

Public Document Pack

HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD MONDAY, 14TH DECEMBER, 2015

A MEETING of the HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD will be held in the BOARD ROOM, NEWSTEAD on MONDAY, 14 DECEMBER 2015 at 2.00 pm

AGENDA		
1.	ANNOUNCEMENTS AND APOLOGIES	1 min
2.	DECLARATIONS OF INTEREST	
3.	MINUTES OF PREVIOUS MEETING (Pages 1 - 6) Monday 12 October 2015	3 mins
4.	MATTERS ARISING (Pages 7 - 10) Action Tracker	5 mins
5.	STRATEGIC	
	5.1 Update on the consultation on the Draft Strategic Plan for Health and Social Care Verbal update by Director of Strategy	5 mins
	5.2 Organisational Development Plan (Pages 11 - 26) Director of Workforce & Planning, Chief Officer HR	10 mins
	5.3 Update on Scottish Borders Dementia Strategy (Pages 27 - 32) Jane Douglas, Principal Assistant SC&H	20 mins
6.	GOVERNANCE	
	6.1 Health & Social Care Integration Programme: End of Phase 1 Report (Pages 33 - 40) Programme Manager	5 mins
	6.2 Chief Officer Report	10 mins
	6.3 Health & Social Care Integration Joint Board Business Cycle 2016 (Pages 41 - 44) Chief Officer	5 mins
	6.4 Integrated Joint Board Governance - Draft Financial Regulations (Pages 45 - 48)	15 mins

	Chief Financial Officer, Director of Finance	
7.	FINANCE	
	7.1 Monitoring of the Integration Joint Budget 2015/16 (Pages 49 - 54) Director of Finance/Chief Financial Officer	15 mins
	7.2 Integrated Care Plan Update (Pages 55 - 58) Chief Officer	15 mins
8.	FOR INFORMATION	
	8.1 Committee Minutes (Pages 59 - 66) Chief Officer	5 mins
9.	ANY OTHER BUSINESS	
	9.1 Development Session: Wednesday 20 January 2016, 9.30 am, Tweed Horizons Chief Officer – Verbal update	
10.	DATE AND TIME OF NEXT MEETING Monday 1 February 2016 at 2.00 pm in Committee Room 2, Scottish Borders Council	

Please direct any enquiries to Iris Bishop, NHS Board Secretary
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Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 12 October 2015 at 2.00pm in the Council Chamber, Scottish Borders Council

Present:

Cllr F Renton	Mrs P Alexander (Chair)
Cllr J Mitchell	Mr D Davidson
Cllr J Torrance	Dr S Mather
	Mrs K Hamilton

In Attendance:

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

1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Mr John Raine, Cllr David Parker, Mrs Fiona Morrison, Dr Sheena MacDonald, Mr Alasdair Pattinson and Mr John McLaren.

The Chair confirmed the meeting was quorate.

The Chair welcomed various attendees to the meeting including Mr Bob Howarth, Ms Sandra Pratt and Dr Angus McVean.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

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

The **HEALTH AND 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 Joint Board held on 10 August 2015 were approved.

4. Matters Arising

- 4.1 Minute 7: Interim Standing Orders:** Miss Iris Bishop to reissue the revised Standing Orders.
- 4.2 Minute 15: Chief Financial Officer Update:** Mr David Robertson advised of progress reporting that a Job Description had been agreed and advertisement was expected to take place in the next two weeks.
- 4.3 Action Tracker Minute 9: Children's Services:** Mrs Elaine Torrence confirmed that the new arrangements for Children and Young Peoples services to report to the Community Planning Partnership had been agreed. She undertook to circulate the paper to Health & Social Care Integration Joint Board members for information.

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

5. Consultation on the Draft Strategic Plan for Health & Social Care

Dr Eric Baijal introduced the revised draft strategic plan and advised that approval was sought from the Health & Social Care Integration Joint Board to consult on the revised version of the Strategic Plan for Health and Social Care Integration.

Mrs Susan Manion recorded her thanks to all those involved in the formulation of the plan particularly Mr James Lamb and Ms Carin Petterson.

Mrs Evelyn Rodger enquired in regard to how we would be looking to achieve the new standard of discharges over 72 Hours. Mrs Susan Manion commented that it would sit within the context of the performance framework. It was noted that an update on delayed discharges would be given at a future meeting.

Mrs Karen Hamilton noted a grammatical change required on page 19.

Mr David Roberson suggested revising the wording at the bottom of page 15 to "recognising patterns of inequality and deprivation".

Mrs Jenny Miller suggested the inclusion of further detail on how anticipatory care planning was measured on page 23.

The Chair on behalf of the Health & Social Care Integration Joint Board, thanked all involved in the formulation of the final document.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the draft Strategic Plan "Changing Health and Social Care for you – a further conversation" for public consultation, subject to any further revision required.

6. Integrated Care Fund Progress Report

Mr Bob Howarth updated the Health & Social Care Integration Joint Board members on the progress of allocating funds from the Integrated Care Fund. He highlighted that the key areas that had been looked at in regard to the Integrated Care Fund plan had been consolidated within the strategic planning work in order to strengthen assessment processes and ensure robust strategic and financial allocation.

Mrs Sandra Pratt briefed the Health & Social Care Integration Joint Board members on progress with the Eildon proposal. She advised that a stakeholder meeting was being held on 29 October 2015 to bring together people from the locality including community and acute staff to help shape the model in terms of how workable and manageable it might be and to refine the submission to Integrated Care Fund.

Dr Angus McVean suggested the GP community may have significant concerns about the Eildon project, that it had been developed at a strategic level and that it lacked in input from primary care providers. He welcomed the stakeholder session on 29 October 2015 and the input of GPs to that session.

Mrs Susan Manion reiterated that the Eildon project was an outline plan with the intent to demonstrate progress. She welcomed the input of GPs to the engagement process

Mrs Pratt confirmed that the project was a concept for primary care and acute to explore and agree. An outline had been submitted to the Integrated Care Fund in order to advise them that as the project developed and progressed, resources would be sought. The locality would be the driving force behind the project taking into account the potential impacts on both acute and primary care services through testing the model to see if it was appropriate and workable. She advised that all GP Practices in the locality area had been contacted and all but two had given feedback. The GP Practices were keen to participate and engage on the project.

Dr McVean advised that he was now assured that GP input was taking place, however he would have preferred the GP Local Negotiating Committee (LNC) to have been engaged with at an earlier stage.

The Chair commented that the Health & Social Care Integration Joint Board recognized it was important to ensure GPs and all stakeholders were engaged with on all the initiatives that would be developed, tested and established.

Cllr Jim Torrance was surprised to hear Dr McVean's comments given that Dr Jonathan Kirk and Dr Sheena MacDonald had spoken of the proposed project at various meetings. He further commented that potentially with the success of such a project community hospital beds might be reduced.

Mr David Davidson commented that good engagement with all stakeholders on any project or service change was a key factor of good governance. If a bid were submitted to the Health & Social Care Integration Joint Board to consider, it would wish to be assured that the bid was worthwhile, achieved outcomes and that the background to it was fully understood.

Cllr John Mitchell enquired if the project would lead to the replacement of Viewfield, which had closed when the Borders General Hospital had opened. He further enquired if the £2.13m was for each year or just the first year. Mrs Carol Gillie confirmed that the £2.13m funding was expected for the current year and the following 2 years. She confirmed that there was absolutely no intention to open a replacement for Viewfield as a cottage hospital.

Dr Stephen Mather commented that healthcare could not stay static and any proposals that assisted in looking at different ways of delivering healthcare to the benefit of the population should be applauded. He further welcomed the interesting point raised by Cllr Torrance that the success of the project could lead to the consequences of capacity across the system.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and in so doing supported the work undertaken to date.

7. Programme Highlight Report

Mr James Lamb provided an outline update on progress on the delivery of the Integration Programme and advised that the project work was now moving to conclusion as the programme moved into the implementation stage. He focused on several key points including; publication and engagement on the strategic plan; producing an end of programme report; and lessons learned. A full end of phase one report would be submitted to the next meeting.

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

8. Integration Scheme Update

Mrs Susan Manion updated the Health & Social Care Integration Joint Board members on the current status of the draft Scheme of Integration. She advised that a further revised version had been produced taking into account further legislation and guidance that had been received since March 2015. A second draft was due to be submitted to the Scottish Governance for review by the end of October 2015.

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

Cllr John Mitchell and Cllr Jim Torrance left the meeting.

9. Communications Update

Ms Carin Petterson updated the Health & Social Care Integration Joint Board members on progress made in regard to the next newsletter for staff (tabled). It was intended to publish it more frequently and it was available on line and being distributed through email lists. Some hard copies had been printed and would be distributed through the Strategic Planning Group networks to GP practices, care homes. etc.

Mrs Karen Hamilton suggested quantifying what was required in terms of hard copies to ensure good budgeting. It was confirmed that there were enough available resources for hard copy publications to be produced.

Cllr John Mitchell and Cllr Jim Torrance returned to the meeting.

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

10. Monitoring of the Integration Joint Budget 2015/16

Mrs Carol Gillie presented the exception report on the integration joint budget to the end of August 2015. She highlighted several points including: the budget for domestic abuse was still being identified; the budget for 15/16 was on an aligned basis; the projected year end position was an overspend of £388k linked to overspends on GP prescribing and dental services. The financial pressure on GP prescribing was linked to certain drugs being in short supply globally. The NHS had put in place contingency funds to support the overspend. She further reported a breakeven outturn in adult services despite a number of pressures as detailed within the report. As a result of remedial actions and Scottish Borders Council Executive having approved a virament of £300k to support some of the pressures the position was projected to breakeven.

Dr Stephen Mather enquired what would happen when the drugs budget outstripped any contingency funding and the year end position was an overspend? Mrs Gillie confirmed that both she and Mr David Robertson had continually tried to highlight how challenging the financial position would be. She commented that the draft Scheme of Integration was clear that in dealing with financial pressures the Health & Social Care Integration Joint Board would be expected to discuss what actions it could take to bring the budget back into line.

