy Implications	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any

	consequential Regulations, Orders, Directions and Guidance.
Consultation	Not applicable.
Risk Assessment	A full risk assessment and risk monitoring process for the Integration Programme has been developed as part of the Integration Programme arrangements.
Compliance with requirements on Equality and Diversity	An equality impact assessment will be undertaken on the arrangements for Joint Integration when agreed.
Resource/Staffing Implications	It is anticipated that the Integration Joint Board will oversee services which have a budget of over £100m, within the existing scope. The budget will change as other functions are brought within the scope of the Integration Joint Board.

Approved by

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

Author(s)

Name	**Designation**	**Name**	**Designation**
Iris Bishop	Board Secretary		

COMMUNICATIONS UPDATE

Aim

1.1 To advise the Health & Social Care Integration Joint Board of progress made in regard to communications and engagement.

Background

2.1 Communication and engagement are key elements to the success of the integration partnership. A communications officer has been engaged and is taking forward a series of actions including branding, engagement events and a newsletter.

Summary

3.1 Attached as an appendix is the current progress report.

Recommendation

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

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

Approved by

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

Author(s)

Name	Designation	Name	Designation
Carin Petterson	Communications Officer		

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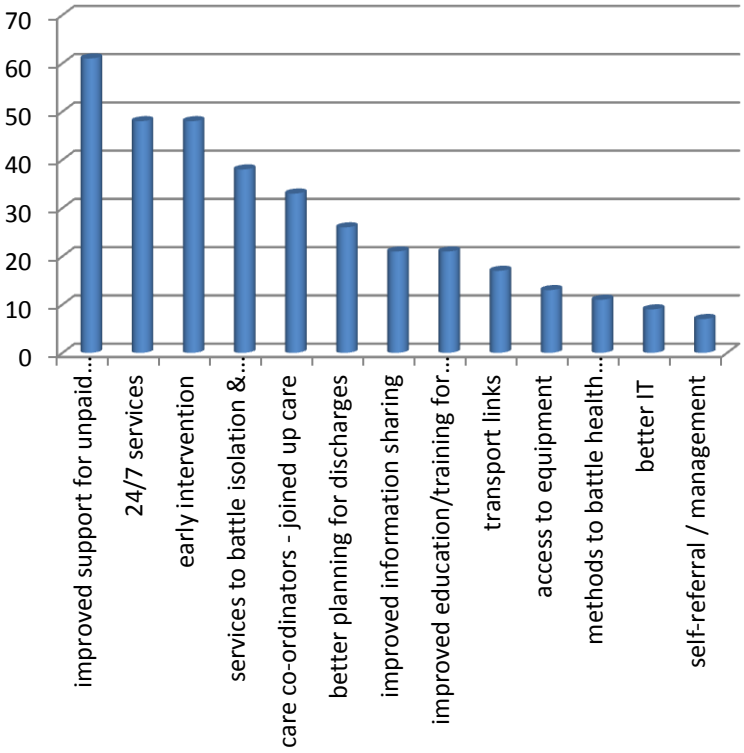
Communication and Engagement Update for IJB 10 08 15
Health and Social Care Integration

Border Union Show

The Scottish Borders Health and Social Care partnership was present at the Border Union Show on 24 and 25 July. The partnership had a tent showcasing integration and several integrated service areas: NHS Borders Public Dental, Community Capacity Building, Learning Disability, Joint Health Improvement, Mental Health, Safer Communities and Transport Hub.

More than 300 people visited the Scottish Borders Health and Social Care partnership tent during the two days. About 120 people provided feedback on what is most important to them; 'improved support for unpaid carers' (17%) was ranked as most important, followed by '24/7 services' (14%) and 'early intervention' (14%). Feedback was also received through a competition where the public were encouraged to list "the top tip to improve health and social care services in the Scottish Borders". The grand prize is an IPad Mini.

(Photos: Sue Bell.
Joint Health Improvement Team: Nicola Sewell and Gordon Elliot.)



Overview of the feedback we received at the Border Union Show.

Newsletter

A newsletter for all staff and stakeholders showcasing and providing information about integration, is under development and will be sent out by email in early August.

Communication plan, stakeholder management and engagement activities

The communication plan will be updated for the second round of engagement activities once the general outline of the strategic plan has been drafted and a new timescale has been approved.

The list of stakeholders is currently being reviewed in order to reflect the next stage in the process.

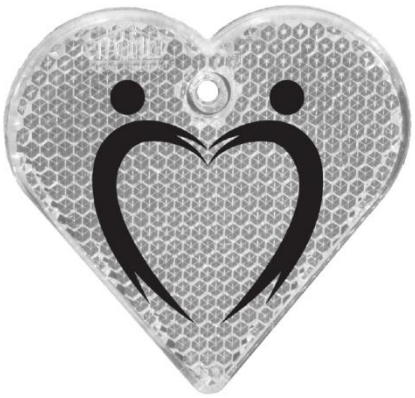
A draft plan for engagement activities has been developed and discussed with the strategic planning group. The engagement plan cannot be finalised until the general outline of the strategic plan has been drafted, key messages designed, and a new timescale has been approved. This will be completed in mid-August.

Logo

A new logo for the partnership between SBC and NHS has been designed and approved by the IJB. It incorporates elements from both partners' existing logos and has a general heart shape associated with caring and welfare. The logo will be used on all material concerning the Scottish Borders Health and Social Care partnership. The logo was first showcased at the Border Union Show and was well received. A guide for the use of the logo is being developed.

Scottish Borders
Health and Social Care
PARTNERSHIP

The following items were ordered as promotional gifts for the Border Union Show, a heart shaped reflector and a cotton A4 size bag. There are still items left and these will be used as give-aways at future engagement activities.



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JOINT MENTAL HEALTH SERVICE

Aim

1.1 To give the Integrated Joint Board an overview of the Borders Mental Health Service in terms of:

- Services, the range
- Strategic approach
- Operational issues
- Challenges and further developments

Background

2.1 Mental Health Integration in the Borders commenced in 2006 when the Community Health and Care Partnership approved the Mental Health Integration Project Document for taking forward the work required to develop the joint service within the Borders. The Joint Mental Health Service is now looking to take forward further integration of operational teams, fully utilising the opportunities now possible through the wider Health and Social Care Integration as a result of the legislation (Public Bodies (Joint Working) Scotland Act 2014).

2.2 Progress has been made to develop service user focused community based mental health services with NHS services in Community Mental Health Teams (CMHT's). The current priority is to develop the social work function within these teams. A steering group is progressing this work with regular meetings, an action plan and timescales for implementation.

2.3 The service has a clear focus on the underlying principle that integration aims to improve the experience of service users and families, and deliver the following results:

- remove bureaucratic barriers between organisations that unnecessarily stop the service user getting the service they need, when they need it;
- reduce the duplication of information gathering and recording across health and social care;
- quicker access to services for service users and their families;
- better use of buildings and staff that results in more face to face care and higher quality services;
- appropriate allocation of work across different professional groups that makes the best use of the unique skills/perspective that each profession brings;
- easier access for staff in terms of involving appropriate colleagues across organisational boundaries, in the care of their service users;
- more efficient use of resources that allows money to be spent where it will have maximum effect on the mental health and well-being of the service user group.

