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A meeting of the **Health And Social Care Integration Joint Board** will be held on **Monday, 28th August, 2017** at **2.00 pm** in Committee Room 2, Scottish Borders Council

AGENDA

Time	No		Lead	Paper
14:00	**1**	**ANNOUNCEMENTS AND APOLOGIES**	Chair	*Verbal*
14:01	**2**	**DECLARATIONS OF INTEREST**	Chair	*Verbal*
14:02	**3**	**MINUTES OF PREVIOUS MEETING** 26 June 2017	Chair	(Pages 1 - 8)
14:05	**4**	**MATTERS ARISING** Action Tracker	Chair	(Pages 9 - 12)
14:10	**5**	**CHIEF OFFICER'S REPORT**	Chief Officer	(Pages 13 - 14)
14:15	**6**	**STRATEGIC**		
	6.1	Transformation & Efficiencies Update	Chief Officer	*Presentation*
	6.2	Integrated Care Fund Update	Chief Officer	(Pages 15 - 20)
	6.3	Draft Joint Winter Plan 2017/18 Presentation	General Manager Unscheduled Care	(Pages 21 - 32)
	6.4	Scottish Borders Mental Health Strategy	General Manager Mental Health & Learning Disabilities	(Pages 33 - 60)
15:15	**7**	**CLINICAL & CARE GOVERNANCE**		

	7.1	Inspections Update	Chief Social Work Officer	*Verbal*
15:20	**8**	**GOVERNANCE**		
	8.1	Terms of Reference	Chief Officer	(Pages 61 - 68)
15:30	**9**	**FINANCE**		
	9.1	Monitoring of the Health & Social Care Partnership Budget 2017/18 at 30 June 2017	Interim Chief Financial Officer	(Pages 69 - 80)
15:50	**10**	**FOR INFORMATION**		
	10.1	Committee Minutes	Chief Officer	(Pages 81 - 88)
15:55	**11**	**ANY OTHER BUSINESS**		
	11.1	Health & Social Care Integration Joint Board Development Session: 25 September 2017 • Commissioning and Implementation Plan • Pharmacy Development & Prescribing Pressures	Chief Officer	*Verbal*
16:00	**12**	**DATE AND TIME OF NEXT MEETING** Monday 23 October 2017 at 2.00pm in the Committee Room 2, Scottish Borders Council	Chair	*Verbal*

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 26 June 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr T Weatherston	(v) Dr S Mather (Chair)
	(v) Cllr D Parker	(v) Mr J Raine
	(v) Cllr S Haslam	(v) Mr D Davidson
	(v) Cllr H Laing	Dr A McVean
	Mrs E Torrance	Dr C Sharp
	Mr M Leys	Mr P Lerpiniere
	Mr D Bell	Mrs Y Chappell
	Mrs J Smith	Ms L Gallacher
	Mrs A Trueman	
In Attendance:	Miss I Bishop	Mrs A Wilson
	Mr P McMenamin	Mrs S Burrell
	Mrs J Stacey	Mrs C Gillie
	Mr D Robertson	Mr A Haseeb
	Mr S Burt	Mrs S Henderson
	Mr J Lamb	

1. Apologies and Announcements

Apologies had been received from Mrs Karen Hamilton, Mrs Jane Davidson, Mr John McLaren, Cllr John Greenwell and Mrs Tracey Logan.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Asif Haseeb from Audit Scotland, Mrs Yvonne Chappell, who was deputising for Mr John McLaren, and Mr Peter Lerpiniere who was deputising for Mrs Claire Pearce.

The Chair welcomed members of the public to the meeting.

2. Integration Joint Board Nomination of Vice Chair

The Chair advised that under the terms of the Scheme of Integration the Chair and Vice Chair roles would alternate on an annual basis between the NHS and the Council voting members on the Board. As the Chair of the Integration Joint Board for 2017/18 was handed across to the NHS there was a requirement for a Councillor to fulfill the Vice Chair role.

Cllr Shona Haslam nominated Cllr David Parker as Vice Chair of the Integration Joint Board. Mr John Raine seconded the nomination.

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Cllr David Parker accepted the nomination.

The Chair announced that Cllr David Parker was duly elected as the Vice Chair of the Integration Joint Board.

3. Integration Joint Board Audit Committee Membership

The Chair announced that it had been agreed by the Integration Joint Board voting members, via email, that Cllr Tom Weatherston and Cllr John Greenwell be nominated as the local authority members of the Integration Joint Board Audit Committee. He asked that the voting members of the Board confirm they were content with those nominations.

The Health & Social Care Integration Joint Board confirmed its approval of the nominations.

The Chair further advised that the Audit Committee had met that morning and proposed that Cllr Weatherston would be the Chair of the Audit Committee. He asked that the voting members of the Board confirm they were content with that nomination.

The Health & Social Care Integration Joint Board confirmed its approval of the nomination.

4. Declarations of Interest

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no verbal declarations of interests.

5. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 27 March 2017 were amended at page 4, item 8, paragraph 2, line 4 replace “Patient” with “Participation” and again at page 6, item 13, paragraph 2, line 4 delete “by up to 80%” and with those amendments the minutes were approved.

6. Matters Arising

6.1 Action 14: The Health &Social Care Integration Joint Board reviewed and agreed that the action was complete.

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

7. Chief Officer’s Report

Mrs Elaine Torrance gave an update on the current status of items of interest to the Integration Joint Board including: presentation of the Internal Audit Report to the Audit Committee that morning; the proposal that the Integration Joint Board undertaken a self evaluation at a future Development session; completion of the Annual Performance Report; progress with the transformation programme; progress with the Joint Workforce Plan; and work on the Information Technology (IT) systems to work together. She further advised that

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she had attended one day of the NHS Scotland Event which had focused on health and social care integration and working together to move that forward.

Mr David Davidson enquired about how the IT development would be conducted. Mrs Torrance confirmed that both NHS Borders and Scottish Borders Council were looking at which systems they operated that were the same, which systems could be linked and how they could streamline systems for all staff.