Mr Robertson commented that the mechanisms to deal with adverse variances at the year end had not yet been agreed.

Mrs Tracy Logan commented that the whole purpose of the Health & Social Care Integration Joint Board was to improve the outcomes for the population by driving performance of the delivery of the delegated functions in a more efficient and effective way, whilst recognizing that it was the duty of all partners to deliver as much as possible in order to fund the growth if nothing else.

The Chair enquired if contingency funding would be put in place to deal with an overspend in the future. Mrs Gillie advised that the due diligence process was being worked through which would provide assurance on how contingency funding might be provided in the future. Mr Robertson advised that at Scottish Borders Council brokerage mechanisms were in place for accessing Council reserves as opposed to contingency funding and Mrs Gillie confirmed that brokerage mechanisms were not available to the NHS.

Further discussion focused on: contractors costs; non funding of drugs centrally; future delivery of more effective and efficient redesigned services; carers costs; due diligence and budget assumptions.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and projected year end overspend of £388k.

11. NHS Borders Winter Plan 2015/16

Mrs Susan Manion highlighted the NHS Borders Winter Plan 2015/16 to the Health & Social Care Integration Joint Board members for their information, she tabled a revised cover sheet.

During discussion several key areas were raised including: working collectively across both social care and health; impact of delayed discharges on acute and social care services; planning ahead with home care providers; availability of equipment from the Joint Ability Equipment Store; home carer recruitment difficulties; use of intermediate care and flex beds; 7 day delivery of services; and joint reporting on delayed discharges. In regard to performance it was noted a more defined report would be submitted to a future Health and Social Care Integration Joint Board in line with the performance framework.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the NHS Borders Winter Plan 2015/16.

12. Annual Report of the Chief Social Work Officer 2014/15

Mrs Elaine Torrance presented her Annual Report to the Health & Social Care Integration Joint Board members for their information.

Cllr Frances Renton also highlighted the progress made in regard to inspections of care homes and adult protection.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and section 12 key challenges.

13. Any Other Business

There was none.

14. 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 14 December 2015 at 2.00pm in the Council Chamber, Scottish Borders Council.


The meeting concluded at 3.55pm.



Integration Shadow Board Action Point Tracker


Meeting held 9 March 2015

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

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
9	The HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD agreed to receive a diagram on the governance routes for children's services showing the future position.	Jane Davidson/ Elaine Torrance	September	Complete: Updated provided to H&SC IJB held on 12.10.15	

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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	Complete: ICF six monthly report scheduled for 14.12.15 H&SC IJB.	

Agenda Item 4


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	Complete: OD Plan scheduled for 14.12.15 H&SC IJB.	

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 as part of the Commissioning discussion scheduled for the 20 January 2016 H&SC IJB Development Session.	

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

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ORGANISATIONAL DEVELOPMENT PLAN

Aim

- 1.1 To provide an update to Integrated Joint Board members on the further development of the Organisational Development (OD) Plan and its associated activities.

Background

- 2.1 A high level OD plan was presented to the Integrated Joint Board (IJB) earlier this year. This was to be a working document which would be subject to ongoing refinement as development of the Strategic Plan progressed.
- 2.2 Representatives from the Workforce Development Group have worked closely with the Chief Officer and other colleagues to further develop the plan, which has been informed by the Scottish Government guidance on OD development interventions which support IJB members and Senior Management teams involved in integration.
- 2.3 The OD plan remains a working document and as such is regularly reviewed and updated. The latest copy of the OD plan is attached for information.
- 2.4 Whilst this OD plan has been designed around the development needs of the IJB and others closely related to IJB activities local / service specific OD plans will be developed as required moving forward, which can be shared with the IJB for information in due course.
- 2.5 In addition, a Workforce Planning Framework will be brought to the IJB by the end of the financial year.

Summary

- 3.1 Integrated Joint Boards are required to receive an Organisational Development Plan to support the integration of health and social care services by the end of March 2016.
- 3.2 The latest version of the Borders OD plan is attached for information.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the updated Organisational Development Plan.

Policy/Strategy Implications	N/A
Consultation	Representatives from the Workforce Development Group
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	Yes
Resource/Staffing Implications	External expertise and capacity to be sourced as appropriate as well as using internal resources wherever possible.

Approved by

Name	Designation	Name	Designation
June Smyth	Director of Workforce & Planning	Clair Hepburn	Chief Officer HR

Author(s)

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



**Integrated Joint Board
Organisational Development Plan
2015/16 – 2016/17**

As at November 2015

Introduction

The integration of health and social care is one of main policies of the Scottish Government's ambitious programme of public sector reform. It embodies the recommendations of the Christie Commission in that it aims to improve outcomes for those who use health and social care services by requiring those services to integrate. The Public Bodies (Joint Working) (Scotland) Act 2014 came into force on 1 April 2014 which provides the legislative framework for the integration of health and social care in Scotland.

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

Within Scottish Borders a Strategic Plan for 2016-2019 is currently out for consultation, with the finalised plan being due for formal agreement by the Integrated Joint Board by the end of March 2016. The Plan sets set out how the Partnership is planning to improve health and well-being in the Borders through integrating health and social care services.

The Strategic Plan highlights that through strong leadership, innovative thinking, robust planning and by putting the views of patients, service users and carers at the heart of all that we do the Partnership can achieve its ambition of "Best Health, Best Care, Best Value" for our communities. Strong and effective relations will continue to develop between Scottish Borders Council and NHS Borders, colleagues in the Third and Independent sectors and with other key partner organisations. The aim is to plan, commission and deliver services in a way that puts people at the heart of decision making.

To support delivery of these aims, this Organisational Development (OD) plan sets out a framework for the provision OD support to leaders across the Partnership involved in the Integrated Joint Board (IJB), The Strategic Planning Group and Health and Social Care Management Team through targeted OD support and interventions.

The plan has been informed by Scottish Government guidance on OD development interventions which support the IJB and Senior Management teams involved in integration. The pack is intended to be flexible to meet the needs of individual partnerships. Included in the appendix of the plan are some sample materials from the toolkit which may help inform individual members thinking regarding development needs as the plan is discussed and refined.

The plan builds on activities and interventions that have already taken place with the shadow board during 2014/15 and sits alongside other related plans that have been developed through the Integration workstreams. This is not an exhaustive plan and will be added to as required in the months ahead.

The plan will be subject to regular monitoring and review through the Workforce Development Group.

Organisational Development Plan – Integrated Joint Board

Integrated Joint Board (IJB)					
Objective	Projected Output	Method	Progress	Owner	Timescale
Page 15	<p>Mapping the Partnership</p> <p>To highlight where the key relationships are between the Partnership and the other planning and delivery organisations that contribute to Health and Social care.</p> <p>To determine the level of collective agreement on the relationships and where organisations sit, discuss different perspectives and reach common perspective and understanding.</p>	As the partnership sits within a complex system with different relationships with other organisations, diagnostic exercise to explore what that this may mean to the IJB members through a diagnostic exercise.	<p>Currently underway. All Council Members of IJB have now met with the consultant undertaking the diagnostic exercise.</p> <p>Plans in place to meet with the Non Executive Director members of the IJB.</p>	Susan Manion (with external support from George Hunter from the Joint Improvement Team)	<p>Diagnostic work to be completed by the end of November.</p> <p>Development sessions for the IJB to be reviewed and include targeted work in the development sessions from January 2016.</p>
	Integrated Joint Board – Role, Development and Support	Development session with external facilitator supporting the individual requirements and coaching support for the individual IJB members.	Complete by end of January 2015	Susan Manion (with external support from Jane Mudd)	To be reviewed by the end of May 2015 and assess ongoing support required.
	IJB awareness of the continued development of its OD plan.	Update presentation	Complete	Susan Manion	End of September 2015 (IJB development session held 23/09/15)
	<p>Principles of Health and Social Care Integration</p> <p>To help IJB members to consider how well they are embedding the principles of integration into practice.</p>	The IJB will discuss the diagnostic findings, considering the differences and similarities, reflect on what they might mean and	To commence once the initial diagnosis is complete and consideration as to the extension of this work to	Susan Manion (with external support from George Hunter and Jane Mudd)	2016/17

		identify opportunities for improvement. <i>Note, the specific activities and actions will be designed following the outputs from the diagnostic exercise outlined above).</i>	the non voting IJB members.		
	IJB members fully understand the Borders Scheme of Integration that will be submitted to Scottish Government to be laid before Parliament.	IJB Development Session focussing on key elements of the governance arrangements outlined in the Integration scheme.	Financial governance session one complete, further more detailed sessions will be planed for 2016 as required. The Scheme outlining the remaining governance arrangements will be presented in January and February.	Susan Manion	End of September 2015 (IJB development session held 23/09/15) Integration scheme January. Review of governance and any further requirements to be agreed by the end of May 2016.
Page 15 Decision Making Arrangements	All IJB members contribute to the board in the most effective way possible to achieve the outcomes that matter.	Promote reflection on decision making arrangements. Generate discussion and reflection on 'how' to work together, exploring different perspectives to enrich working together and to clarify methods of engagement in the decision making process. <i>Note, the specific activities and actions will be designed following the outputs from the diagnostic exercise outlined above).</i>	Will commence in January following the initial work with George Hunter.	Susan Manion (with external support from Jane Mudd)	By end of March 2016
	IJB members have a clear understanding of the financial monitoring and	Development session – discussion and presentation with worked	Complete	David Robertson and Carol Gillie	By end of May 2015 (IJB Development Session held 20/05/15)