2.4 VISION AND VALUES FOR THE JOINT MENTAL HEALTH SERVICE

The Mental Health & Well Being Partnership currently works to the following vision and values:

'The vision of the Borders Mental Health Partnership is to work in a strong and effective partnership to continually and substantially improve the recovery as well as the mental health and well being of the people of the Scottish Borders.'

In achieving this we are committed to developing services which:

- have an approach that recognises that an individual's mental health is affected by a combination of their genetic make-up, their relationships with those around them, the physical environment they live in and their own thoughts and feelings;
- promote the provision of local services which seek to engage people with their local communities and facilitate access to meaningful occupation, education, recreation, social activities and housing support;
- are in line with the up to date evidence about what works in improving individual's mental health and well-being, taking into account individual circumstances;
- respect the dignity of the individual, treats them with compassion and sees them as partners in their care rather than people we do something to;
- involve the minimum restriction on the freedom of the individual that is necessary in the circumstances;
- recognise the importance of families and friends;
- minimise unnecessary bureaucracy and barriers so that people can receive what they need, when they need it, with all services working together to do this;
- seek to protect and improve the mental health and well-being of everyone, and respond to those who have mental illnesses and mental health problems to improve their lives;
- recognise the importance of working for the mental health improvement of all people of the Borders;
- seek to reduce suicide and to develop a partnership approach to suicide prevention.

We will do this through providing services in a manner that:

- makes efficient use of the funding available to us, even if this means moving it around and across organizations and professions;
- accepts that there will be limitations to what we can do with the funding available to us but making sure that decisions on what we spend and how we spend it are made openly and based on reasoned choices.
- demonstrates willingness to share openly the reasons behind decisions without being un-necessarily defensive and be willing to listen and take on board a diverse range of views;
- focuses on jointly finding solutions, making the best use of all of the strengths and skills in the partnership.

The drive towards improving outcomes for our service users is reflected in, and helps steer us toward, the national health and well being outcomes outlined in the Integration Scheme for the Health and Social Care Partnership arrangements.

Summary

3.1 SERVICE PROVISION

Directly Managed Services
The following services are included within the Joint Structure and are directly managed by the Joint Service.

SERVICE AREA	Covers
ACUTE	
3 Integrated Community Mental Health Teams	South, East & West
Mental Health Crisis & Liaison Services	Borders Wide
Adult Day Services	Borders Wide
Acute Adult Mental Health Ward (Huntlyburn)	Borders Wide -19 Beds
OLDER ADULTS MENTAL HEALTH	
2 Mental Health Older Adult Community Teams	West/Central; South/East
Dementia Acute Care Ward (Cauldshiels)	Borders wide - 14 Beds
Dementia Complex Care Ward (Melburn)	Borders wide - 14 beds
Mental Health Older Adults with functional health needs (Lindean) Acute Care	Borders wide - 6 beds
4 Mental Health Older Adult Resource Centres	Westport (Hawick); Firholm (Peebles); Poynderview (Kelso); Sime Place (Galashiels)
REHABILITATION SERVICES	
Integrated Community Rehabilitation Team	Borders Wide
1 Rehabilitation Ward (East Brig)	Borders Wide - 13 Beds
ADDITIONAL SERVICES	
Child and Adolescent Mental Health Service	Borders Wide
Borders Addictions Service	Borders Wide

Commissioned Mental Health Services
The following table identifies external organisations commissioned to provide mental health services.

Commissioned Service	
Scottish Association for Mental Health	**Other Organisations**
Housing Support Service	New Horizons Borders
Fresh Start Employability Service	Borderline
Crisis Service	BIAS
Penumbra	Re:Discover Borders
Supported Living Service	Artbeat
Youth Project	Alzheimer Scotland (NHS funding)
Carr Gomm	BVCV Mental Health Post
Core and Cluster Supported living service	Elderflowers 1 day per week, Melburn Lodge and Cauldshiels only
	Autism Initiatives
NHS Lothian	
NHS Lothian – IPCU	Regional Eating Disorders Unit
NHS Lothian – Mother & Baby Unit	NHS Lothian – IPU (Child & Adolescent Unit)

3.2 THE MENTAL HEALTH & WELLBEING PARTNERSHIP BOARD

The current Mental Health & Wellbeing Partnership Board (MHWPB) is responsible for setting the strategic direction of services and monitoring its implementation. The membership of this board includes clinical, social care, third sector, service user and carer representatives.

There are a number of groups who sit under the overarching Board. These include:

- Mental Health Executive Group – devolved responsibility for implementing strategic planning and commissioning;
- Mental Health Governance Steering Group – ensure effective governance of the health and social care elements of the service;
- Mental Health & Wellbeing Forum – promote active involvement of third sector providers and service user & carers in the planning of strategy & policy;
- Service user & carer sub groups – meet as required;
- Steering groups to implement strategic direction;
  - Mental Health Improvement
  - Suicide Prevention
  - Acute Services
  - Rehabilitation
  - Borders Addiction Service
  - Mental Health Older Adults
  - Child & Adolescent Mental Health Service

While it is clear that integrated planning and joint management has improved service outcomes for individuals and communities in recent years, the role and remit of the group will be reviewed in the light of the emerging strategic planning arrangements.

3.3 STRATEGIC DIRECTION

Some time before the national guidance on strategic planning for integration was available, the MHWPB were keen to update and revise their Strategy which had served its purpose well but required updating.

<u>Needs Assessment & Mental Health Strategy</u>

A mental health needs assessment was commissioned by the MHWPB in 2014. Figure 8 Consultancy were commissioned to undertake the assessment and a variety of meetings, interviews and surveys took place between July 2014 and October 2014. The full Needs Assessment report presents detailed information about the mental health needs (excluding dementia and Child and Adolescent Services) for adults of working age across the Scottish Borders; and will help to plan and improve the quality of Mental Health Services in the future. The purpose of this study is to assist Scottish Borders Joint Mental Health Service and its partner agencies to:

- See the ‘bigger picture’ in terms of the health and wellbeing needs and inequalities of those with mental health problems;
- Find a way that will identify the existing and future needs of those with mental health problems;
- See how services are used;
- Help see which services are most needed.

The report contains 21 recommendations for consideration. A stakeholder workshop and a service user workshop will be undertaken in August 2015 in order to consider how the recommendations will be incorporated into a robust strategy and commissioning plan, in line with the overarching Health and Social Care Strategic Plan, for the service to implement over the next 5 to 10 years. Further consideration is then required about how this work can be replicated in both Community Adolescent Mental Health Service (CAMHS) and Mental Health Older Adult Services (MHOAS).

This work will be sponsored by the local partnership groups but the development of the strategy will be taken forward under the auspices of the Health and Social Care Strategic Partnership Group and the Health and Social Care Partnership Strategic Plan.