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

8. Transformation and Efficiencies

Mrs Elaine Torrance introduced Mr James Lamb who gave an update on current progress. He advised that 10 projects had been identified and spoke of the timelines and content associated with each project.

Mrs Jenny Smith sought clarification that the Equality and Diversity Impact Assessments for each individual project would be completed as part of the strategic planning process. Mr Lamb confirmed that was correct.

Mrs Smith sought more detail on the single management structure and its potential impact on the third sector. Mr Simon Burt commented that whilst some exploratory work had been undertaken in regard to the alcohol and drugs service it was unlikely that a single management structure would be put in place. Attention was being focused on the potential for co-location and joint working.

Further discussion highlighted: further detail on project outcomes; the interpretation of “reimagining”; and timescales and achievement of savings targets.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made in developing the Transformation and Efficiencies Programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the development of identified workstreams.

9. Learning Disabilities Strategic Commissioning Plan

Mr Simon Burt gave an overview of the learning disabilities service remit and the content of the paper which provided information for stakeholders regarding commissioning arrangements and future plans of the Scottish Borders Learning Disability Service (2016-2019). Mr Burt further highlighted Project SEARCH and advocacy services.

Cllr Helen Laing enquired about the provision of accommodation outside the area and the impact on the patient, family and friends. Mr Burt commented that it was an issue across all health and social care partnerships. In Scottish Borders there were no longer in-patient hospital assessment treatment units, so the provision was sourced from other Health Boards and then the private sector. Discussions were on-going with NHS Lothian about the purchase of beds from their Learning Disabilities Service. In regard to people with challenging

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behaviours, some independent provision was provided locally and discussions were taking place with East Lothian about the possibility of commissioning something together.

Mr John Raine reminded the Integration Joint Board (IJB) that the functions of the learning disabilities service resided with the IJB and the budget was provided by both NHS Borders and Scottish Borders Council for the IJB to commission services. He sought assurance that if the IJB adopted the Learning Disability Strategic Commissioning Plan it would be commissioned for the improvements the IJB wished to see at a strategic and operational level. Mr Burt confirmed such assurance.

Further discussion focused on: repatriation of individuals back to Scottish Borders where appropriate; delivery of adult protection through services and providers; commissioning of safe services; criteria scoring; and potential for an increase in the number of contacts with the service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and adopted as the first commissioning plan from the IJB.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recorded its thanks to Mrs Susan Henderson and Mr Simon Burt for producing such a comprehensive document.

10. Integrated Care Fund Update

Mrs Elaine Torrance gave an overview of the content of the paper and advised that to date a total of £1.548m had been spent. She suggested the partnership programme team contracts be extended at a cost of £125k and that £52k be granted to the Buurtzorg initiative.

Further discussion focused on: pump priming shifts in delivery of care; favouring the front line ahead of administration services; seeking a demonstration of how change had been brought about from NHS Borders and Scottish Borders Council as a consequence of funding the initiatives/projects; matching unit beginning to deliver and matches clients to homecare providers having been assessed as needing home care and the aim was to reduce care manager time; community led support project is successful in seeing people quickly, waiting lists are reducing, and customer satisfaction is good; Waverley has been successful and work continues to roll out the admissions criteria to other sites; 72% of patients return to their original home after being discharged from hospital to Waverley.

Mr David Davidson enquired about influencing commercial bus routes and their timetables and how appointments were made for outpatients to make it easier for patients to get to appointments. Cllr Shona Haslam commented that she had met with bus operators the previous week and they would be rolling out a new ticketing system and monitoring where accessibility issues were on the network to ensure those who needed buses could get them.

Mrs Torrance suggested an update on the transport hub could be provided at a future meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the position of the Integrated Care Fund.

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The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified the 2 new funding requests, Partnership Programme Team (£125k) and Buurtzorg (£52k).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted progress on key projects.

11. Primary Care Funding – Pharmacists in GP Practices

Mrs Alison Wilson gave an overview of the content of the paper.

Mr David Davidson enquired about training programmes and Mrs Wilson commented that training programmes were organised by NHS National Education Scotland and support was provided by pharmacy practices as mentors for the prescribing qualification.

Cllr Helen Laing enquired if the training was similar to nurse practitioner training. Mrs Wilson confirmed that it was a similar course and there were some similarities.

The Chair enquired if a person went to their pharmacist and got a prescription, if that prescription was routinely shared with the individuals' GP practice. Mrs Wilson advised that it was not.

Dr Angus McVean commented that it was not ideal and a single unitary system would be preferred. He suggested that the GP community broadly welcomed and supported the initiative.

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

12. Quarterly Performance Report

Mrs Elaine Torrance gave a brief overview of the content of the report and highlighted several key elements including: carers' data; rates of emergency admissions had reduced; delayed discharges; and palliative care.

Cllr Helen Laing enquired if contact for the over 75s to provide support and prevent admissions could be more creative, by visiting or surveying, involving them in the new Buurtzorg initiative, so that some kind of assessment was undertaken as a preventive measure to reduce over 75s admissions.

Dr Angus McVean suggested that may not work as much of the preventative packages and measures that used to be undertaken had ceased as the majority did not show a difference in admission rates.

Mr Murray Leys suggested the key to supporting people was anticipatory care planning.

The Chair commented that delayed discharges were quite emotive and they were actually stranded patients in the wrong place. He suggested seeking data to provide a picture of what happened to people who stayed in hospital too long.

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Mr Leys advised that he could provide some raw data to show the destinations of delayed discharges, those who lost function and were reassessed and those who were returned home.

Mr John Raine suggested individualised and anonymised case studies could be provided to show, individuals on the patient journey, their destinations, when they became delayed discharges, for how long and why, and their final outcome.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the additional themes and measures for report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key performance issues highlighted.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** advised of any further measures to be included in future quality performance reports.

13. Health & Social Care Locality Plans

Mrs Elaine Torrance presented the locality plans and area profiles and sought a two month period of consultation of the plans beginning in July. She advised that the final plans would be submitted to the IJB in September following the consultation period.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made by Locality Co-ordinators in relation to the development of the H&SC Locality Plans.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the plans and proposals for consultation.