	assurance requirements.	examples on dealing with significant challenges (e.g. Prescribing and Home Care)			
	IJB members understand the Clinical and Care Governance arrangements which are being put in place.	Development session – discussion and presentation on Clinical and Care Governance arrangements currently under discussion and design.	Complete	Evelyn Rogers, Elaine Torrance and Laura Jones	By end of Sept 2015 (IJB Development Session held 23/09/15)
	IJB members have a clear understanding of the staff governance requirements and arrangements in place	Development Session – discussion and presentation on Staff Governance arrangements including Joint Staff Forum	To be scheduled	June Smyth and Clair Hepburn	By end of March 2016
Leadership	Effective relationships within IJB members are established in order to deliver effective leadership, built on trust and honest relationships, whilst maintaining clarity of role and purpose. Skills required include collaborative and collective working, self awareness and astute governance. To include clinical leadership issues.	OD interventions will be designed based on the intelligence gathered from the diagnostics, to explore and acknowledge the complex leadership role as an IJB member and the need to operate within and across organisational cultures.. <i>Note, the specific activities and actions will be designed following the outputs from the diagnostic exercise outlined above).</i>	Tbc (will be dependent on output from diagnostic exercise above)	Susan Manion (with external support from Jane Mudd)	By end of March 2016
Building relationships	Build trust, communication and understanding between board members. Help the IJB discuss and reflect on how to develop	Promote focus on values and what is important in working together e.g. How to work with challenge, difference or	Tbc (will be dependent on output from diagnostic exercise above)	Susan Manion (with external support from Jane Mudd)	

	hand build effective relationships to deliver the vision and integration principles.	disagreement, how to seek support to continually develop and to recognise and celebrate success. <i>Note, the specific activities and actions will be designed following the outputs from the diagnostic exercise outlined above).</i>			
	IJB and Strategic Planning Group members develop a shared understanding of how the two groups can work together effectively.	Development Session	tbc	Susan Manion and Dr Eric Baijal	By end of March 2016
Outcomes Page 18	IJB members are comfortable about the difference between an outcome, input, output and process. Indicators being used to evidence the extent to which the Partnership is meeting the national outcome and agreed local priorities.	Through development session and discussion / agreement of strategic plan and performance framework.	Work completed through the development of the draft Strategic Plan with further work to follow on the performance framework. Early discussions underway led by Chief Officer regarding the performance framework for the IJB.		By end of March 2016
Working Localities Across	IJB members are aware of localities and locality needs across the Scottish Borders and have an understanding re what locality planning will involve.	Promote requirements and benefits of locality planning and how this will operate in practice within Scottish Borders	Structure of the localities and general approach agreed by the IJB in March 2015. Further work now being taken forward to agree a locality planning framework (including function).		By end of March 2016

	IJB members understand locality planning requirements	IJB Development Session – Localities and Strategic Plan update discussion and presentation	To be rescheduled (November session cancelled)	Dr Eric Bajjal and Elaine Torrance	End of March 2015
Strategic and Commissioning Plans	<p>IJB members understand the Strategic Plan and commissioning process that is required which will reflect the new way of working and ensures an outcomes approach to commissioning is implemented.</p> <p>IJB members are clear about what process will be followed if there are areas of disagreement about the strategic commissioning process or outcome.</p> <p>Where there are areas of disinvestment, the process for this and how to communicate the message to stakeholders is clarified.</p>	<p>Development session in conjunction with Strategic Planning Group?</p> <p>Encourage reflective questions and raise issues for consideration to support a discussion to explore how the values and principles of Health and Social Care Integration challenge traditional commissioning and planning, what impact will these have, what skills are needed to bring about positive change and outcomes.</p> <p>?Use of NES tool outlined earlier.</p>	Initial work to be considered by the Strategic Planning Board for discussion at IJB based on the commissioning and planning implementation plan	Dr Eric Bajjal and Susan Manion	By end of March 2016
	IJB members understand the planning process underpinning the development of the Strategic Plan and its various drafts including consultation and engagement exercises.	IJB Development Session – Strategic Plan update discussion and presentation	Complete	Dr Eric Bajjal	End of September 2015 (IJB development session 23/09/15)
	As above and also that IJB members link locality planning and a community	IJB Development Session – Localities and Strategic Plan update discussion	To be rescheduled (November session cancelled)	Dr Eric Bajjal and Elaine Torrance	End of January 2016

	capacity building approach.	and presentation			
Assessing Continuous Improvement.	The IJB will recognise what the Partnership is doing well. Themes for improvement will emerge in relation to what is required to change to improve effectiveness and the action required.	The IJB will receive reports from the Chief Officer with regards to key themes emerging as the Partnership evolves in relation to focus on service users, locality, resources and accountability, dynamics and Leadership.		Susan Manion (and Health & Social Care Management Team)	For IJB formal and development sessions during 2016/17

DRAFT

Organisational Development Plan – Strategic Planning Group

The Strategic Planning Group (SPG) is a legal requirement and a vehicle to deliver stakeholder engagement. It's role is to support the IJB in the cyclical development and finalising of the Plan and the continuing review of the progress in its delivery against the agreed national and local outcomes. By incorporating the SPG within the overall IJB development plan it ensures that Partnership Senior Management Teams (Service Directors and Heads of Service) and Partners from the Third Sector, Independent and Community Sectors are supported through the OD framework supporting Health and Social Care Integration with Scottish Borders.

Strategic Planning Group (SPG)					
Objective	Projected Output	Method	Progress	Owner	Timescale
Page 21 Understanding the Integration Agenda	Members understand the principles of integration and the arrangements being put in place locally through the development of a Scheme of Integration.	Through general discussion at SPG meetings ?is a session on scheme of integration required now that it is finalised?	Currently underway and aligned with the development work of the IJB	Dr Eric Baijal	By end of March 2016
	Build trust, communication and understanding between members of the SPG, to support effective relationships to deliver the vision and integration principles through the development of a local Strategic Plan and other supporting plans / reports etc.	Promote focus on values and what is important in working together e.g. How to work with challenge, difference or disagreement, how to seek support to continually develop and to recognise and celebrate success. Via discussions at SPG.		Dr Eric Baijal	By end of March 2016
		Revisit membership and function of SPG and supporting groups to ensure remain fit for purpose to deliver against requirements and expectations	Currently underway	Dr Eric Baijal	By end of March 2016
IJB and Strategic Planning Group members develop a	Development Session	tbc	Susan Manion and Dr Eric Baijal	By end of March 2016	

	shared understanding of how the two groups can work together effectively.				
Outcomes	SPG members are comfortable about the difference between an outcome, input, output and process. Indicators being used to evidence the extent to which the Partnership is meeting the national outcome and agreed local priorities.	Through development discussions at SPG ?	Early discussions underway led by Chief Officer regarding the performance framework for the IJB.	Dr Eric Bajjal	By end of March 2016
Assessing Continuous Improvement.	The SPG will recognise what the Partnership is doing well. Themes for improvement will emerge in relation to what is required to change to improve effectiveness and the action required.	Through review of performance reports and commissioning reports at SPG and analysis of key themes.	tbc	Susan Manion (and Health & Social Care Management Team)	?may be best placed for 2016/17?
Stakeholder Engagement	The SPG understands stakeholder engagement and ensures robust and active engagement and consultation in the development of the Strategic Plan and underpinning plans.	Through discussions at SPG	2015/16 engagement underway	Dr Eric Bajjal / Susan Manion	End of March 2016
Developing the role of the SPG and the managing transition	The transition to business as usual and governance arrangements are confirmed for the SPG and its members.	Finalise the role and remit of the SPG and annual requirements. Linked to the discussions with the IJB on the commissioning and implementation arrangements.	In progress	Dr Eric Bajjal	By end of March 2016

Organisational Development – Health & Social Care Management Team

The Health & Social Care Management Team involves the Chief Officer and direct reports. In recognition of the coming together of this new team and the key role the team will play in supporting the development of the Strategic Plan, its subsequent supporting local plans and responding to the commissioning plans the team has been included in the overall IJB development plan.

Health & Social Care Management Team					
Objective	Projected Output	Method	Progress	Owner	Timescale
Understanding the Integration Agenda, Scheme of Integration and requirements Page 25	Members understand the principles of integration and the arrangements being put in place locally through the development of a Scheme of Integration, and understand their role in the success of this locally.	Individual objective setting and team development sessions		Susan Manion (with support from Nicola Wilson)	End of March 2016
Relationships and Team Building	Improved team working and clarity of roles, expectations and decision making (tbc)	Team development session		Susan Manion (with support from Nicola Wilson)	Plan through 2016/17

Exact details for above section tbc by Susan / Nicola once early discussions have taken place

APPENDIX 1

The following information has been taken in their entirety from the Scottish Government O.D pack and provide some suggestions for further O.D interventions for personal/ group development.

PERSONAL DEVELOPMENT-This section is designed to help individual reflection on leadership style and role.

What do I bring? - Knowing what is important to you and how you communicate with others and listen to their ideas and perspectives is vital in developing your leadership role. The more attention is paid to the behaviours needed to fulfil the tasks you are asked to fulfil, the better you will be able to provide authentic leadership.

Questions to stimulate reflection	Reflection	Actions I may take as a result of reflection
What are my values?		
Would those around me recognise that I am living these values?		
What skills, knowledge, and attributes do I bring to the role?		
How do I operate when I'm at my best?		
What do I need to watch out for when under pressure or stressed?		
What or who inspires me?		
Who is supporting me in my leadership role?		
How does this differ from other roles/ positions I possess?		
What is different about how I need to operate?		

Useful tools and resources

Psychometric assessments	Individual developments	Board or group developments
360 degree feedback, Behavioural profiles e.g. MBTI, 16 PF, Insights, Disc	coaching, mentoring, eLearning on specific leadership qualities or technical skills (e.g. finance, data analysis, appreciative inquiry skills, critical thinking/systems thinking), creative thinking approaches, personal resilience, mindfulness, leadership exchanges, paired learning, action learning	Facilitated Board development workshops on group dynamics, Board dialogue on critical issues, locality visits to confirm realities and impact of decisions made regional or national networking events.
These can generally be accessed through: Organisational development leads in NHS or Local authorities	These can generally be accessed through: Organisational development leads in NHS or Local authorities. Coaching Collaborative via Workforce Scotland	These can generally be accessed through: Organisational development leads in NHS or Local authorities and National organisations

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What do other board members bring?