3.4 OPERATIONAL PRIORITIES

Integration progress

Integration of staff within CMHT's and the Community Rehabilitation Team has progressed with all relevant NHS staff now directly linked to one of the Community Teams. An action plan and risk register have been developed to integrate social work staff which is being overseen by a steering group which in turn reports into the Mental Health Board. Applications have been made to the Integrated Care Fund to support a smooth transition of the social work staff to the CHMT's.

Service relocation

A full business case option appraisal has been carried out for the relocation of the Mental Health Rehabilitation Ward from East Brig in Galashiels. The Crumhaugh site in Hawick has been identified as the preferred option and, once approved, it is expected the transfer will be undertaken over the coming year. Discussions are taking place with local residents to ensure that any issues and concerns are addressed.

East & West CMHT's are currently co-located in Roxburgh Street, Galashiels. An option appraisal has been undertaken in order to identify more suitable premises for these teams to co-locate. The preferred option identified is to relocate to the Huntlyburn House site at Borders General Hospital which has now been agreed and work is due to be completed within the next 6 months.

The move will also include re locating the Borders Crisis & Liaison Service from Galashiels to the Huntlyburn site providing closer working opportunities between this service and the Mental Health Acute Admissions Ward, also located on this site.

DCAQ (Demand, Capacity, Activity & Queue)

DCAQ provides a methodology by which demand, capacity and improvement work can be undertaken within a service. An activity tracker has been undertaken in CAMHS. The process is currently underway within MHOAS with reports available by the end of July 2015. A schedule has been developed for the remainder of the service to undertake this process throughout the coming year.

3.5 CHALLENGES

HEAT targets – CAMHS & Psychological Therapies

At present, the HEAT target waiting times are being breached for Psychological Therapies and although not being breached yet in CAMHS, the performance declined in the first quarter of 2015 due to staff absences and sick leave. A plan is being developed to address the actions required in order for CAMHS performance to return to 100%.

The DCAQ work and additional staffing will support the actions required to achieve the standard regarding Psychological Therapies.

Young People

Recent months have seen increased demand on the service to support young people with complex mental health needs. A national pressure on the demand for suitable inpatient beds has meant that on occasions these young people have been treated within Huntlyburn Ward which has placed increased pressures on the service. The request for Innovation Fund money to support intensive home treatment will go some way to support these young people but the national pressures on inpatient beds continues to be a challenge across Scotland.

Older Adults

NHS Borders, The Scottish Government, Alzheimers Scotland and Borders Joint Mental Health Service have funded an Alzheimers Scotland Nurse Consultant who commenced post in June 2015. The Alzheimer Scotland Nurse Consultant will work closely with the Dementia in Acute Care Improvement Lead, to support and develop local and national improvement activity related to the 10 care actions contained in Commitment 10 of Scotland's National Dementia Strategy 2013 - 2016. This will include the development and reporting of measures, identifying and supporting test sites and supporting the recording of improvement activity.

Two tendering processes are currently progressing for a Dementia Awareness & Support Service and for Specialist Residential Care & Support. The Post Diagnostic Support HEAT target's final report will be in April 2016.

The inaugural meeting of the Scottish Borders Working Group for People with Dementia will be held in September 2015

3.6 FURTHER DEVELOPMENTS

Integrated Care Fund

In addition to the funding proposals mentioned above to support the integration of the CMHT's, two further requests have been made to support work linked to Mental Health Services. Firstly, for a post to support and develop services locally for those who experience Alcohol Related Brain Disease (ARBD) and secondly, for a post to support implementation of the recently launched Borders Autism Strategy.

Mental Health Innovation Fund

A proposal has been sent to Scottish Government to utilise this funding to employ a Care Navigator within A&E to support people in distress and link them to appropriate support, and also to employ an Intensive Home Treatment Worker within CAMHS.

Veterans First Point (V1P Scotland)
Funding has been obtained (£114,000) to support veterans and their families through psychological interventions and offer peer support within the Borders.

Recommendation

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

- **Note** the work that has taken place to integrate mental health services from a user perspective
- **Endorse** the approach toward the strategic development, linked to the work already done and in the context of the new Strategic planning arrangements

Policy/Strategy Implications	Integration progress has been made and is in line with the intent of the new legislation.
Consultation	Wide consultation of the Needs Assessment has been undertaken
Risk Assessment	A risk register has been developed for the integration process
Compliance with requirements on Equality and Diversity	An equality impact assessment will be completed with the development of the new Mental Health Strategy
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation
Simon Burt	General Manager LD & MH		

Author(s)

Name	Designation	Name	Designation
Haylis Smith	Group Manager MH & Addictions		

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TRANSFORMING NURSING AND MIDWIFERY ROLES

Aim

1.1 To highlight to Committee the ongoing work the Scottish Government Chief Nursing Officer (CNO) office and Scottish Executive Nurse Directors (SEND) are putting in place to ensure the community nursing and midwifery workforce are prepared and ready to ensure care is provided for patients and the public as close as possible to home or in a homely setting.

Background

2.1 Healthcare policy, and NHS Borders Clinical Strategy, places considerable emphasis on transferring care out with hospitals, closer to the community and peoples' homes, supporting improved child and family health outcomes through prevention, early identification and intervention and on reducing health inequalities with particular focus on key priority areas such as mental health and wellbeing.

2.2 This means that there is a need to clarify and strengthen the critical role nurses, health visitors and midwives play within these areas together with improving community services and care. In partnership with SEND the CNO is working across agencies and partnerships to address the sustainability of acute health services, reform unscheduled care, shift the balance of care from hospital to community and home settings, where appropriate, and strengthen and refocus the contribution of health visitors, school nurses and midwives.

Summary

3.1 Future service configuration will be led by population need and innovate approaches will be critical to any required transformational change. In addressing this the CNO in partnership with SEND are establishing an overarching steering group responsible for directing and coordinating future work in relation to role development within nursing and midwifery.

3.2 Professor Fiona McQueen, CNO will chair the Transforming Nursing and Midwifery Roles group. The group will report to the Sustainability of Services Taskforce and ultimately the Health and Social Care Management Board (HSCMB).

3.3 Overarching Steering Group – Transforming Nursing and Midwifery Roles

3.4 The purpose of the Group will be to oversee the development of current and new nursing and midwifery roles that support NHS Scotland to achieve the 2020 vision. The key objectives of the Group are to:

- Support improved child and family health outcomes through the provision of consistent universal services, assessment and evidenced based pathways of care;
- Monitor progress with implementation of a revised Health Visiting role, redesigned education provision and review evaluation once completed;
- Monitor progress piloting a refocused School Nursing role, determine the way forward post pilot;
- Seek to reduce inequalities and maximise health improvement opportunities with particular focus on key priority areas such as mental health and wellbeing;
- Support implementation of the Children and Young People Act and Adult Care and Support Bill, sustainability and provision of 7 day services and improvements in unscheduled care;
- Assist NHS Boards in the provision of person centred, safe and effective community nursing services;
- Agree principles for key components of a refreshed District Nursing role with a focus on anticipatory care, intermediate care, the frail, elderly and those requiring palliative care;
- Identify requirements for contemporary District Nursing educational preparation and Continued Professional Development (CPD), commissioning provision as required;
- Agreeing principles for a model of care/caseload management, including referral criteria, care pathways and other associated requirements;
- Drive and support implementation of a refocused District Nursing role in practice;
- Agree principles for and components of Advanced Practice roles clarifying roles, standards and identifying sustainable models of educational provision within a nursing career framework model, commissioning as appropriate;
- Consider the need for national consistency regarding Specialist Nursing role;
- Consider future care for people that may impact on other nursing roles in the community.