14. Inspections Update

Mr Murray Leys advised that the draft report had been received from the Care Inspectorate and was being checked for factual accuracy. The final report and publication date were awaited.

The Chair confirmed that some of the comments in the draft report had been inaccurate and that had been fed back to the Care Inspectorate. Mr Leys confirmed that was the case.

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

15. Annual Report 2016/17

Mrs Elaine Torrance presented the Annual Report 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Annual Report 2016/17.

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16. Annual Performance Report of the Integration Joint Board 2016/17

Mrs Elaine Torrance gave an overview of the content of the annual performance report and highlighted that it set out the key priorities and direction of travel for the partnership for the coming year.

Mrs Jenny Smith commented that she was content to endorse the report and she asked that the report for 2017/18 be shared with third sector colleagues earlier in the process so that they could provide more meaningful input and feedback.

The Chair commented that within the Executive Summary it would be helpful to set out both areas of good and poor performance.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Annual Performance Report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed proposals for publication of the report.

17. Report on the refresh of partners financial regulations across the partnership resources

Mr Paul McMenamin provided an update on partnership regulations. He reminded the IJB that its Audit Committee had asked that it issue a direction to partners to refresh their financial regulations. He confirmed that NHS Borders financial regulations had been updated in October 2016 and Scottish Borders Council financial regulations had been updated in August 2016. The refreshes were undertaken in the context of both organisations recognising their relationship with the IJB at that time. Scottish Borders Council would be revising their financial regulations further in order to reflect the revised performance arrangements within the IJB.

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

18. Financial Plan Update

Mr Paul McMenamin reminded the IJB that on 27 March 2017 it approved the partnership budget for 2017/18. He commented that the enabling report was extensive and set out a range of areas including key funding principles.

Mr McMenamin reminded the IJB that resources were delegated from the partners to the IJB who commissioned back to the partners for the delivery of services.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and the Health & Social Care Financial Statement 2017/18 to 2019/20.

19. Committee Minutes

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

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20. Any Other Business

20.1 Development Session: Mrs Elaine Torrance reminded the IJB that the next Development session would be held on 25 September 2017 and would focus on two areas being, the commissioning and implementation plan, and pharmacy development and prescribing pressures.

The Chair suggested it was a timely opportunity given the IJB had new members to take another look at its role and responsibilities.

The **HEALTH & SOCIAL CARE INTERGRATION JOINT BOARD** agreed to hold a development session at 12noon, with lunch on 28 August to review its role and responsibilities.

20.2 Prof John Bolton: Mrs Angela Trueman enquired about the session organised for September on the Prof John Bolton work. Mrs Torrance commented that it would focus on developing out of hospital care and a presentation would be given on what had been achieved to date, tracking people out of hospital and making sure they did not return as admissions, and reductions in individual's packages of care as they became better. She further commented that Prof Bolton had agreed to be a critical friend to the partnership.

Mrs Trueman commented that at the meeting held on 4 April, Prof Bolton had mentioned a working group being formulated and she enquired if that had been organised and if a member of the public could be a member of that group? Mrs Jenny Smith also enquired if a carer representative could also be a member of that group? Mrs Torrance advised that she would find out and advise outwith the meeting.

21. 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 28 August 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 3.40pm

Signature: ………………………………..
Chair

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Health & Social Care Integration Joint Board Action Point Tracker

Meeting held 27 April 2015

Agenda Item: Draft Strategic Plan – A conversation with you

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
1	8	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to have a Development session later in the year dedicated to the Commissioning and Implementation Plan.	Elaine Torrance	2017	**Update:** Item rescheduled for 25 September 2017 Development session.	A

Meeting held 17 October 2016

Agenda Item: Clinical & Care Governance – Integrated Joint Board Reporting

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
8	5	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that it would undertake a Development session on clinical and care governance.	Elaine Torrance Evelyn Rodger Cliff Sharp	2017	**In Progress:** Item scheduled for 27 November 2017 Development session.	A

Meeting held 19 December 2016

Agenda Item: Further Direction of Social Care Funding – Borders Ability & Equipment Services

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	12	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive a further report on the operation of the BAES at a future meeting.	Elaine Torrance	March 2017	**In Progress:** Item scheduled for 27 March 2017 meeting agenda. **Update:** Item rescheduled to 23 October meeting as the report is with NHS National Services Scotland for review.	A

Meeting held 27 February 2017

Agenda Item: Health & Social Care Delivery Plan

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
13	8	Tracey Logan advised that there were already strong links to Live Borders in place and she would be happy to provide an update to the IJB if it wished.	Tracey Logan	June 2017	**In Progress:** Item scheduled to 23 October meeting.	A

Meeting held 27 March 2017

Agenda Item: Inspections Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
15	9	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and that the final report would be brought to the Board for consideration.	Murray Leys	August 2017	**In Progress:** Item scheduled to 28 August meeting.	A

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

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CHIEF OFFICER'S REPORT – JULY/AUGUST 2017

Progress

Since the last Integration Board there has been progress/activity in the following areas:

- Publication and press coverage of the Annual Performance Report – 2017.
- Launch of locality plans for consultation – July 2017.
- Attendance at Area Forums – March – August 2017.
- Meeting of the Strategic Planning Group held – meeting was well attended and Chair of IJB attended.
- Transformation Programme developing with input from key Managers across the partnership – Engagement session planned for September 2017.
- Discussion with Chief Officers in South East Region regarding potential areas for collaboration.
- Commissioning and Implementation Plan drafted - focus for discussion at IJB development session – September 2017.
- Work ongoing to develop a joint workforce plan.

Activity in next period

- Attendance at Tweeddale Area Forum to present Locality Plans.
- Further progress with regional collaboration and joint work with Chief Officers.
- Report on feedback from locality plan consultation.
- Report on Commissioning & Implementation plan.
- Report on draft workforce plan.