When considering the role and responsibility of the Board it's important to understand what other board members bring. Appreciating different perspectives and ideas is important and adds strength to a group and helps to them to develop ideas and work more comfortably with ambiguity and complexity. Much has been written in leadership and organisational development research about how groups function, the roles of group members and group processes. The majority of groups work best when there is a group environment where all members feel listened to, valued, are able to contribute to debate and discussion, where different opinions are aired and respect for members is a core aspect for how the group works. It is also important for groups to be able to identify where they may have gaps in their knowledge or skills and seek to continually improve and build on their ways of working.

Questions to stimulate reflection

Question	Reflection	Actions
How do I know what others bring?		
How do I ensure that I operate on facts and not assumptions		
How do I ensure that I value difference		
What do I value about partnership working?		
What is the difference between cooperation and collaboration – where are we?		
What annoys me about working in partnership? And what is in my ability to change?		
Is there shared and equal power amongst other board members?		
How do I know what other board members priorities are		
How will we make new members welcome		

PERSONAL ACTION PLAN

This section is for you as a board member to capture learning and insights and create a plan to build on these.

What are my key insights and learning from using this guide?	What are my next steps to develop myself in this role?	What support do I need to do this?



UPDATE ON SCOTTISH BORDERS DEMENTIA STRATEGY

Aim

- 1.1 To provide an update to the Health & Social Care Integration Joint Board on the Scottish Borders Dementia Strategy with an outline of the key priorities going forward 2016/2017

Background

- 2.1 Scottish Borders Dementia Strategy is a joint Strategy between NHS Borders and Scottish Borders Council, launched in 2010 in partnership with Alzheimer Scotland and BVCV.
- 2.2 The Dementia Strategic Partnership Group oversee the strategy and implementation plan.
 - 2.2.1 The main objectives for the strategy are:
 - Develop support for Carers and People with Dementia living in rural areas.
 - Develop palliative care specialist provision
 - Promote the development of dementia friendly communities
 - Ensure that People with Learning Disability with dementia access appropriate services
 - Ensure the needs of Younger People with Dementia and their Carers are identified and are able to access appropriate services
 - Ensure the needs of people from minority groups such as Alcohol Related Brain Disease, AIDS Related Dementia are able to access appropriate services specific to their needs
 - Ensure that the equality issues are addressed and identified and all groups are able to access appropriate services
 - Ensure that all services for care and support continue to be delivered by appropriately skilled staff
 - Progress the Integrated Care Pathway.
- 2.3 Since the implementation of this local strategy there have been further developments with the national strategy and the introduction of the Five Pillar and Post Diagnostic Support, and Commitment 10 and 11. These have been recognised by the Dementia Strategy Group.
- 2.4 Work has been undertaken to meet the objectives :

- 2.4.1 Major reduction in commitment of resources to hospital beds with service realignment releasing resources to provide effective community teams and an enhanced rural support network.
- 2.4.2 Redevelopment of the NHS dementia day services to focus increasingly on a rehabilitative approach.
- 2.4.3 Increased access to and delivery of Cognitive Stimulation Therapy as a mainstream option for people presenting with a new diagnosis of dementia.
- 2.4.4 Training models have been, and continue to be, developed to reach a wider audience.

- Skilled Practitioner in Dementia training is being delivered by Dementia Champions, a number of existing trainers and as a self-directed learning package supported by the Dementia Nurse Consultant. It is expected that alongside existing staff equipped at this level in Health and Social work we have a further 75 staff working to complete within three months.
- People have completed their MSc Dementia Studies and 1 person has completed their Diploma in Dementia Studies.
- Staff have completed Enhanced level practitioner training in Post diagnostic support and work is underway to support others to follow suit.
- The Dementia Training group is due to reconstitute in 2016 to take this suite of work forward.
- In the Borders we have 11 staff trained to deliver the NES training in Dealing with Stress and Distress: The Newcastle Model
- In addition a pilot project is due to commence in 2016 to deliver training in that Stress and Distress approach to up to 500 staff supported by a grant from the integrated Care Fund.
- SBC and NHS Borders are delivering Combined training with dementia being part of this (National Care Standards and Adult Protection form the other two parts). This has been rolled out to care homes within SBC locality with all care homes signing up. To date we have delivered to 14 out of the 20 homes – 359 ‘front line’ staff have undergone training.
- Borders Voluntary Community Voice are also delivering 2 day Skilled Practitioner sessions.

- 2.4.5 Raising awareness sessions, information and advertising with our partners Alzheimer Scotland.

- Sessions have been held in pop-up shops across the Borders.
- Multiple events engaging with influential local groups, (e.g. Rotary Clubs, Round Table organisations, Women’s institute etc)
- Forget Me Not ball was held in the Dryburgh Abbey Hotel and was well supported by local organisations and was a success both as an awareness raising and a fund raising event.

- 2.4.6 Development of Carers support groups

- 2.4.7 Development of Dementia Cafes *not just under our own service banner but one of our local churches has been running their own Dementia cafe for several months.*

- 2.4.8 Development of the Best Practice Network for dementia which has now been running for over five years.
- 2.4.9 The Hospital and Care Home Liaison team for Older Adults which supports people, provides clinical opinion, offers guidance on management and delivers training on Mental Health issues to the Community Hospitals and Care Home settings for older adults across the Scottish Borders.
- 2.4.10 Development of service specification to commission specialist dementia care for people with high level needs.
- 2.4.11 Tender for specialist service provision
- 2.4.12 Pilot for enhanced dementia team.
- 2.4.13 Promotion of early diagnosis through enhanced access clinics in several GP surgeries across a number of areas of the Borders.
- 2.4.14 Post diagnostic support, initially funded through RSCOP but has now been mainstreamed.
- 2.4.15 Recruitment of Dementia Nurse Consultant to take forward Commitment 10 in the Acute Sector and to support Commitment 11 and the embedding of Post Diagnostic support across the Mental Health services
- 2.4.16 Development of a Borders branch of the Scottish Dementia Working Group
- 2.4.17 Further development of the ICP
- 2.4.18 Further work is being scoped around developing a specialist team to support in reach nursing to enhance Care Home Liaison and Social Work.
- 2.4.19 Development of dementia diaries
- 2.5 With regard to the project around early diagnosis a Project Manager was recruited through Reshaping Care for Older People, with an aim to work with GP practices to raise awareness and improve diagnostic rates in the Borders. The results were not consistent in regard to seeing improvement across all practices.
- 2.6 A pilot model of early access to cognitive assessment led by the Consultant Psychologist for Old Age was modelled in Kelso surgery, commencing in 2012. The service was considered a considerable success and continues to run today. The MHOAS has evolved a number of clinics in GP surgeries since and continues to seek opportunities to develop this as a model of practice.
- 2.7 The enhanced dementia team was put in place in order to support people with high level needs because of their dementia to support them and their Carers to remain in the community or facilitate transition to other areas. While areas of success were most notable during periods of change for people with dementia, the team found it difficult to integrate with other teams already in place. There was some good work identified through this team but it was not consistent. They struggled to find a solid

role and remit within the existing services. Work is now underway to review the role of the team and redesign the team to meet the identified gaps in the community. The team sought to work across the artificial boundaries which sometimes exist between health and social work services and, it could be argued, was too far ahead of an integrated model for other services to engage effectively.

- 2.8 The strategy is currently under review and will be refreshed in order to meet the key priorities over the next five years. Areas for priority are:
- 2.8.1 Recruitment to the Scottish Dementia Working Group
 - 2.8.2 Development of Dementia friendly communities across the Borders
 - 2.8.3 Development of volunteers to support People with Dementia and their Carers
 - 2.8.4 Further development of the Care Home Liaison team with nursing in reach and Social Work
 - 2.8.5 Further work with providers to identify suitable accommodation for people with high level needs caused by their dementia
 - 2.8.6 Test a model of memory clinics in the Borders
 - 2.8.7 Review and assess impact of training
 - 2.8.8 Test areas of the ICP
 - 2.8.9 Assess the effectiveness of Post Diagnostic Support
 - 2.8.10 Continue to work with meeting Commitment 10 and 11
 - 2.8.11 Review and analyse impact of strategy objectives

Summary

- 3.1 The aim of the objective within joint dementia strategy is to improve care and support for People with Dementia. There is evidence that that a lot of work has been completed in order to meet the aims. However it is also clear that there are areas that require adjustment or further work. Another key area is to assess and evaluate effectiveness of the objective.
- 3.2 The review of the strategy is already in progress and an updated version of the Scottish Borders Dementia Strategy will be presented in April 2016

Recommendation

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

Policy/Strategy Implications	As detailed within the paper.
Consultation	As detailed within the paper.

Risk Assessment	As detailed within the paper.
Compliance with requirements on Equality and Diversity	As detailed within the paper.
Resource/Staffing Implications	As detailed within the paper.

Approved by

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

Author(s)

Name	Designation	Name	Designation
Jane E Douglas	Principal Assistant SC&H	Peter Lerpiniere	Dementia Nurse Consultant

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HEALTH & SOCIAL CARE INTEGRATION PROGRAMME **END OF PHASE 1 REPORT**

Aim

- 1.1 This report sets out a Position Statement for the Integration Programme as at mid-December 2015 and provides a handover to the new Programme Manager who will be co-ordinating the remaining implementation work
- 1.2 It provides a stock take on progress at a point in the programme where it is moving from a development programme to one focussed on implementing the new integration arrangements and the transition to “business as usual”.
- 1.3 It identifies the remaining actions which need to be taken in the first quarter of 2016 to ensure that arrangements are up and running by the national deadline of 1st April 2016 – as well as further actions beyond that date.

Background

- 2.1 In the development phase of the Programme, activity has focussed on the delivery of the Scheme of Integration and the Strategic Plan, both of which need to be in place by April 2016. The Scheme of Integration Start needs to be agreed, in advance of this, by Scottish Ministers.
- 2.2 Overall, work on these two documents began before legislation and associated statutory guidance were developed which has meant that the programme has progressed against a resolving and evolving national picture.
- 2.3 Now that the development phase of the programme is nearing an end, and as we move into the implementation phase, there is a need to revise the Programme arrangements.