3.5 The first three key areas to be reviewed are:

- Children and Young People
- District Nursing
- Advanced Practice

3.6 Children and Young People

3.7 Already established, this Group will report into the Transforming Roles Group and have responsibility for provision of a cohesive Health Visiting, School Nursing, Public Health and children's nursing contribution to NHS Scotland and wider Scottish Government work streams. This Group will deliver the objectives below:

- Support improved child and family health outcomes through the provision of consistent universal services, assessment and evidenced based pathways of care;
- Seek to reduce inequalities and maximise health improvement opportunities with particular focus on key priority areas, such as mental health and wellbeing;
- Support implementation of the Children and Young People (Scotland) Act 2012;
- Oversee implementation of the National Plan for Health Visiting and School Nursing, as specialist Public Health nursing roles which will assist NHS Boards in the provision of person centred, safe and effective community nursing services, improving child and family outcomes;
- Oversee completion and implementation of work on a revised Health Visiting role;

- Drive and support implementation of a refocused Health Visitor role in practice;
- Implement requirements for contemporary Health Visiting educational preparation and CPD, commissioning provision as required;
- Develop and oversee a programme of national evaluation;
- Optimise the Public Health, children's nursing and nursery nurses contribution to relevant work streams;
- Monitor progress piloting a refocused School Nursing role; determining the way forward post pilot;
- Agree principles for and components of sustainable models of educational provision for School Nursing in Scotland;
- Develop a refocused consistent role for Community Children's Nurses across Scotland, recommending appropriate models of educational provision and driving and supporting implementation as agreed;
- Develop sustainable models of supervision for Health Visiting and School Nursing;
- Agree and support implementation of Advanced Practice roles and career frameworks within Health Visiting, School Nursing and wider children's services;
- Consider future care for people that may impact on other nursing roles in the community;
- Develop a consistent approach to immunisation delivery for children's services, feeding into national work streams.

3.8 District Nursing

3.9 Following discussions of current district nursing practice with local professional leads and managers across Health Boards, in September 2014 CNO/SEND agreed to undertake work required to refocus, clarify and maximise the role of District Nurses in Scotland. Four recommendations were agreed:

1. To develop national guidance clarifying the role and unique contribution of the District Nurse, Advanced Nurse Practitioner and wider team.
2. Consider development of a national model for resource allocation and caseload weighting.
3. Review the underpinning evidence base.
4. Review current and future District Nurse education, CPD and career pathways.

3.10 Reporting into the Transforming Nursing Roles Group this work has an anticipated completion of initial recommendations by April 2016. The key objectives of the work stream are:

- To support implementation of the Adult Care and Support Bill (2012), provision of 7 day services and improvements in unscheduled care – making recommendations as appropriate;
- Support people to be cared for at home;
- Avoid acute admissions through focussing on anticipatory care and by offering a care management function to improve coordination of support services;
- To agree principles for key components of a refreshed District Nursing role with a focus on anticipatory care, intermediate care, the frail, elderly and those requiring palliative care;
- Identify requirements for contemporary District Nursing educational preparation and CPD advising on commissioning provision as appropriate;

- Agreeing principles for a model of care/caseload management, including referral criteria, care pathways and other associated requirements;
- Ensure review of best available evidence to support decision making;
- Drive and support implementation of a refocused District Nursing role in practice;
- Consider future care for people that may impact on other nursing roles in the community;
- Review and consider alternative models of provision as relevant;
- Seek to reduce inequalities and maximise health improvement opportunities with particular focus on key priority areas.

3.11 Advanced Practice Roles

3.12 The purpose of this work stream will be to agree principles for and components of all Advanced Practice roles across nursing and midwifery in Scotland ensuring appropriate educational preparation and career development. Reporting into the Transforming Nursing Roles Group the key objectives for this work stream are:

- To support the work of the Joint Improvement Teams and sustaining 7 day services through offering viable, sustainable alternative models which clearly define and present consistent models of advanced practice;
- Review, define and clarify nursing and midwifery advanced practice roles;
- Articulate the unique contribution of advanced practice within nursing and midwifery within the context of the 2020 Vision;
- Define expected standards and levels of practice;
- Identify and agree educational preparation, qualifications and skills and competencies required to work at an advanced level;
- Develop and recommend sustainable models of educational provision within a nursing career framework model advising on commissioning as appropriate;
- Consider the need for national consistency regarding specialist nursing roles;
- Drive, support and monitor implementation as directed.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the proposal and be assured that NHS Borders is fully engaged with the national work programme.

Policy/Strategy Implications	Implications on the whole organisation in respect of community nursing/midwifery.
Consultation	N/A
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	Complaint.
Resource/Staffing Implications	Yes

Approved by

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

Author(s)

Name	Designation	Name	Designation
Zoe Brydon	Project Support Manager/PA		

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EXPLORING THE IMPLICATIONS FOR INTEGRATION OF SOCIAL WORK SERVICES - ROLE OF THE CHIEF SOCIAL WORKER

Aim

1.1 The purpose of this report is to enhance the Board's understanding of Social Work Services in Scottish Borders, to consider the implications arising from integration arrangements and to outline the role of CSWO.

Background

2.1 In 2012 the Council redesigned the senior structure of the Council combining the areas of Social Work and Education into a single People Management team led by the Depute Chief Executive, Jeanette McDiarmid, supported by 3 Service Directors. Susan Manion is the Chief Officer for Health and Social Care integrated services, Donna Manson for Children and Young Peoples services and the Chief Social work officer, Elaine Torrance.

2.2 The designated Chief Social Work Officer, is directly responsible for criminal justice services including MAPPA, MHO services, strategic adult and child protection and out of hours social work. The role carries statutory functions along with a number of identified responsibilities relating to Social Work professional standards, workforce development, and specific duties. Arrangements are in place for CSWO decisions to be made when the post holder is absent.

Role of the Chief Social Work Officer (CSWO)

3.1 In the guidance detailing the role of the CSWO, it is clear that the role covers "all social work and social care services whether provided directly by the local authority or in partnership with other agencies including...a responsibility to advise on the specification, quality and standards of commissioned services." In the previous structure this was exercised by direct management of services including staff responsible for commissioning and managing services at locality level. The role has now changed but continues to need to provide oversight and influence over standards and quality of service provision whether directly provided or through contractual arrangements.

3.2 Statutory guidance issued in 2010 sets out the responsibility for values and standards that fall to the CSWO role. One of the potential challenges of integration is how best to "ensure that there are effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards" in a context whereby the line management of all social work services will not all ultimately lie with the CSWO; nor indeed in the same management team.