Recommendation

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

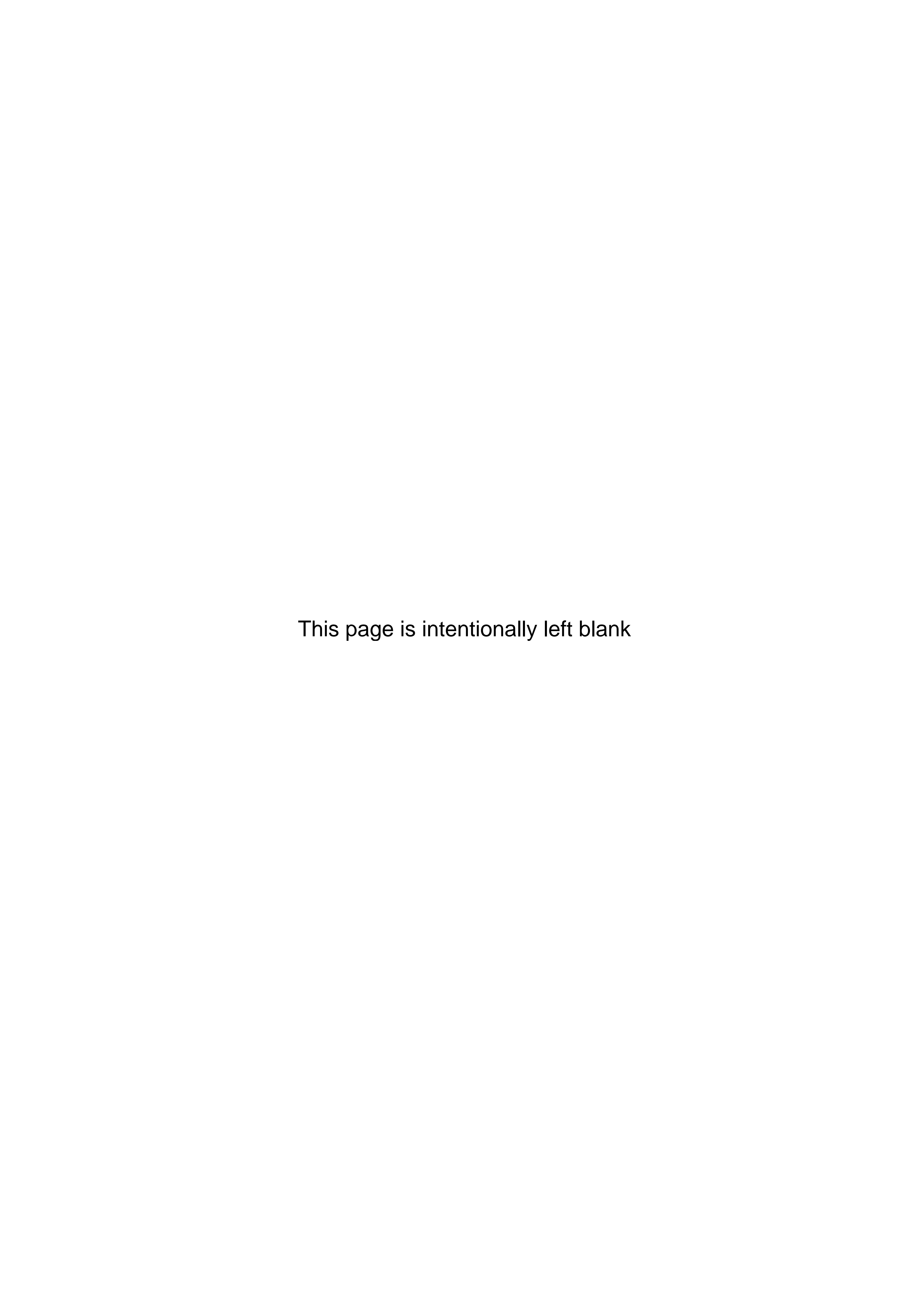
Policy/Strategy Implications	N/A
Consultation	N/A
Risk Assessment	N/A
Compliance with requirements on Equality and Diversity	N/A
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation
Elaine Torrance	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Elaine Torrance	Chief Officer		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INTEGRATED CARE FUND UPDATE – AUGUST 2017

Aim

1.1 The aim of this report is to provide Integration Joint Board members with an update on the Scottish Borders Health and Social Care Partnership's Integrated Care Fund (ICF) Programme and to seek ratification of proposals for direction of funding to two further areas, as approved by the Executive Management Team (EMT).

1.2 An update of the latest position on the approved projects within the programme has been provided, together with the latest actual spend position, accompanied by further detail of key highlights delivered during the last reporting period.

Background

2.1 Integrated Care Funding was first allocated to the shadow partnership in 2015/16 with the award of £2.13m per annum over a 3-financial year period from that date, a total allocation of £6.39m. Since then, total funding of **£4.194m** has been directed by the IJB to projects within the programme and at 30 June 2017, **£2.111m** of this funding has been spent. **£2.196m** of ICF funding currently remains uncommitted.

2.2 To ensure we continue to deliver quality services in an affordable way and secure sustainability through more effective use of scarce resources and implement our legislative commitments such as to improved carer support, the Partnership has developed the first phase of its ongoing Integrated Transformation Programme. This programme is also specifically targeted at supporting the delivery of the Partnership's strategic plan outcomes and objectives. To enable its delivery, it is expected that the majority of the remaining uncommitted ICF expenditure will be required to provide up-front investment to implement new health and social care models and support transitional service delivery arrangements.

Update

3.1 Following approval of the last ICF report by the IJB on 26 June 2017, the ICF Programme now contains 23 projects which have either been completed or are now underway, which in total will require **£4.194m** of funding.