Summary

- 3.1 The Programme was set up with six work streams. Two main groups, the Integration and Governance Group and the Strategic Planning Project Board lead on the development of the Scheme of Integration and the Strategic Plan respectively. Four other supporting work streams were established for Finance, Workforce Development, Information & Technology and Communications (internal and external).
- 3.2 The progress, key achievements and outstanding actions for each of the six work streams are set out in the report and the appendices.

3.3 The governance arrangements for the implementation phase are also summarised in the report and the appendices.

Recommendation

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

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

Approved by

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

Author(s)

Name	Designation	Name	Designation
James Lamb	Portfolio Manager	Sandra Campbell	Programme Manager

Work Stream	Outstanding Work	By When	Who
Integration & Governance Group	• Completion and sign-off of the Scheme of Integration		Iris Bishop
	○ Submission to Scottish Govt	TBC	Iris Bishop
	○ Agreed at IJB	14/12/15	Iris Bishop
	• Code of Corporate Governance		Iris Bishop
	○ Staff Governance Arrangements	01/02/16	WFD Group
	○ Clinical and Care Governance	01/02/16	K McNicoll, L Jones and E Torrance
	○ Standing Orders	01/02/16	Iris Bishop
	○ Financial Regulations	14/12/15	Finance Group
	○ Due Diligence	07/03/15	Finance Group
	○ Patient and Public Involvement – what is currently in place and what needs to be in place	01/02/16	June Smyth and Elaine Torrance
	• Risk Management Strategy	01/02/16	Susan Manion
	• Business Continuity	01/02/16	Susan Manion
	• Corporate Services Plan		
	○ Agree outline content and responsibilities for providing content	23/12/15	Susan Manion/Iris Bishop
○ Complete Corporate Services Plan	31/03/16	Susan Manion/Iris Bishop	

Work Stream	Outstanding Work	By When	Who
Workforce Development Group	• Staff Governance (see also Integration & Governance Group above)	31/03/16	Iris Bishop, June Smyth, Clair Hepburn
	• OD Plan – for IJB, EMT, H&SC Management Team and wider group of senior managers (for IJB on the 14th December)	07/12/15	June Smyth/ Clair Hepburn
	• OD Plan – for staff working in the Health & Social Care Partnership	TBC	June Smyth/ Clair Hepburn
	• Resolve and specify the ongoing support to the CO and H&SC Management Team (via Corporate Services Plan)	31/03/16	June Smyth/ Clair Hepburn
	• Workforce Plan aligned with Strategic Plan		
	○ Framework to go to IJB with the final Strategic Plan	01/02/16	June Smyth/ Clair Hepburn
	○ Finalised Workforce Plan to the IJB	31/10/16	June Smyth/ Clair Hepburn
	• Provide agreed content for the Corporate Services Plan (Health & Social Care Partnership)	31/03/16	June Smyth/ Clair Hepburn
	• Development Session with the IJB and SPG Members to develop a shared understanding of how the two groups can work together effectively.	TBC	June Smyth/ Clair Hepburn

NB – All papers for the IJB will need to be prepared 14 days in advance of the dates given here to enable appropriate review and to allow time for circulation.

Work Stream	Outstanding Work	By When	Who
Strategic Planning Board	• Publication of 2 nd Draft of the Strategic plan	23/10/15	Carin Pettersson
	• Locality Planning		
	○ IJB Development Session	11/11/15	Eric Baijal
	○ Develop a locality planning approach	23/12/15	Eric Baijal
	○ Stakeholder Workshop	29/01/16	Eric Baijal/ Alasdair Pattinson/Jane Douglas
	○ Development of locality plans for the 5 areas – and additional areas identified		Eric Baijal/ Alasdair Pattinson/Jane Douglas
	▪ Locality Workshops	29/04/16	Locality Co-ordinators Eric Baijal/ Alasdair
	▪ Draft Locality Plans	27/05/16	Pattinson/Jane Douglas
	▪ Consult & Engage on Drafts	29/07/16	
	▪ Finalise Drafts	30/09/16	
	▪ Implementation & Feeding Into Annual Commissioning Plan	From Oct 16	Eric Baijal
	• Finalising the Strategic Plan		
	○ Circulation of questions to SPB Members re required updates to plan	29/10/15	Julie Kidd
	○ Feedback from all SPB Members re the above	11/11/15	SPB Members
	○ SPB Members supply feedback from their staff Consultation/Engagement	11/12/15	SPB Members
	○ Stakeholder Consultation/Engagement ends	11/12/15	Carin Pettersson
	○ IJB Development session	14/12/15	Eric Baijal
	○ Final Draft	23/12/15	Julie Kidd
	○ IJB Development session	20/01/16	Eric Baijal
	○ Agreement of Content at IJB (NHS Board 18 th Feb & Council on 25 th Feb)	01/02/16	Eric Baijal
	○ Adjustments and Publishing	31/03/16	Julie Kidd
	• Drafting the Commissioning and Implementation Plan		
	○ Develop project plan	14/12/15	Sandra Campbell
	○ Agree roles and responsibilities	18/12/15	
	○ Identify key contributors and timescales for delivery of content	18/12/15	
	○ Produce structure of Commissioning plan (including summary of contributors and timescales)	15/01/16	
	○ Draft Outline Structure to be circulated to SPB for comment.	18/1/16	
	○ SPB agree outline contents page and template for the Plan (by correspondence)	22/1/16	
	○ Outline or Work in Progress to the IJB Development Session	20/1/16	
	○ Production of Content and Population of Plan	19/2/16	

	<ul style="list-style-type: none"> ○ IJB Meeting to sign off commissioning 	22/2/16	
	<ul style="list-style-type: none"> ● Equalities Impact Assessment 		
	<ul style="list-style-type: none"> ○ First draft – EIA Stage 1 	2/12/15	Julie Kidd

Work Stream	Outstanding Work	By When	Who
Strategic Planning Board cntd.	<ul style="list-style-type: none"> ● Completion of the Joint Strategic Needs Assessment/Facts & Statistics Documents 		
	<ul style="list-style-type: none"> ○ Agree what can be done within the current Financial year and what can wait until 2016/17 	09/12/15	SPB
	<ul style="list-style-type: none"> ○ Ensure SPB's responsibilities in owning these documents are established 	09/12/15	SPB
	<ul style="list-style-type: none"> ○ Clarify any associated resource requirements 	09/12/15	SPB
	<ul style="list-style-type: none"> ● Development and Publication of a Statement Describing Consultation Route for Strategic Plan 	31/03/16	Clare Malster (TBC)
	<ul style="list-style-type: none"> ● Production of the First Annual Report – effectively setting out a Baseline for Performance of the new Integration arrangements (THIS NEEDS TO BE CONFIRMED AS A LEGAL REQUIREMENT) 	31/03/16	Susan Manion
	<ul style="list-style-type: none"> ● Developing the role of the Strategic Planning Board 		
	<ul style="list-style-type: none"> ○ Finalising the Remit 	09/12/15	Eric Baijal
	<ul style="list-style-type: none"> ○ Finalising the Membership 	09/12/15	Eric Baijal
	<ul style="list-style-type: none"> ● Managing the transition to Business as Usual 		
	<ul style="list-style-type: none"> ○ identifying permanent responsibilities 	31/03/16	Susan Manion
	<ul style="list-style-type: none"> ○ development of a forward plan of review of renewal of the Strategic Plan 	31/03/16	Eric Baijal
	<ul style="list-style-type: none"> ○ development of forward plan for engagement and management of the Strategic Planning Group and wider stakeholder engagement 	31/03/16	Eric Baijal
	<ul style="list-style-type: none"> ○ identifying performance management and reporting arrangements 	31/03/16	Eric Baijal
	<ul style="list-style-type: none"> ○ identify public performance/annual reporting arrangements 	31/03/16	Eric Baijal
	<ul style="list-style-type: none"> ● Equalities Impact Assessment 	24/12/16	Eric Baijal
	<ul style="list-style-type: none"> ● Provide agreed content for the Corporate Services Plan (Health & Social Care Partnership) 	31/03/16	Eric Baijal/Elaine Torrance

Work Stream	Outstanding Work	By When	Who
Finance	<ul style="list-style-type: none"> Financial Regulations for the IJB 	14/12/15	David Robertson
	<ul style="list-style-type: none"> Arrangements for IJB Internal Audit 	14/12/15	David Robertson
	<ul style="list-style-type: none"> Review of Financial Planning, Management and Governance Arrangements compliance with IRAG 	Jan 2016	Finance Group
	<ul style="list-style-type: none"> Financial Planning Process 	Jan 2016	Finance Group
	<ul style="list-style-type: none"> Integrated Budget, including Large Hospital Set-Aside 	07/03/16	Chief Financial Officer
	<ul style="list-style-type: none"> Assurance over Due Diligence / Sufficiency of Resources 	07/03/16	Finance Group / Chief Internal Auditor
	<ul style="list-style-type: none"> Report to both Partners' Audit Committees re: Governance Arrangements 	19/01/16	Chief Internal Auditor
	<ul style="list-style-type: none"> Appointment of Chief Financial Officer 	28/02/16	
	<ul style="list-style-type: none"> Completion of Annual Financial Statement of Resources which underpin the delivery of the Strategic Plan 	31/03/16	Chief Financial Officer
	<ul style="list-style-type: none"> Provide content for the Corporate Services Plan – setting out the level of Finance support to integrated services on an ongoing basis. 	31/03/16	Chief Financial Officer
<ul style="list-style-type: none"> Provide content for the Corporate Services Plan – setting out the level of Finance support to integrated services on an ongoing basis. 	31/03/16	Chief Financial Officer	