3.3 Related to this is the requirement to "ensure that significant case reviews are undertaken into all critical incidents either resulting in – or which may have resulted in – death or serious harm". The CSWO must also "take final decisions on behalf of the local authority in relation to a range of social work matters, including adoption, secure accommodation, guardianship and other statutory decisions".

3.4 All of these statutory duties remain with the Council in the new arrangements but the changed environment adds complexities as to how they can be safely and effectively governed and managed. It is equally the case that the NHS do not shed their statutory duties for clinical governance.

3.5 The board should also note that there is a requirement for every CSWO to submit an annual report to the Scottish Government which will also be made available to IJB as well as the Children & Young People's leadership group.

Regulation and Inspection

4.1 Social Work is a registered and regulated service inspected by the Care Inspectorate and, in terms of large sections of the workforce, regulated by the Scottish Social Services Council. In recent years inspection outcomes have been very positive in the Borders Full social work inspections in 2009 and 2011 were evaluated as amongst the best in Scotland, as was the joint inspection of child protection in 2011. A joint inspection of Children services is expected later this year and the leadership and governance of social work and joint services will be a key area.

4.2 A national multi agency MAPPA themed inspection has just been completed focusing on processes to support high risk offenders.

4.3 The Council and partners support continual improvement. There are areas of activity where improvements can always be made. It continues to be a major challenge sustaining consistently high levels of performance in a context of rising need associated with factors such as demographic change and increased expectations and new legislative duties including Self Directed Support. This is combined with reducing resources arising from local government settlements that are not expected to increase until at least 2019/20, and a significant range of new legislative duties. Key to this is self evaluation and the CSWO will play a lead role in ensuring that social work services meet the required standards.

Leadership/Professional Governance

5.1 Social Work services operate a locality model based around the five agreed localities in the authority. In each locality there are identified Social Work Managers – both for Adult Community Care and Social Work Children and Families services. In addition there are several centralised posts/ teams including the Child Protection and Adult Protection Services which have remained with the CSWO to enable scrutiny of practice and quality standards.

5.2 It is important that close relationships remain between all elements of social work. For example many children on the child protection register are on it because of factors associated with parental addiction. Addiction in turn often drives offending behaviour. Increasingly offenders (such as those serving long sentences or

convicted or historical abuse) have community care needs. Families present varying needs at different times that can rarely be solely categorised by age, condition or behaviour.

5.3 It should be noted that the Registered Social Worker is a protected title. Scottish Government statutory guidance defines a number of duties that must only be carried out by a suitably trained and qualified Social Worker with the requisite body of knowledge and skills. This includes tasks such as Mental Health detentions and Child Protection.

5.4 The vision for Social Work is to assist people to achieve their potential and be safe, healthy and included, by providing access to high quality support. Social Work is all about maximising peoples' capacity at whatever stage in their life and circumstances they may be. For some people the provision of social care contributes to these goals and it is often not possible, of course, to realise these goals without health support or suitable housing provision so these links are also important.

Prioritising Need

6.1 There is, inevitably, more assessed need in social work than available resources. Consequently Scottish Borders, like every other council, adopts published eligibility criteria. Whilst this is a Scottish Government requirement for older people, local arrangements preceded it for all care groups that conformed to the requirement. In Borders critical or substantial needs are deemed eligible whilst moderate and low needs are signposted elsewhere unless it is clear they will quickly be escalated. It is important to note that it is the need not the person that is eligible i.e. some of a person's needs may be met directly whereas others may not. Social work provides funding support to a number of organisations to provide preventative support including Red Cross Buddies, Social Centres, Befriending Schemes and Social Enterprises.

6.2 What this means in practice is that people who can be financially supported by the Council to access a care home admission, home support or an individual budget are those with eligible needs. However the council recognises that, if timely and proportionate support is not provided, peoples' needs are likely to escalate more quickly towards crisis and in these cases services can be provided.

Maintaining Quality Assurance & Standards

7.1 A key role for the Chief Social Work Officer is to monitor and improve the quality of service and to advise on the identification and management of corporate risk in so far as they relate to Social Work Services.

7.2 Self Evaluation, monitoring and case file audits will need to be embedded in quality assurance processes along with monitoring of complaints. Care Governance arrangements will need to be set up across Social Work Services to provide oversight. In addition a Clinical & Care Governance Group is due to be established to provide assurances to the IJB on Care Governance to establish direct links with professional lead roles and Clinical Governance.

Profile in Scottish Borders

8.1 The total spend covering the range of Social Work Services is net £74,382m. This is broken down into Children & Young People (Net £26.095m), Adult Social Care (net £48.287m) and Criminal Justice Services (net £0, gross £1.228m). The Adult Social Care budget totalling £47.530m will be part of the joint budget to be managed by the IJB.

Summary

9.1 In summary therefore the integration arrangements that are put in place by April 2016 must, from a Social Work perspective:

- Enable the Chief Social Work Officer role to be fulfilled safely and effectively
- Provide visible leadership to Social Work/Social Care
- Ensure effective public protection arrangements are in place including, Adult, Child Protection and MAPPA
- Manage demand in ways that safely meet the legislative responsibilities and policies of the council and partnership whilst remaining within budget
- Retain the strong links across children & families, justice, housing, and adult community care
- Ensure that cross-cutting functions sustain the integration partnership as well as those parts that sit outside the integration arrangements
- Add value by deepening the range and scope of integrated approaches to achieve the best possible outcomes for the citizens of the Scottish Borders

Recommendation

The Health & Social Care Integration Joint Board is asked to **consider** the implications of this report in relation to the Integration Scheme and Care Governance arrangements moving forward.

Policy/Strategy Implications	This report is based on Scottish Government Guidance.
Consultation	Ongoing work with Social Work/Social Care staff and other professional groups.
Risk Assessment	It is important that this role is effective and effective risk assessment processes are in place.
Compliance with requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	None identified

Approved by

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

Author(s)

Name	Designation	Name	Designation
Elaine Torrance	Chief Social Work Officer		

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MONITORING OF THE INTEGRATED JOINT BUDGET 2015/16

Aim

To provide the Integrated Joint Board with a full report, on the Partnership's Integrated Budget based on the actual expenditure outturn as at 30th June 2015.

Background

The total revised Integrated Joint Budget stands currently at £136.6m.

The services contained within this report relate to national guidance issued following the consultation.

It was agreed that 2015/16 will be a shadow year and the integrated budget will be on an aligned basis. Therefore any cost pressures remain the responsibility of the partner organisations.

Outturn

The revenue monitoring position reported to the Board is based on the actual out turn as at the 30th June 2015. As at the end of June the Partnership's expenditure position was £0.03m underspent against budget to date and projecting a year end out turn position of £0.146m overspent against the revised annual budget. The projected year end out turn overspend must be viewed with a degree of caution, as currently it is still relatively early in the financial year, and issues may still emerge which will have an impact on the financial position. This overspend will require to be addressed by the partnership bodies responsible for these services in the shadow year, in line the aligned status of the budget.