3.2 These projects, along with their funding requirements and total expenditure to 30 June 2017 are summarised below:

	Project	Approved £	Spend to Date £
01.	Community Capacity Building	400,000	201,071
02.	Independent Sector Representation	93,960	47,165
03.	Transport Hub	139,000	128,680
04.	Mental Health Integration	38,000	37,393
05.	My Home Life	71,340	71,351
06.	Delivery of the Autism Strategy	99,386	15,700
07.	BAES Relocation	241,000	307,244 *
08.	Delivery of the ARBD Pathway	102,052	27
09.	Health Improvement (Phase 1+ Extension)	38,000	16,000
10.	Stress and Distress Training	166,000	32,035
11.	Transitions	65,200	35,410
12.	Locality Plans Delivery	259,500	181,084
13.	Locality Manager Pilot	65,818	0
14.	Health & Social Care Co-ordination Pilot	49,238	0
15.	Community-Led Support	90,000	50,482
16.	Matching Unit	115,000	31,604
17.	Rapid Assessment and Discharge Team	140,000	139,000
18.	Transitional Care Facility	941,600	469,887
19.	Pharmacy Input	97,000	0
20.	GP Clusters Project	50,000	0
21.	Pathways of Care:		
	Domestic Violence Pathway	120,000	0
	Care Pathways and Delayed Discharge	7,000	0
22.	Alcohol & Drug Partnership Transitional Funding	46,000	0
23.	Buurtzorg Project Management	52,000	0
N/A	Programme Delivery	706,458	405,202
Total Funding Directed To Date		**4,193,552**	**2,169,335**

* Expenditure now in excess of approved funding

3.3 These projects continue to be monitored in order to ensure they continue to deliver their required objectives, in line with the Partnership's Strategic Plan.

Key Highlights during the last Reporting Period

4.1 Each update report aims to provide an overview of key highlights achieved during the latest period of reporting. Within this report at August 2017, progress made in the delivery of three of the above projects within the overall programme is specifically worthy of noting:

- 01. Community Capacity Building
- 12. Locality Plans Delivery
- 15. Community Led Support
- 16. Matching Unit
- 18. Transitional Care Facility

4.2 *01. Community Capacity Building*

Borders Community Capacity Building is a project which implements a series of coordinated community support projects across the Borders. The purpose of this primarily is to support older people through a person centred approach and encourage communities to create and run their own services. Projects so far have included Walking Football, a gardening project in conjunctions with a Jedburgh Grammar School, Soup Clubs, 'Silver Sunday', New Age Curling and working in partnership with Outside the Box on the Happiness Habits Cafes. Feedback from users has been very positive. 75% of participants reported improved health and wellbeing and 10% go on to volunteer in community projects themselves. External evaluation of the project was completed in July 2017 and concluded that the social return on investment for the work of this team as £10 for every £1 invested. This includes value to the older people themselves as well as savings to the Health and Social Care system.

4.3 *12. Locality Plans Delivery*

The Localities Project demonstrates a clear commitment by Scottish Borders Council and NHS Borders to develop a co-productive and inclusive infrastructure to support planning and delivery of health and social care services at locality level. Three Locality Co-ordinators have been responsible for leading five locality working groups to develop Health and Social Care Locality Plans for each of the five localities in the Scottish Borders. Membership of the Locality Working Groups includes representatives from SBC, NHS Borders, the third, independent and housing sectors, public members, service users and carers.. Local Working Group members were surveyed at the beginning of their involvement and 88% felt informed of what was happening with regard to health and social care integration via their Locality Working Group. The Health and Social Care Locality Plans were published in July 2017 and are out for public consultation until mid-September 2017.

4.4 *15. Community-Led Support*

Community Led Support is an approach where Community Hubs are developed in local community settings. Local community groups, voluntary organisations and Social Work staff are available at the hubs. Recording is minimal – full needs assessment only takes place later if required. The first Scottish Borders hub '*What Matters Burnfoot*' took place on 22nd May with '*What Matters Ettrick'* and '*What Matters Yarrow'* commencing on 7th June, and 'What Matters Galashiels' commencing on 2nd August. Up to 2nd August 2017 a total of 17 community hubs have taken place. '*What Matters Burnfoot'* has concentrated on people who are currently on the social work waiting list. '*What Matters Ettrick'* and '*What Matters Yarrow*' have been entirely drop in sessions. Feedback forms completed by Burnfoot, Ettrick and Yarrow hub users have been very positive. 100% said they felt welcomed, that they received the information that they needed and that they were satisfied with the outcome of their visit to the hub.

4.5 *16. Matching Unit*

The Matching Unit is a small administrative team which matches clients who have been assessed by Care Manager as requiring care at home, to care services. The purpose of this is to provide care at home more efficiently and reduce the time spent by Care Managers on this activity. The Matching Unit opened on 17th April in the Teviot area and extended to Tweeddale on 22nd May and Central on 3rd July. All care at home providers currently used by Scottish Borders Council will be used by the Matching Unit. To end of June 2017 there have been 83 care packages sourced. The priority group of care packages has been as follows – 38 critical care, 33 mainstream care, 11 hospital discharge, 1 palliative. The Matching Unit have also expanded the service they provided to include decreasing and restarting current care packages as directed. Feedback from Care Manager and Care at Home Providers has been overwhelmingly positive. In the Tweeddale locality the waiting list for Care at Home had all care sourced with within the first week of Matching Unit operation in that area.

4.6 *18. Transitional Care Facility*

A Transitional Care Unit has been created within Waverley Care Home in Galashiels. The facility will be a 16 bedded unit but is currently operating with 11 beds due to refurbishment works which are due to finish August. The purpose of Transitional Care is to provide short-term, directed support to individuals (for a maximum of 6 weeks) to enable them to return to their homes. During the 6 months from January to June 2017 average length of stay was 29 days and 77% of patients returned home. If Transitional Care was not available these service users would have remained in Borders General Hospital. It is estimated therefore that the Transitional Care Unit has saved 1473 occupied bed days in BGH from January to June 2017.

Further Direction of Funding

5.1 *16. Matching Unit*

Since approval and direction of funding was made, the projected costs of the Matching Unit have marginally increased as the original budget covered staffing costs only with no provision made for additional expenditure incurred in relation to initial set-up costs, IT and Travel. Given the success of the service since its inception and levels of service demand, a request to the Executive Management Team for further funding in order to recruit an additional member of staff to the team to March 2018 has been made. Taking account of both these factors, a further **£10,500** of funding direction has been requested.