Work Stream	Outstanding Work	By When	Who
Information & Technology Group	<ul style="list-style-type: none"> • Longer Term Programme Governance in Place – Project Reporting to H&SC Management Team 	24/12/15	Sandra Campbell
	<ul style="list-style-type: none"> • Planning for IT Implementation Plan <ul style="list-style-type: none"> ○ Schedule workshops to develop business operating model ○ Plan a schedule of sessions with lead practitioners to review services design ○ Develop a baseline of technical considerations/comparisons for NHS/SBC ○ Run workshops and service design sessions ○ IT proposals for solutions to support business operating model (including proposed high level design, data structures and business processes) ○ Agree priorities for IT implementation ○ IT solutions walk through session with practitioner leads ○ Develop plan for IT implementation • IT Infrastructure and Services – Quick Wins/Interim Solutions <ul style="list-style-type: none"> ○ Increased email attachment size for NHS colleagues ○ Updated email policies re sending confidential emails via secure platform ○ Access to SBC/NHS address book (via regularly updated file copies) ○ Additional monitor(s) to allow better diary co-ordination (NHS admin staff) • Information Governance <ul style="list-style-type: none"> ○ Define and agree information governance requirements ○ Document Procedures – updating existing policies procedures and controls ○ Document data flows and governance rules • Core Corporate Functions <ul style="list-style-type: none"> ○ Implemented Risk Management Procedures ○ Business Continuity arrangements agree and implemented. 	11/12/15	Sandra Campbell
		11/12/15	Sandra Campbell
		8/1/16 (TBC)	Elsbeth Mather
		20/1/16	Sandra Campbell
		30/1/16	Jackie Stephen/Stewart Meldrum
		30/1/16	Susan Manion
		5/2/16	Sandra Campbell
		5/2/16	Sandra Campbell
		Complete	
		30/11/15	Sandra Campbell
		30/11/15	Elsbeth Mather/Iain Allan
		30/11/15	Jackie Stephen
		TBD	Sandra Campbell
		TBD	Sandra Campbell
		31/03/16	

Work Stream	Outstanding Work	By When	Who
Communications			
	<ul style="list-style-type: none"> • Provide agreed content for the Corporate Services Plan (Health & Social Care Partnership) 	31/03/16	Tracey Graham/Clair Oliver

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HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD BUSINESS CYCLE 2016

Aim

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

Background

- 2.1 To deliver against targets and objectives, the Health & Social Care Integration Joint Board must be kept aware of progress on a regular basis.
- 2.2 Health & Social Care Integration Joint Board meeting agendas will be mainly focused on strategic, clinical and care governance and financial issues at each meeting in order to facilitate strong debate of items.
- 2.3 Standing items will be submitted to the Health & Social Care Integration Joint Board in full format with verbal by exception reporting required at the meeting.
- 2.4 Attached is the revised Business Cycle for 2016 for the Health & Social Care Integration Joint Board and Development sessions. The business cycle will remain a live document and subject to amendment to accommodate any appropriate changes to timelines, legislative requirements, etc.

Summary

- 3.1 It is proposed that the Health & Social Care Integration Joint Board meet formally on 6 occasions throughout 2016 with 5 Development sessions scheduled.
- 3.2 It is proposed that there are no meetings held in July.
- 3.3 Both the Scottish Borders Council and the Borders Health Board schedules of meetings have been taken into account in order to maximise attendance.
- 3.4 All Health & Social Care Integration Joint Board meetings will take place at Scottish Borders Council and all Health & Social Care Integration Joint Board Development sessions will take place at Tweed Horizons.
- 3.5 In order to maximise the availability of Health & Social Care Integration Joint Board members all meetings have been arranged for Mondays as per the scheduled listed below, with the exception of the confirmed Development session being held on Wednesday 20 January 2016.

	Jan	Feb	Mar	Apr	May	June	Aug	Sept	Oct	Nov	Dec
H&SC IJB Meeting 2pm to 4pm Scottish Borders Council		1		18		20	15		17		19
H&SC IJB Development Session 9.30am to 12noon Tweed Horizons	20 *		7		23			26		21	

*Development session held on a Wednesday 20 January 2016 at 9.30am at Tweed Horizons

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the proposed meeting dates and business cycle for 2016.

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

Approved by

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

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

INTEGRATION SHADOW BOARD WORKPLAN/BUSINESS CYCLE 2015/16

Meeting	Date, Time and Venue	Session Items
H&SC Integration Joint Board	Monday 14 December 2015 2.00pm Scottish Borders Council	End of Programme Report Chief Officer Report Workplan and Meeting Dates agreed for 2016 Budget Monitoring Strategic Plan Update Integrated Care Plan Fund 6 monthly Update – For Info Dementia Strategy Update (S Burt) OD Plan Financial Governance
H&SC Integration Joint Board Development Session	Wednesday 20 January 2016 9.30am Tweed Horizons	Financial Governance arrangements Strategic Plan Update Localities Approach and Community Capacity Building Delayed Discharges Commissioning and Implementation Plan
H&SC Integration Joint Board Page 43	Monday 1 February 2016 2pm Scottish Borders Council	Formal establishment of IJB if Sol approved so can then Appoint Chief Officer - Appoint Chief Financial Officer. Chief Officer Report Budget Monitoring Communications Update Integrated care Update Approval of Strategic Plan Code of Corporate Governance Formal Adoption of Standing Orders Risk Management Strategy Business Continuity Corporate Services Plan
H&SC Integration Joint Board Development Session	Monday 7 March 2016 9.30am Tweed Horizons	Recap on Governance arrangements – Financial Governance, Due Diligence, Standing Orders, Staff Governance, Clinical & Care Governance, Patient & Public Involvement Primary Care (primary care in general and locality approach)
H&SC Integration Joint Board	Monday 18 April 2016 2pm Scottish Borders Council	Chief Officer Report Chief Financial Officer Report Communications Update Integrated Care Update Scottish Borders Autism Strategy Update (S Burt)
H&SC Integration Joint Board Development Session	Monday 23 May 2016 9.30am Tweed Horizons	Consequences and pace of change in terms of commissioning IT Update

Meeting	Date, Time and Venue	Session Items
H&SC Integration Joint Board	Monday 20 June 2016 2pm Scottish Borders Council	Chief Officer Report Chief Financial Officer Report Integrated Care Fund 6 monthly report Communications Update Integrated Care Update
H&SC Integration Joint Board	Monday 15 August 2016 2pm Scottish Borders Council	Chief Officer Report Chief Financial Officer Report Communications Update Integrated Care Update
H&SC Integration Joint Board Development Session	Monday 26 September 2016 9.30am Tweed Horizons	
H&SC Integration Joint Board	Monday 17 October 2016 2pm Scottish Borders Council	Chief Officer Report Chief Financial Officer Report Communications Update Integrated Care Update
H&SC Integration Joint Board Development Session	Monday 21 November 2016 9.30am Tweed Horizons	
H&SC Integration Joint Board	Monday 19 December 2016 2.00pm Scottish Borders Council	Chief Officer Report Chief Financial Officer Report Integrated Care Fund 6 monthly report Communications Update Integrated Care Update



INTEGRATED JOINT BOARD GOVERNANCE – DRAFT FINANCIAL REGULATIONS

Aim

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with draft Financial Regulations, for noting and approval prior to 1st April 2016.

Background

- 2.1 For the last 2 years, NHS Borders and Scottish Borders Council Finance Staff have been working closely to ensure appropriate financial arrangements are in place to support the IJB as part of the Finance Workstream. Development of a robust set of Financial Regulations consistent with those already applied within NHS Borders and Scottish Borders Council is a key objective and deliverable from this workstream.
- 2.2 Accordingly, Scottish Borders Council's Financial Regulations will be reviewed and revised where appropriate in order to ensure they are consistent with and complement these IJB Financial Regulations, as will the Standing Financial Instructions for NHS Borders to recognise the impact of the IJB.

Summary

- 3.1 This report provides the background to and current issues relating to the draft Financial Regulations relating to the Scottish Borders Integrated Joint Board. The Financial Regulations have been developed in partnership between the IJB Chief Officer, NHS Borders and Scottish Borders Council as part of the Finance Workstream and are intended to provide the financial governance framework within which the IJB will operate. A copy of the draft Financial Regulations is included as Appendix 1 to this report.
- 3.2 The Financial Regulations are informed professional guidance developed by the Integrated Resources Advisory Group (IRAG), a national group established to develop guidance to support the implementation of the Public Bodies Joint Working (Scotland) Act 2014, together with work to date from officer working groups comprising NHS and Local Authority finance professionals developing IRAG guidance into a set of procedures that will support the IJB in decision making in strategic and operational finance matters. Reference has also been made to other IJB's Financial Regulations already approved and/or implemented across Scotland so far.
- 3.3 These Draft Financial Regulations remain subject to revision in order to reflect ongoing local and national work in a number of areas including:
 - Treatment of VAT

- Treatment of overheads and support services
- Reserves strategy
- Year end accounts – treatment and content

Financial Governance

- 4.1 A number of key financial principles underpinning the financial governance of the IJB's activities have been developed or are in development, to be completed and implemented by the end of 2015/16. These cover a wide range of areas including:
- Financial Regulations and Standing Financial Instructions
 - Governance Statement and Statement of Internal Control
 - Risk Management, Insurance and Business Continuity
 - Managing Integrated Budgets Guiding Principles and the Treatment of Planned and Windfall Over and Underspends
 - Budget Setting and Financial Planning process
 - Scheme of Virement
 - Capital Planning Process
 - Managing Financial Performance
 - Financial Governance Checklist
 - Internal and External Audit Arrangements
 - Reserves Strategy and the carry forward of Resources
 - Annual Accounts (national issue)
 - Treatment of VAT (national issue)
- 4.2 These policies will be customised for the Scottish Borders IJB beginning with a draft set of Financial Regulations for consideration and approval by the IJB Audit Committee, in January 2016. There are no specific issues to highlight and there is no conflict with Scottish Borders Council's Financial Regulations or NHS Borders Standing Financial Instructions.
- 4.3 Subsequent updates will be brought for approval, to the IJB Audit Committee, as each of the remaining outstanding issues is resolved. In addition to the issues above work remains ongoing on the treatment of overheads and running costs relating specifically to the IJB.