Key Issues

Joint Mental Health Service
At June the Mental Health Service are reporting an overspend of £0.083m. This is due to higher than budgeted demand for services within Scottish Borders Council offset by a slight underspend on staffing costs within NHS Borders. The increased demand is due to a greater number of clients accessing services and is expected to continue throughout 2015/16 resulting in a projected outturn position of £0.098m. This will require an action plan to be prepared by the mental health service to manage the overspend. Managers responsible for the delivery of services are not authorised to exceed budgeted activity levels without formal Council Executive approval and demands placed upon budgets by client need require to be reported and funded before any additional commitment of resources beyond approved levels is actioned.

Physical Disability Service
The physical disability service is overspent by £0.109m at the end of June and projected to be £0.229m overspent by the year end. This overspend is mainly attributable to increased need in Community Based Services and will continue during 2015/16. Again action is required to address this issue and the managers of the service are required to identify an action plan to ensure the budget does not exceed approved levels in 2015/16.

Generic Services
Generic Service are £0.164m underspent the end of June and are predicting an almost break even position at year end. The main areas of underspend to June are dental, smoking cessation, primary and community management, and self directed support offset by an overspend in GP Prescribing details of the issues in each area are given below.

The GP prescribing budget is reporting an overspend of £0.077m at the end of June and a year end out turn of £0.3m overspent. This prediction should be viewed with a degree of caution as there is still potential for volatility in global drug prices over which NHS Borders has no control and making accurate predictions difficult. Currently little actual information has been received - one month's price data and two months volume data meaning the projection is based on very limited information.

Dental services are underspent by £0.110m at the end of June and £0.250m underspent at year end after offsetting any agreed efficiencies. This underspend is due to staff vacancies which the service may fill as the year progresses therefore it is not currently expected that this overspend will continue at the current level.

The smoking cessation service is currently underspent and based on last year's outturn this is expected to continue for the remainder of the year and is due to reduced up take of this service.

The Primary and Community Management service current has vacant posts within its agreed establishment. These posts are part of a wider management review and as the review is concluded the shape and financial outlook for this area will be confirmed.

The Integrated Care fund £2.130m is currently included under generic service in the other line. To date potential project expenditure of £479k has been identified associated with five projects and formal approval is required before expenditure is committed against this fund. Further change projects will be identified as the year progresses and it has been assumed that the Fund will be fully spent by the financial year end.

The SB Carers service is £0.11m overspent at the end of June and reporting a breakeven expectation by the end of the financial year. As yet unmet efficiency targets make up the main element of the overspend to June and the Locality Teams have now put plans in place to achieve the required level of saving by the year end thus improving the reported out turn position.

It is currently early in the financial year and both partner organisations are working to ensure that the budget outturn is delivered in line with approved resources. Budgets continue to be aligned budgets in 2015/16 and any year end out turn deficit will require to be offset by savings from elsewhere within the respective partner's budgets.

Summary

The revenue monitoring position set out in this report is based on the actual income and expenditure to the 30th June 2015. The Partnership is reporting an out turn position of £0.03m underspent to the end of June and is projecting a year end adverse out turn of £0.146m prior to management action being identified. If this out turn position continues to the financial year end, the deficit will be met by the responsible organisation from funds outwith the partnership budget.

Recommendation

It is recommended that the Health & Social Care Integration Joint Board **note** 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 | **2015/16** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	Summary Financial Commentary
Joint Learning Disability Service	**14,488**	**3,081**	**3,158**	**(77)**	**14,423**	**14,423**	**(2)**	**101**	
Residential Care	1,492	348	427	(79)	1,492	1,548	(56)	0	
SBC Carers	2,065	525	663	(138)	2,053	2,051			
Homecare	667	373	248	125	1,728	1,750	(22)	0	
Day Care	791	124	173	(49)	632	628	4	74	
Community Based Services	8,181	1,396	1,351	45	7,200	7,065	135	0	
Respite	200	42	43	(1)	200	242	(42)	0	
Same as You	0	0	253	(253)	0	0	0	0	
Other	1,092	273		273	1,118	1,139	(21)	27	
Joint Mental Health Service	**1,988**	**310**	**418**	**(108)**	**1,954**	**2,052**	**(98)**	**23**	
Residential Care	21	0	0	0	0	0	0	0	
Homecare	227	42	27	15	202	228	(26)	0	
Day Care	182	44	39	5	182	182	0	5	Increaed demand for a
Community Based Services	835	48	105	(57)	742	779	(37)	3	number of services due to
Respite	15	4	29	(25)	15	41	(26)	0	higher than budgeted client
SDS	44	23	35	(12)	111	118	(7)	0	numbers
Choose Life	69	11	9	2	69	69	0	1	
Mental Health Team	595	138	174	(36)	633	635	(2)	14	
Joint Alcohol and Drug Service	**197**	**63**	**49**	**14**	**197**	**147**	**50**	**4**	
D & A Commissioned Services	177	35	14	21	177	128	49	0	
D & A Team	20	28	35	(7)	20	19	1	4	
Older People Service	**23,668**	**4,927**	**4,886**	**41**	**24,140**	**23,971**	**169**	**484**	Pressures attributable to
Residential Care	5,557	892	1,165	(273)	6,241	6,428	(187)	176	additional homecare hours
Homecare	8,107	1,916	2,249	(333)	7,857	7,820	37	248	being commissioned and
Day Care	198	30	4	26	210	208	2	24	budget offset by demographic
Community Based Services	1,018	245	294	(49)	1,167	1,445	(278)	0	investment within other. This
Extra Care Housing	6,792	1,767	2,425	(658)	7,448	7,535	(87)	30	budget will be realigned from
Housing with Care	283	102	33	69	409	410	(1)	0	Mth 4. The projected
Dementia Services	0	0	0	0			0	7	pressure has significantly
Delayed Discharge	267	14	130	(116)	267	267	0	0	reduced since last month due
Other	1,446	(39)	(1414)	1375	541	(142)	683		to profiled delivery of Financial
Change Fund				0			0	0	Plan savings together with a reduction in homecare hours through review of packages
Physical Disability Service	**3,250**	**811**	**920**	**(109)**	**3,087**	**3,316**	**(229)**	**5**	
Residential Care	503	118	103	15	503	372	131	0	Continued pressure within
Homecare	1,801	414	417	(3)	1,640	1,660	(20)	0	Community based services
Day Care	192	49	65	(16)	194	194	0	5	due to demand although due
Community Based Services	682	212	311	(99)	678	1,018	(340)	0	to reduction in client numbers
Other	72	18	24	(6)	72	72	0	0	the outturn position is

MONTHLY REVENUE MANAGEMENT REPORT								
Joint Health and Social Care Budget -SBC		2015/16			AT END OF MTH:	June		
								reducing