5.2 *New. 7 Day a Week / 12 Hours per day Healthcare Support Worker (HCSW)*

As part of an ongoing strategy to support people to live as independently for as long at home, reduce unnecessary admissions to hospital and support and deliver more services within as integrated a health and social care model as possible, it is proposed to pilot the introduction of a 12 hours-a-day, 7 days-a-week Health Care Support Worker service until the end of March 2018. Based within Haylodge, the pilot service will involve healthcare assistants in an outreach model within the

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Tweeddale area, supplementing existing homecare to clients within their own home setting. This is particularly beneficial given historical Care at Home recruitment challenges in the past and additionally, the role of the new posts will be prioritised to support timely discharge from hospital. This will require a whole-time-equivalent staffing provision of 2.71WTE at an annual cost of £77,999 and for the duration of the pilot, **£51,999**.

5.3 In total therefore, the IJB is to ratify the direction of further funding of **£0.063m** in respect of the 2 additional areas above (consisting of £10,500 and £51,999) which will leave **£2.134m** uncommitted.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the current expenditure position of the ICF and the progress of key projects.

The Health & Social Care Integration Joint Board is asked to **ratify** proposals for further ICF funding.

Policy/Strategy Implications	The programme is being developed in order to enable transformation to new models of care and achieve the partnership's objectives expressed within its Strategic Plan.
Consultation	The recommendations made to the IJB are following consideration and endorsement by the Executive Management Team.
Risk Assessment	There are no direct adverse risk implications associated with the proposals. The Healthcare Support Worker Team will be directly targeted at mitigating risk currently faced by reducing delayed discharge.
Compliance with requirements on Equality and Diversity	There are no adverse equality implications associated with the proposals. The projects identified within the report are designed to improve access to services and support people with a range of conditions and disabilities.
Resource/Staffing Implications	The proposals approved within the programme to date will be funded from the ICF grant allocation over its life and create 1 additional temporary Matching Unit post during 2017/18 and 2.71 WTE Healthcare Support Worker posts.

Approved by

Name	Designation	Name	Designation
Elaine Torrance	Chief Officer Health & Social Care Integration		

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Chief Financial Officer for Integration	Jane Robertson	Strategic Planning and Development Manager

Winter Plan 2017-18

Integrated Joint Board
28th August 2017

Recommendations from 2016/17 Winter Plan

- Community-based prevention strategies to reduce admissions
- Expand ambulatory care services to reduce numbers of patients requiring admission
- Achieve and sustain increased morning discharges with a target of 30% by 11am
- Review and expand health and social care services accessible at weekends to ensure maximum effective discharges
- Restrict elective operating to daycases for first two weeks of January
- Present plans for surge beds, if required, for decision by end June 2017

Things that worked well last year

- BECS – delivered against 4 hour standard
- ED medical staffing - time to first assessment fell over winter
- Length of Stay for medical admissions fell
- Waverley Transitional Care Unit opened
- Flu vaccination (NHS) – amongst highest in Scotland
- Duty Team Role in BGH

Areas to work on (1): Emergency admissions

2015/16 – 2nd highest in Scotland

Emergency admissions per 100k population	2015/16
NHS Borders	NHS Scotland
12,488	10,571

Area	Current pressure/last winter	Actions
Respiratory Admissions	Increase by 30% over winter period	Ensure all known COPD patients have self-mgt plans
Nursing Homes	Observed increase in attendance/admission - need data	Ensure all patients have accessible Anticipatory Care Plan
Medical Admissions	Further increase no of patients seen in Acute Assessment Unit (AAU)	Expansion of AAU facility Increased opening hours
Surgical Admissions	No GP assessment or ambulatory care service	Establish Surgical Assessment Unit Establish Ambulatory care

Areas to work on (2): Access to beds

Winter 16/17 – 48% of EAS breaches due to wait for bed (60% in Jan 17)

Area	Current pressure/last winter	Actions
Morning Discharges	Averaged 13% over winter period	Focus on Discharge Lounge
Weekend Discharges	8 discharges less per weekend than equivalent weekday period	-Weekend AHP services -Discharge criteria
Surge beds	273 occupied beddays	MAU staffed to 30 beds BSU plan for 2 extra beds (no extra staff) Open 2 extra beds in CH (no extra staff) Out-of-hospital surge capacity

Areas to work on (3): Elective care

Winter 16/17

– elective inpatient operating cancelled for 17 days during January.

- PSAU - inpatient area for 17 days.

Area	Current pressure/last winter	Actions
Inpatient operating	48 procedures cancelled (64 previous year)	Develop model of elective operating that maximises procedures but reduces bed requirement (e.g., single gender, single bay)
Daycase operating	31 procedures cancelled (63 previous year)	-Remodelling of PSAU and Ward 16 -Schedule daycase operating to prepare for contingency planning during January

Areas to work on (4): Delayed Discharges

NHS Borders

Winter 16/17 – 9792 beddays lost to delayed discharges

Area	Current pressure/last winter	Actions
Rapid Access Homecare	27% of delayed discharge beddays waiting for homecare	Establish rapid access homecare team (staffed by healthcare support workers) in one locality as pilot
Delays to Assessment	728 beddays (7% of total) waiting for SW assessment	-Review START capacity -Establish 5 assessment beds in Waverley for complex assessment (discharge to assess)
Specialist dementia beds	633 beddays (6% of total) waiting for specialist dementia care	Establish additional dementia care home beds
Interim placement beds	2645 beddays (27% of total) waiting for care home place	Establish interim placement beds

Areas to work on (5): Staffing

Agency nursing spend winter 2016-17 was £544k

Area	Current pressure/last winter	Actions
Proactive recruitment	Average 3.2 nursing vacancies over winter, however, additional staffing required for surge beds Spend on medical locums	<u>Nursing</u> Staff MAU fully to 30 beds Active recruitment strategy <u>Medical</u> Proactive recruitment of CDF posts to reduce risk of locums Recruitment to ED medical staffing
Social Care	6.75 patients (25% of total) delayed waiting homecare over festive period	-- Commission homecare providers to staff over establishment for festive period and into January