Operational Considerations

- 5.1 As previously discussed, a commencement date of 1 April 2016 for financial responsibilities of the IJB will allow a clean and transparent transfer of resources, including set aside budgets for large hospital services, for the IJB and its partners. This will align with the Strategic Plan covering the period 2016-19.
- 5.2 In the interim, aligned financial reporting will continue to be brought to the IJB for information, with inclusion of large hospital set aside and hosted service budgets and an integrated budget on agreed final position on the integrated scope from April 2016. This will be based on the Financial Statement which will be reported to the IJB in March 2016 and which will support the delivery of the 3-year strategic plan.

- 5.3 Financial reporting will broadly follow the integrated reporting previously presented to the CHCP however it will be further developed to include reporting for large hospital services and for hosted services, with a methodology currently being developed, further enabled by an single integrated reporting mechanism.
- 5.4 Strategic reporting will be developed to include a longer term financial strategy, annual financial performance statements and other requirements as determined in the final professional guidance.

Other Issues

- 6.1 Employment status of the Chief Officer and Chief Financial Officer remains subject to confirmation, along with associated VAT treatment. An update will be provided upon confirmation. The appointment of a Chief Financial Officer remains pending and an update will be provided when complete.
- 6.2 As the Scottish Borders partnership already has an integrated management structure there are no cost implications or savings opportunities resulting from this legislative change. However the costs of servicing the IJB will be required to be identified and funded. An update will be provided upon confirmation.

Recommendation

It is recommended that the Health & Social Care Integration Joint Board **notes** the contents of this report and agrees the content of the Draft Financial Regulations.

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

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Office, Health & Social Care Integration	David Robertson	Chief Financial Officer

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Business Partner		

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MONITORING OF THE SHADOW INTEGRATED BUDGET 2015/16

Aim

- 1.1 To provide the Shadow Board with a report, by exception, of any significant pressures within the Partnership's Integrated Budget based on the projected outturn as at 31st October 2015.

Background

- 2.1 The total Shadow Revised Integrated Budget stands currently at £136.741m.
- 2.2 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.

Key Issues

- 3.1 The revenue monitoring position reported to the Board is based on the projected outturn as at the 31st October 2015. At this point the Partnership is reporting an outturn expenditure position of £137.632m. This position is giving a projected year end position overspend of £891k. This overspend is mainly within the Older Peoples Services and Generic Services.
- 3.2 The overspend in Generic Services (£710k) is made up of a projected overspend of £1m linked to GP Prescribing offset by non recurring underspends in dental, health promotion and smoking cessation services. In setting the budget for 2015/16 NHS Borders uplifted the prescribing budget by £1m to cover the overspending incurred during 2014/15 and by a further 2% for increases in the number of prescriptions and any known drug/ price changes. Currently increases in the number of prescriptions are in line with planned levels. As stated in previous years NHS Borders has little influence over the price of drugs which remain volatile due to short supply in certain areas.
- 3.3 As 2015/16 continues to be a shadow year and budgets are aligned any year end overspends will be the responsibility of the host organisation. NHS Borders is managing the pressure on the prescribing budget through use of non recurring underspends in services where possible, organisation wide control measures and the use of it contingency.
- 3.4 Within Older People's services and Physical Disability service a projected year end pressure of £430k has become evident at month 7. A range of underlying additional pressures in excess of £500k has been mitigated through department action plans including vacancy freeze, care package review and transfers from Reserves.

However despite these actions the older peoples and physical disability service is still projecting an out turn overspend of £430k. Services are experiencing considerable continuing pressure in a number of areas. These include increased use of residential and flex beds, a reduction in short stay contributions and the increased costs of the TUPE of homecare staff from CIC and Allied Healthcare to SB Cares.

- 3.5 Further work is being undertaken to develop action plans to address some of this pressure including further vacancy management and an increase in contribution from SB Cares.
- 3.6 SBC continues to work to find solutions to the remaining pressure and these include acceleration of planned savings from reviewing criteria models for packages of care, review of non critical vacancies and reduction in care packages.
- 3.7 SBC is urgently reviewing its position in the current year in order to bring forward savings to deliver a balanced outturn position, and departments are now also reviewing the 2016/17 budget. A budget rebasing exercise will be undertaken between now and 31 March 2106 to ensure realistic budget estimates in each adult service.
- 3.8 The Board will be informed should any further pressures arise and of any management action being taken to mitigate the pressure.

Recommendation

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

Notes the above reported projected position of overspent by £891k at 31st October 2015 and notes that the both organisation are working to address the financial pressures and put in place actions to ensure financial targets are delivered.

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

Policy/Strategy Implications	In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	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

2015/16

AT END OF MTH: October

	Base Budget £'000	Profiled to Date £'000	Actual to Date £'000	To date Variance £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Base WTE	YTD WTE	Current Month WTE	Summary Financial Commentary
Joint Learning Disability Service	18,073	10,116	9,638	478	18,250	18,202	48	53	18	18	
Joint Mental Health Service	15,795	8,950	8,820	130	15,821	15,644	177	344	310	316	
Joint Alcohol and Drug Service	1,076	699	748	(49)	1,079	1,055	24	3	3	3	
Older People Service	23,668	13,019	12,248	771	24,064	24,383	(319)	23	0	0	
Physical Disability Service	3,250	1,803	1,996	(193)	3,111	3,222	(111)	0	0	0	
Generic Services	74,412	42,472	42,623	(151)	74,416	75,126	(710)	604	531	497	
Total	136,274	77,059	76,073	986	136,741	137,632	(891)	1027	862	834	
Financed By:											
AEF, Council Tax and Fees & Charges	0	0	0	0	0	0	0				
NHS Funding from Sgovt etc	0	0	0	0	0	0	0				
Total	0	0	0	0	0	0	0				

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INTEGRATED CARE PLAN UPDATE

Aim

- 1.1 To ask the Health & Social Care Integration Joint Board to note the recommendations made by the Strategic Planning Project Board in regard to project considerations and approvals.

Background

- 2.1 The Scottish Government has introduced an Integrated Care Fund (ICF) of £173.5m to support the integrated working for health and social care. Resources of £100m are to be made available to Partnerships in 2015-16. Of this, £2.13m has been allocated to the Scottish Borders. On 13th March 2015 it was announced by the Health Secretary that additional funding of £200 million will be allocated over two years to extend the Integrated Care Fund into 2016-17 and 2017-18 giving the Scottish Borders an expected similar funding position in these years and providing total Integrated Care Funding of £6.39m until 31st March 2018.
- 2.2 Four key areas of investment have been identified as part of the ICF plan and in line with the expectations of the draft Strategic Plan
 - Health Improvement
 - Community Capacity Building
 - Access to Services
 - Early Intervention and Prevention.
- 2.3 A paper outlining governance arrangements for ICF was presented at the Shadow Board in March and these have been implemented and put in place. The ICF Steering Group has met regularly since April 2015 and at its most recent meeting (November 11th) and Executive meeting, (Tuesday, 17th November) made the following advisory recommendations for funding. These recommendations were also endorsed by the Strategic Planning Project Board on 27th November.
 1. Autism co-ordinator (24 months) – Borders Autism Strategy & Delivery Plan
 2. Six month Project Management and Support costs to improve and co-ordinate business planning – Health & Care Co-ordination/Reablement Project, Eildon Community Ward and Health Improvement (Phase Two)

Summary

- 3.1 An appraisal process for ICF Project Briefs has been developed based on the criteria set out in the Scottish Borders 2015-16 ICF Plan which incorporates Scottish Government Guidance and National Health and Social Care Outcomes amongst others. In addition to qualitative outcome-based criteria, robust financial

evaluation has also been undertaken in terms of robustness of cost-estimates, targeted efficiency, financial mainstreaming and project exit-strategy.

- 3.2 Projects which have been submitted to date have been appraised against a comprehensive range of both financial and non-financial ICF criteria and further work has been carried out on Project Briefs where appropriate to strengthen the projects, particularly in regards to sustainability beyond ICF funding.
- 3.3 Eight projects have already been approved for ICF funding by Programme Board/ EMT and a further nine are currently being considered; details of both are outlined in Appendix One.
- 3.4 Further work is required to support the delivery of the Autism Strategy and work is advancing on the 2 major projects relating to health and care coordination and the Eildon Community Ward.
- 3.5 Project Management arrangements and plans have been developed. Further work is being taken forward in relation to the development of a discharge to assess unit as part of the improved patient flow through the system. Further details will be discussed by the ICF Steering Group and feedback will be given to the IJB in the next update report.

Recommendation

The Health and Social Care Integration Joint Board is asked to **note** the contents of this report.

Policy/Strategy Implications	Implementing the projects described in the report will ensure local delivery of national policy and strategy.
Consultation	ICF Steering Group Stakeholders
Risk Assessment	There is a risk to project around timescales taken for project approvals and dependencies. Some projects risk losing match-funding or maximising benefits the longer decisions take to be made.
Compliance with requirements on Equality and Diversity	The use of the funding in the way described is expected to promote inclusion and reduce health inequalities
Financial Implications	The Executive Management Team was asked to approve expenditure of £99,380 over two years for the Autism Co-ordinator project

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer – Health and Social Care Integration		

Author(s)