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget -SBC | **2015/16** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	Summary Financial Commentary
Generic Services	**3,977**	**946**	**889**	**57**	**4,103**	**4,139**	**(36)**	**101**	
Community Hospitals	0			0			0	0	
GP Prescribing	0			0			0	0	
AHP Services	0			0			0	0	
General Medical Services	0			0			0	0	
Community Nursing	0			0			0	0	
Assesment and Care Management	238	60	77	(17)	298	292	6	8	
Group Managers	263	52	60	(8)	204	228	(24)	3	
Service Managers	160	2	1	1	4	1	3	3	
Planning Team	247	63	53	10	247	213	34	5	
Locality Offices	2,636	725	655	70	2,607	2,506	101	61	Savings targets allocated to
SB Carers	471	153	263	(110)	471	468	3		locality teams now on track
BAES									
Duty Hub	51	0	0	0	0	0	0	5	
Extra Care Housing	0	0	0	0	0	0	0	0	
Joint Health Improvement	56	14	1	13	56	54	2	0	
Respite	42	3	1	2	10	7	3	0	
SDS	96	(60)	(118)	58	46	96	-50	0	Increased SDS clients
OT	58	15	14	1	58	57	1	1	
Grants to Voluntary	43	11	8	3	43	34	9	0	
Out of Hours	110	20	0	20	119	119	0	0	
Community Based Services	7	1	9	(8)	6	36	(30)		
Sexual Health				0			0	0	
Public dental Services	0			0			0	0	
Community Pharmacy Services	0			0			0	0	
Continence Services	0			0			0	0	
Smoking Cessation	0			0			0	0	
Primary & Community Management									
Health Promotion									
Opthalmic Services									
Patient Transport	0			0			0	0	
Accomodation Costs	0			0			0	0	
Resource Transfer	0			0			0	0	
Other	(501)	(113)	(135)	22	(66)	28	(94)	5	Aggregate of savings across a number of budgets
Total	**47,568**	**10,138**	**10,320**	**(182)**	**47,904**	**48,048**	**(146)**	**718**	
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** | **2015/16** | **AT END OF MTH:** **June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	**3,585**	**895**	**815**	**80**	**3,585**	**3,585**	**0**	**21**	**18**	**18**	
Residential Care	2,689	672	609	63	2,689	2,689	0	0	0	0	Fluctuating demand for assessment & treatment
SBC Carers											
Homecare				0			0	0	0	0	
Day Care				0			0	0	0	0	
Community Based Services				0			0	0	0	0	
Respite				0			0	0	0	0	
Same as You				0			0	0	0	0	Staffing vacancies
Other	896	223	206	17	896	896	0	21	18	18	
Joint Mental Health Service	**13,807**	**3,405**	**3,380**	**25**	**13,854**	**13,854**	**0**	**314**	**305**	**309**	Staffing vacancies
Residential Care	0	0	0	0	0	0	0	0	0	0	
Homecare	0	0	0	0	0	0	0	0	0	0	
Day Care	0	0	0	0	0	0	0	0	0	0	
Community Based Services	0	0	0	0	0	0	0	0	0	0	
Respite	0	0	0	0	0	0	0	0	0	0	
SDS	0	0	0	0	0	0	0	0	0	0	
Choose Life	0	0	0	0	0	0	0	0	0	0	
Mental Health Team	13,807	3,405	3,380	25	13,854	13,854	0	314	305	309	
Joint Alcohol and Drug Service	**879**	**155**	**155**	**0**	**879**	**879**	**0**	**3**	**3**	**3**	BAS reported under mental health
D & A Commissioned Services	768	123	123	0	768	768	0	0	0	0	
D & A Team	111	32	32	0	111	111	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** **2015/16** **AT END OF MTH:** **June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Generic Services	**70,435**	**16,819**	**16,712**	**107**	**70,332**	**70,332**	**0**	**495**	**495**	**489**	
Community Hospitals	4,593	1,146	1,140	6	4,587	4,587	0	122	125	128	
GP Prescribing	21,349	5,108	5,185	(77)	21,349	21,656	(307)	0	0	0	Risk around price increases and robustness of prediction due to limited information available
AHP Services	5,445	1,364	1,354	10	5,445	5,445	0	146	134	131	
General Medical Services	16,132	4,017	4,017	0	16,132	16,132	0	4	4	4	
Community Nursing ex HV/SN	4,232	1,048	1,042	6	4,232	4,232	0	105	101	102	
Assesment and Care Management				0			0	0	0	0	
Group Managers	0			0			0	0	0	0	
Service Managers	0			0			0	0	0	0	
Planning Team	0			0			0	0	0	0	
Locality Offices	0			0			0	0	0	0	
SB Carers											
BAES	246	61	64	(3)	246	246	0	0	0	0	
Duty Hub				0			0	0	0	0	
Extra Care Housing	0			0			0	0	0	0	
Joint Health Improvement	0			0			0	0	0	0	
Respite	0			0			0	0	0	0	
SDS	0			0			0	0	0	0	
OT	0			0			0	0	0	0	
Grants to Voluntary	0			0			0	0	0	0	
Out of Hours	0			0			0	0	0	0	
Community Based Services	0										
Sexual Health	599	149	145	4	599	599	0	7	6	6	
Public dental Services	3,992	946	836	110	3,654	3,404	250	80	82	82	Allocation now confirmed
Community Pharmacy Services	3,856	1,020	1,020	0	3,991	3,991	0	0	0	0	
Continence Services	435	111	121	(10)	435	435	0	3	3	3	
Smoking Cessation	255	64	40	24	255	231	24	4	4	3	Reduction in number of patients
Primary & Community Management	1,617	389	362	27	1,717	1,684	33	16	23	19	Vacant post pending review
Health Promotion	508	102	94	8	500	500	0	8	12	11	
Opthalmic Services	1,605	425	425	0	1,605	1,605	0				
Patient Transport				0			0	0	0	0	
Accomodation Costs	878	228	234	(6)	892	892	0	0	0	0	
Resource Transfer	2,563	641	633	8	2,563	2,563	0	0	0	0	
Other	2,130			0	2,130	2,130	0	0	0	0	
Total	**88,706**	**21,274**	**21,062**	**212**	**88,650**	**88,650**	**0**	**833**	**821**	**819**	
Financed By:											