Festive Period

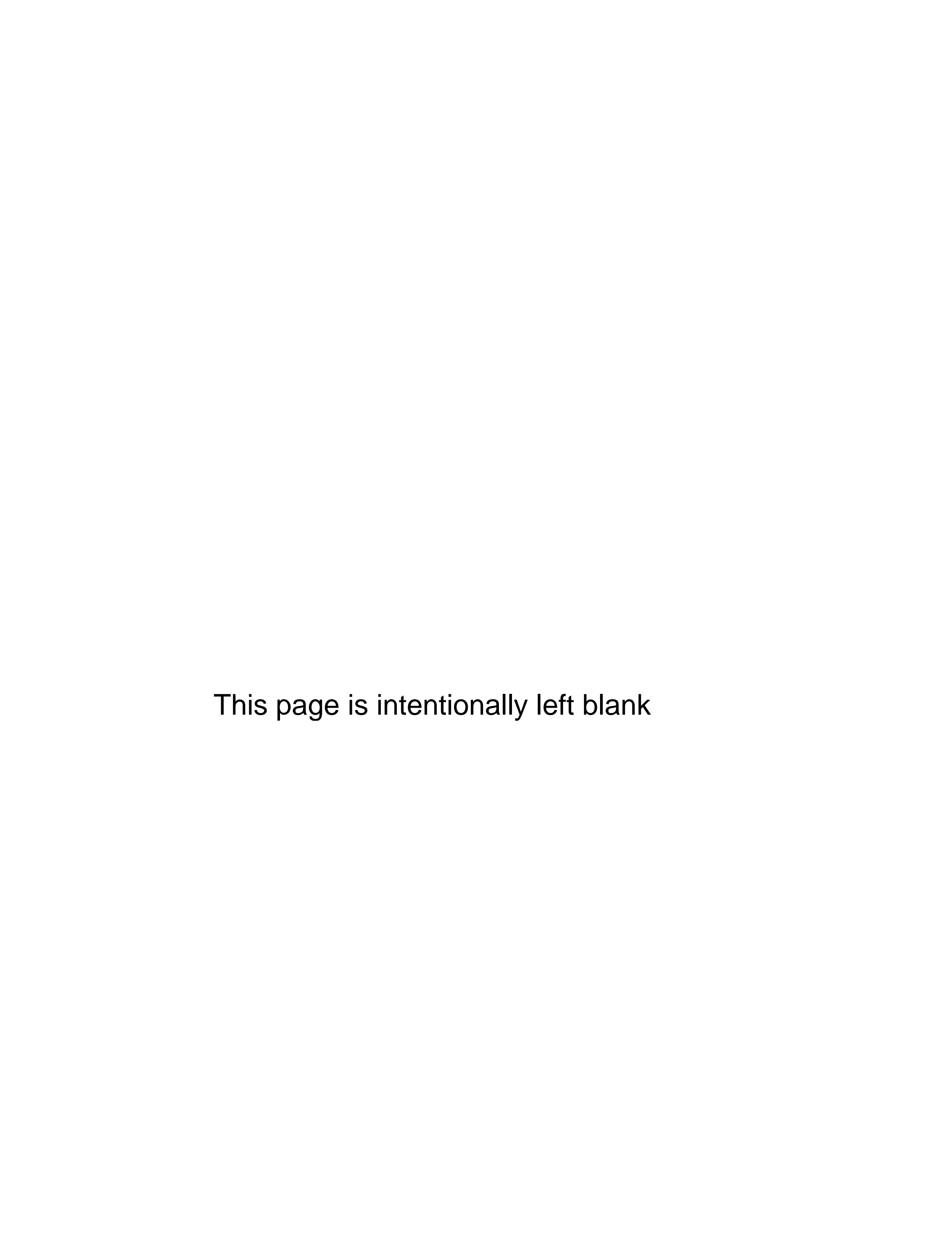
Area	Current pressure/last winter	Actions
Staff according to predicted demand	10% increase in ED attendances in 2016/17 9% increase in emergency admissions in 2016/17	Staff ED to expected demand over festive period Ensure staffing for surge capacity
Operate normal business in New Year public holidays	17% increase in ED attendances 15.3% increase in admissions compared to previous year	-- Commission homecare providers to staff over establishment for festive period and into January - Appropriate levels of cover from AHPs, SAS, Social Work

Winter Plan Timeline

- 03/8/2017 NHS Board Development Session –Draft Winter Plan
- 28/8/2017 Integrated Joint Board – Draft Winter Plan
- **31/8/17 Submission of Draft Winter Plan to Scottish Government**
- 7/9/2017 NHS Strategy and Performance Committee Formal sign-off

- 23/10/2017 IJB Final Winter Plan
- 26/10/2017 NHSB – Final Winter Plan
- **31/10/17 Submission of Winter Plan to Scottish Government**

Any Questions?



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SCOTTISH BORDERS MENTAL HEALTH STRATEGY

Aim

1.1 To gain approval for the draft mental health strategy which will enable development of an implementation plan with identified leads and timescales.

Background

2.1 In November 2014, the Scottish Borders Mental Health Needs Assessment identified 21 recommendations for service improvement. In September 2015 two events were held to prioritise the recommendations; one for service users and carers and one for wider stakeholders. A total of 75 participants attended these events this included staff from mental health services, community learning & development, health improvement, voluntary sector, libraries etc. Both groups identified the need to develop an overarching mental health strategy which captured the views and aspirations of all stakeholders as a priority.

2.2 A small working group was established to take forward the development of this strategy. It was agreed that the strategy would cover all age groups, that it would encapsulate the work at all levels including population mental wellbeing, early intervention and prevention, care and treatment and carers support. The strategy would not duplicate other work so would not include areas such as Dementia or Autism which are covered in other strategic documents but would make reference to these where appropriate. The aim was to align this work with the objectives of the local Strategic Plan and relevant National strategies.