Name	Designation	Name	Designation
Bob Howarth	Programme Manager		

Appendix One

INTEGRATED CARE FUND 2015/16 - MID YEAR SUMMARY							
	PROJECTS ALREADY APPROVED		TOTAL SPEND APPROVED	SPEND TO 30/09/15	PROJECTED SPEND TO 31/03/16	PROJECTED SPEND 01/04/16 - 31/03/18	TOTAL SPEND
Health Improvement	<i>Health Improvement</i>	<i>NHS</i>	19,000	-	19,000	-	19,000
	<i>Stress & Distress Training</i>	<i>NHS</i>	166,000	-	83,000	83,000	166,000
	<i>My Home Life</i>	<i>SBC</i>	71,340	-	71,340	-	71,340
Access to Services	<i>Mental Health Integration</i>	<i>NHS</i>	14,097	9,398	4,699	-	14,097
	<i>Mental Health Integration</i>	<i>SBC</i>	23,437	15,625	7,812	-	23,437
	<i>Transport Hub</i>	<i>SBC</i>	139,000	21,750	7,250	110,000	139,000
	<i>Transitions</i>	<i>NHS</i>	65,200	-	65,200	-	65,200
Infrastructure	<i>Independent Sector Officer</i>	<i>SBC</i>	93,960	-	19,000	74,960	93,960
	<i>Project Management Team</i>	<i>SBC</i>	183,000	30,694	30,307	122,000	183,000
Community Capacity	<i>Community Capacity Building</i>	<i>SBC</i>	400,000	-	80,000	320,000	400,000
			1,175,034	77,467	387,608	709,960	1,175,034
	OTHER PROJECTS UNDER CONSIDERATION		TOTAL SPEND BEING CONSIDERED	SPEND TO 30/09/15	PROJECTED SPEND TO 31/03/16	PROJECTED SPEND 01/04/16 - 31/03/18	TOTAL SPEND
Health Improvement	<i>Health Improvement</i>		357,500	-	20,000	337,500	357,500
	<i>Bone Health</i>		228,000	-	15,000	213,000	228,000
	<i>Pharmaceutical Care</i>		74,754	-	15,000	59,754	74,754
Access to Services	<i>Health & Care Coordination</i>		535,000	-	12,000	523,000	535,000
	<i>CM2000</i>		30,000	-	-	30,000	30,000
	<i>Autism Coordinator</i>		149,078	-	9,000	140,078	149,078
	<i>Alcohol Related Brain Disorder Coordinator</i>		153,078	-	9,000	144,078	153,078
Infrastructure	<i>Community Infrastructure</i>		250,938	-	20,000	230,938	250,938
Early Intervention & Prevention	<i>Eildon Community Ward</i>		490,160	-	-	490,160	490,160
			2,268,508	-	100,000	2,168,508	2,268,508
	TOTAL		3,443,542	77,467	487,608	2,878,468	3,443,542



COMMITTEE MINUTES

Aim

To raise awareness of the Health & Social Care Integration Joint Board on the range of matters being discussed by the Strategic Planning Group.

Background

The Health & Social Care Integration Joint Board will receive various approved minutes as appropriate.

Summary

Committee minutes attached are:-

- Strategic Planning Group: 14.10.15

Recommendation

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

Policy/Strategy Implications	As detailed within the individual minutes.
Consultation	Not applicable
Risk Assessment	As detailed within the individual minutes.
Compliance with requirements on Equality and Diversity	As detailed within the individual minutes.
Resource/Staffing Implications	As detailed within the individual minutes.

Approved by

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

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		



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**Meeting of Strategic Planning Group
14 October 2015
Committee Room 2, Scottish Borders Council Headquarters**

Minute

Attendees: Susan Manion (Chair), Eric Baijal, Margaret McKeith, James Lamb, Amanda Miller, Carin Pettersson, Clare Malster, Fiona Morrison, Jenny Miller, Sandy Morris, Suzanne Hislop (Minutes)

		Action
1.	Apologies: Morag Walker, David Bell, Shirley Burrell, Gwyneth Johnston, Margaret McGowan	
2.	<p>Minutes of the previous meeting</p> <ul style="list-style-type: none"> • The notes of the previous meeting of 9 September were accepted as a true record.  Informal note of SPG Meeting 9 September • The group went through the actions arising from the last minute and updated the action tracker.  Action Tracker SPG.doc 	
3.	<p>Matters Arising</p> <ul style="list-style-type: none"> • FM suggested that as she is currently representing Carers of Users of Social Care she would also be willing to represent Carers of Users of Health Care on this group. It was agreed that FM would take on this role until a permanent representative could be identified. 	

4.	<p>Second Draft of Strategic Plan Update</p> <ul style="list-style-type: none"> • The Chair considered the plan now much improved with a sound narrative and thanked those present who had been directly involved in producing the document. The Chair emphasised that it was a draft and that this is a process. • The accompanying A5 brochure was also discussed and it is was agreed that it was a useful addition. Both documents are currently with graphics. • JL went over the timeline and explained that the final draft is to be completed before Christmas to allow it to go before the IJB on 1 February. Legislation states that document is to be approved and published by the end of the financial year and highlighted the tight timescale involved. • SM stated that we need to be sure we are updating the Commissioning and Implementation Plan. • The Chair suggested that when the final doc is being presented in February that this should come as a recommendation from this group. JM supported this and suggested that this would ensure a level of ownership. • SM explained that a current question being considered by Chief Officers is how the SPG are going to direct the IJB decision making process. • JL highlighted Local Objective number 9 which was added as a direct result of carer feedback. FM saw this as something that will be relayed to carers as a way of encouraging them to participate in the process. • SMorris referred to the ICF fund and suggested we be more clear and direct in the plan about how that money will be directed. M McK suggested that the other plans lack this detail but will be backed up with the more detailed plan as in this case. • SM explained that the ICF plan had been submitted over a year ago and she is aware that this hasn't been brought to this group and an update is required. • JL highlighted that the section referring to the plan needs to be updated as it refers to a year's funding rather than the 3 years which is now in place. • SM described the ICF as a vehicle for change (ICF) which is why this group should have an influence on this. SM suggested that the ICF Steering group should perhaps have a GP representative and the balance of the Steering Group be reviewed. • The Governance paper for the ICF Steering Group and the paper presented to the IJB are to be circulated. • ICF updates are to be included as a standing item on future agendas. • SMorris asked if the boundaries are still up for discussion or is this now set in how they are configured. SM explained that these have been agreed by the IJB for some time, but will be reviewed based on what is best for the service. EB stated that we recognise there are issues that we need to work at. 	<p>SH</p> <p>SH</p> <p>SH</p>
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5.	<p>Engagement Plan</p> <ul style="list-style-type: none"> • CP gave an overview of the planned events including the launch events for managers. CP is currently putting together a communication package to assist managers in engaging with staff. JM asked what support there would be for this process from those closer to the content. JL emphasised that additional support would be offered and highlighted the table detailing the support arrangements. • CP explained that we are hoping to target a broader audience at the public meetings which will take the form of pop up cafes. CP highlighted the questions in the Strategic Plan and suggested that these may be too in-depth to discuss with people in this environment. Carin tabled a document which she suggested could be used as an alternative and asked for the group's opinion. • JL highlighted that getting people in off of the street is key. CP asked if the budget would be available for an iPad as this had proven successful at the Border Union Show in drawing people in. It was agreed that this should be considered and it was felt that this would be a motivator in the run up to Christmas. JL agreed and felt that this was perhaps more effective than some of the spending on advertising in the press. • JL suggested that both Burnfoot Community Centre and another location within Hawick should be considered to ensure appropriate coverage. CM felt that if the event at Burnfoot was advertised widely then that event would be enough. SM suggested the supermarket as a compromise that would have a lot of footfall and reach a large number of people. • SM highlighted that there were a number of different service user groups that we should be speaking to also. AM suggested we become involved with the various events taking place at that time of year. CM assured the group that these meetings and events were on the radar and being considered. • CP confirmed that we are sending representatives to the upcoming Area Forum meetings. Other events being considered include Duns Christmas market and Jedburgh Food market. In addition Borders Collage offer a number of courses related to health and social care and we have asked if we can come along. CP is currently waiting to hear back about the possibility of this option. • SM emphasised that existing groups will be expecting us to go along and provide an update. CP is to identify the relevant groups and contact people. CP suggested that this group could be useful in providing this. JM explained that her organisation have small service groups but if CP wanted to go wider then they could provide information on this. • JL highlighted that it was difficult to resource the large number of events that were held the last time and that is why it was suggested that the SPG representatives take on an active role and present to the groups they represent. • FM asked where the feedback from this engagement should be directed. JL advised that it should come to this group (signpost the generic email address etc.) and the sooner that we get the feedback the better, ideally by the end of November. • FM pointed out that the Carers group are meeting in the first two 	
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	<p>weeks in November and the managers briefing pack would have to come through soon.</p> <ul style="list-style-type: none"> • SMorris stated that members need to be told when the meeting are on so that we can resource these and allocate representatives to attend. Launch events are to be agreed and set up and the communications package made available by the end of the month. If any additional support is required then request are to be forwarded to SH. • GP committee due to meet 19 October. SMorris felt it was important that there is an avenue by which members of that group can send their points directly. SM will be attending Monday's meeting and suggested that perhaps a view can be taken then on how best member's views will be fed back. • JM asked for clarification on the deadline for feedback. JL advised that the cut-off date that will be put in the document is 11 December. • CP suggested that the SPG representatives come along to the managers' launch event and this was agreed. They will be offered the option of two dates and if unable to attend then they will have the packaged/toolkit sent out. 	<p>CP</p> <p>CP</p>
6.	<p>Transitional Structure of Groups and Package of Draft Terms of Reference</p> <ul style="list-style-type: none"> • EB gave a brief overview of the changes to the structure of the SPPB and explained that the aim is to rationalise membership of this group and allow more of the relevant managers to have input. • The Locality Planning Sub-Group is starting to develop the work around localities. Requires clinical input in addition to the secondary clinician representatives that have already been identified. There are some communities that may want to do their own locality planning such as particularly cohesive communities like Newcastleton and this will be given some consideration. • SM emphasised the need to progress the localities work and that this will require a framework. We will return to this next time with a diagram of the revised structure and give people a chance to consider and comment. In advance of the next meeting the Locality Guidance produced by the Scottish Government is to be circulated. • SMorris expressed concern about capacity and SM advised that we are not seeking representation for anything else at the moment. We have asked for GP's representatives on the IJB, SPG and potentially the ICF steering group. At the moment these are the only groups that we require representation for. • SMorris highlighted the ongoing renegotiation of the Quality and Outcomes Framework (QOF) with regards GP contracts. SM advised that the Chief Officers have a Scottish Government representative attending their meeting next week and that this issue is to be discussed. SMorris stated that GPs will pursue the incentives that are available and the dismantling of QOF provides an opportunity if H&SCI work is incentivised. 	<p>SH</p>

7.	AOCB <ul style="list-style-type: none">• None noted.	
8.	Date and time of next meeting: The date of the next meeting was given as 24 November from 1 – 2.30pm in Committee Room 2.	

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