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget	NHS	2015/16	AT END OF MTH:	June						
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 | **2015/16** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	**18,073**	**3,976**	**3,973**	**3**	**18,008**	**18,008**	**(2)**	**122**	**18**	**18**	
Residential Care	4,181	1,020	1,036	(16)	4,181	4,237	(56)	0	0	0	
SBC Carers	2,065	525	663	(138)	2,053	2,051	0	0	0	0	
Homecare	667	373	248	125	1,728	1,750	(22)	0	0	0	
Day Care	791	124	173	(49)	632	628	4	74	0	0	
Community Based Services	8,181	1,396	1,351	45	7,200	7,065	135	0	0	0	
Respite	200	42	43	(1)	200	242	(42)	0	0	0	
Same as You	0	0	253	(253)	0	0	0	0	0	0	
Other	1,988	496	206	290	2,014	2,035	(21)	49	18	18	
Joint Mental Health Service	**15,795**	**3715**	**3798**	**(83)**	**15808**	**15906**	**(98)**	**336**	**305**	**309**	
Residential Care	21	0	0	0	0	0	0	0	0	0	
Homecare	227	42	27	15	202	228	(26)	0	0	0	
Day Care	182	44	39	5	182	182	0	5	0	0	
Community Based Services	835	48	105	(57)	742	779	(37)	3	0	0	
Respite	15	4	29	(25)	15	41	(26)	0	0	0	
SDS	44	23	35	(12)	111	118	(7)	0	0	0	
Choose Life	69	11	9	2	69	69	0	1	0	0	
Mental Health Team	14,402	3543	3554	(11)	14487	14489	(2)	327	305	309	
Joint Alcohol and Drug Service	**1,076**	**218**	**204**	**14**	**1076**	**1026**	**50**	**7**	**3**	**3**	Budget has been transferred
D & A Commissioned Services	945	158	137	21	945	896	49	0	0	0	to Mental Health for BAS
D & A Team	131	60	67	(7)	131	130	1	7	3	3	since base was set
Older People Service	**23,668**	**4927**	**4886**	**41**	**24140**	**23971**	**169**	**484**	**0**	**0**	
Residential Care	5,557	892	1,165	(273)	6,241	6,428	(187)	176	0	0	
Homecare	8,107	1,916	2,249	(333)	7,857	7,820	37	248	0	0	
Day Care	198	30	4	26	210	208	2	24	0	0	
Community Based Services	1,018	245	294	(49)	1,167	1,445	(278)	0	0	0	
Extra Care Housing	6,792	1,767	2,425	(658)	7,448	7,535	(87)	30	0	0	
Housing with Care	283	102	33	69	409	410	(1)	0	0	0	
Dementia Services	0	0	0	0	0	0	0	7	0	0	
Delayed Discharge	267	14	130	(116)	267	267	0	0	0	0	
Other	1,446	(39)	(1414)	1375	541	(142)	683	0	0	0	
Change Fund	0	0	0	0	0	0	0	0	0	0	
Physical Disability Service	**3,250**	**811**	**920**	**(109)**	**3,087**	**3,316**	**(229)**	**5**	**0**	**0**	
Residential Care	503	118	103	15	503	372	131	0	0	0	
Homecare	1,801	414	417	(3)	1,640	1,660	(20)	0	0	0	
Day Care	192	49	65	(16)	194	194	0	5	0	0	
Community Based Services	682	212	311	(99)	678	1,018	(340)	0	0	0	
Other	72	18	24	(6)	72	72	0	0	0	0	

MONTHLY REVENUE MANAGEMENT REPORT

Joint Health and Social Care Budget | **2015/16** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Generic Services	**74,412**	**17,765**	**17,601**	**164**	**74,435**	**74,471**	**(36)**	**586**	**495**	**489**	
Community Hospitals	4,593	1,146	1,140	6	4,587	4,587	0	122	125	128	
GP Prescribing	21,349	5,108	5,185	(77)	21,349	21,656	(307)	0	0	0	Risk area for the partnership due to price volitility and currently little information
AHP Services	5,445	1,364	1,354	10	5,445	5,445	0	146	134	131	
General Medical Services	16,132	4,017	4,017	0	16,132	16,132	0	4	4	4	
Community Nursing	4,232	1,048	1,042	6	4,232	4,232	0	105	101	102	
Assesment and Care Management	238	60	77	(17)	298	292	6	8	0	0	
Group Managers	263	52	60	(8)	204	228	(24)	3	0	0	
Service Managers	160	2	1	1	4	1	3	3	0	0	
Planning Team	247	63	53	10	247	213	34	5	0	0	
Locality Offices	2,636	725	655	70	2,607	2,506	101	61	0	0	
SB Carers	471	153	263	(110)	471	468	3	0	0	0	
BAES	246	61	64	(3)	246	246	0	0	0	0	
Duty Hub	51	0	0	0	0	0	0	5	0	0	
Extra Care Housing	0	0	0	0	0	0	0	0	0	0	
Joint Health Improvement	56	14	1	13	56	54	2	0	0	0	
Respite	42	3	1	2	10	7	3	0	0	0	
SDS	96	-60	-118	58	46	96	(50)	0	0	0	
OT	58	15	14	1	58	57	1	1	0	0	
Grants to Voluntary	43	11	8	3	43	34	9	0	0	0	
Out of Hours	110	20	0	20	119	119	0	0	0	0	
Community Based Services	7	1	9	-8	6	36	-30	0	0	0	
Sexual Health	599	149	145	4	599	599	0	7	6	6	
Public dental Services	3,992	946	836	110	3,654	3,404	250	80	82	82	
Community Pharmacy Services	3,856	1,020	1,020	0	3,991	3,991	0	0	0	0	
Continence Services	435	111	121	(10)	435	435	0	3	3	3	
Smoking Cessation	255	64	40	24	255	231	24	4	4	3	
Primary & Community Management	1,617	389	362	27	1,717	1,684	33	16	23	19	
Health Promotion	508	102	94	8	500	500	0	8	12	11	
Opthalmic Services	1,605	425	425	0	1,605	1,605	0	0	0	0	
Patient Transport	0	0	0	0	0	0	0	0	0	0	
Accomodation Costs	878	228	234	(6)	892	892	0	0	0	0	
Resource Transfer	2,563	641	633	8	2,563	2,563	0	0	0	0	
Other	1,629	(113)	(135)	22	2,064	2,158	(94)	5	0	0	
	0						0				
Total	**136,274**	**31,412**	**31,382**	**30**	**136,554**	**136,698**	**(146)**	**1540**	**821**	**819**	
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 | **2015/16** | **AT END OF MTH: June**

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	**18,073**	**3,976**	**3,973**	**3**	**18,008**	**18,008**	**(2)**	**122**	**18**	**18**	Staff vacancies and review and management of care packages a have created underspend
Joint Mental Health Service	**15,795**	**3,715**	**3,798**	**(83)**	**15,808**	**15,906**	**(98)**	**336**	**305**	**309**	Increasing demand on SBC mental health services cannot be contained in exsisting resources
Joint Alcohol and Drug Service	**1,076**	**218**	**204**	**14**	**1,076**	**1,026**	**50**	**7**	**3**	**3**	
Older People Service	**23,668**	**4,927**	**4,886**	**41**	**24,140**	**23,971**	**169**	**484**	**0**	**0**	
Physical Disability Service	**3,250**	**811**	**920**	**(109)**	**3,087**	**3,316**	**(229)**	**5**	**0**	**0**	Continuing pressure within community based services due to demand/ need
Generic Services	**74,412**	**17,765**	**17,601**	**164**	**74,435**	**74,471**	**(36)**	**586**	**495**	**489**	Risk continues around GP Precribing due to drug prices. Concern regarding the robustness of prediction due to insufficient information. Dental allocation has now been confirmed
Total	**136,274**	**31,412**	**31,382**	**30**	**136,554**	**136,698**	**(146)**	**1540**	**821**	**819**	
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**				2,015

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