2.3 Two events were held in May/June 2016, with similar attendance to previous events to consider the strategic objectives and how they related to mental health. During this time, a template was also circulated around stakeholders to enable as many people as possible to have input to the development of the strategy. The information from these events and the submission of information on the template form the basis of the current strategy document.

2.4 A significant amount of consultation work has already been undertaken with relevant stakeholders in order to develop the strategy document.

2.5 The strategy has been discussed and amended following comments made at the Mental Health Board, Mental Health Partnership Board and NHS Borders Strategy Group. There are plans to also take the strategy to the NHS Board and Children and Young Peoples Leadership Group with final sign off at the Integration Joint Board (IJB).

2.6 Work has begun to develop an implementation plan in order to achieve the objectives identified within the strategy and once approved, the document will undergo design work with SBC graphics team prior to its launch.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the mental health strategy.

Policy/Strategy Implications	A Mental Health Strategy for Scottish Borders developed in line with relevant national strategies and the local strategic plan which will provide focus for future of the service
Consultation	Widely consulted on across all stakeholders including staff, third sector, service users & carers
Risk Assessment	By having a Strategic Plan in place it will ensure that the partnerships' direction of travel is in line with national recommendations and therefore all staff and key stakeholders will be aware of the vision for Mental Health Services.
Compliance with requirements on Equality and Diversity	An Equality Impact Assessment has been completed on the strategy.
Resource/Staffing Implications	All activity will be met within current budget and current staff allocation

Approved by

Name	Designation	Name	Designation
Simon Burt	General Manager for Mental Health and Learning Disabilities		

Author(s)

Name	Designation	Name	Designation
Haylis Smith	Mental Health Strategy & Commissioning Manager		

Scottish Borders Mental Health Strategy

If you always do what you've always done, you'll always get what you've always got."
Henry Ford (1863-1947), American founder of the Ford Motor Company

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Contents

Introduction

The Mental Health strategy provides a framework for delivery of mental health activities in Scottish Borders for all age groups, bringing together the range of work including promotion of population mental health, prevention of mental health problems, delivery of care and treatment of mental illness and support for recovery. The strategy provides the means for ensuring delivery of commitments from the national strategies on mental health and suicide prevention and enables implementation of the local Mental Health Needs Assessment recommendations and Scottish Borders Health & Social Care Partnership Strategic Plan objectives as they relate to Mental Health. It does not duplicate effort but where appropriate provides a reference point for other relevant strategic approaches e.g. Dementia strategy, Joint Carers Strategy etc.

A number of key national and local strategies and polices (Appendix 1) have been published which guide the work undertaken locally, including the national mental health strategy, suicide prevention strategy, self-directed support, anti-stigma and health inequalities etc. This strategy also provides an opportunity to link Mental Health to the Health and Social Care Strategic Plan which provides the framework for Health and Social Care integration in Scottish Borders. This strategy encourages creative ways of working through collaboration and effective partnership.

At the heart of this strategy is involvement. Through the Mental Health Needs Assessment, development of a Mental health Strategy for Scottish Borders and consultation events, staff, service users, carers and community members were given opportunities to contribute to the future strategic direction of mental health in Scottish Borders.

There is a need for a consistent strategic approach across all age groups. This approach should take account of, and address the risk factors for mental illness and promote the positive factors for mental wellbeing. Negative life events such as long-term conditions, learning disabilities, adverse childhood events, substance misuse, homelessness, offending, poverty, unemployment, physical disabilities, caring etc have a considerable impact on health and wellbeing and in particular mental health[1,2]. A significant inequality is seen in the life expectancy of those with a diagnosed mental illness where life expectancy can be 10 to 15 years lower than the general population[3]. People with mental health problems experience inequalities in relation to income and employment. Ensuring there is strong representation in all relevant groups which address these areas of inequality will be key to delivering the objectives of this strategy. It is therefore important that the Community Planning Partnership's Reducing Inequalities Strategy recognises mental health as a priority.

In line with international evidence and recognised good practice, the strategy brings together promotion, prevention, treatment, care and recovery to support improvement in the mental health of people in the Scottish Borders. By taking an outcomes focused approach, the strategy will enable partners to identify what they want to achieve and how to get there.[4] [5]

[1] Scottish Borders Mental Health Needs Assessment 2015
[2] http://www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf
[3] http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0019590
[4] http://www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf
[5] http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

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There are other related areas which currently have strategies which take account of mental health including children & young people, early years, autism and dementia, as such, these areas of work will not be within the scope of the mental health strategy but will be cross referenced where relevant.

The strategy, along with the Scottish Borders Mental Health Needs Assessment, will ensure mental health services are delivered making the best use of currently available resources.

Vision for Mental Health

Our vision is of a community which works together to value and promote a holistic approach to mental health and emotional wellbeing

Aims

In doing this, we support a community which

- Promotes good mental health and wellbeing for all
- Respects, protects and supports people with mental health issues and mental illness to live well
- Recognises, supports and values families and carers
- Promotes partnership between services and the population they serve.

Priorities

This will ensure:

- People are able to find and access information and advice on mental health and wellbeing
- Communities are more confident about what they can do to promote mental health
- Improved support pathways for people who are at risk of or experience mental ill health
- Frontline staff have the appropriate levels of knowledge and skill to enable them to provide the best support and signposting
- Individuals will have an increased understanding of their own mental wellbeing
- Improved access to services and reduced barriers particularly for those with dual diagnosis.

Where are we now?

Key facts about mental health in Scottish Borders

Scottish Borders has a population of 114,030, 17% are under 16 years old, 30% are over the age of 60[6]. Evidence shows that mental illness affects 1 in 4 adults and 1 in 10 children under 15. These figures would suggest that around 19,800 adults and 1898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives. Depression and anxiety are the most common; however others include eating disorders, personality disorders and schizophrenia. It should be noted that these figures are estimates due to the exact prevalence of mental health issues being problematic to approximate as many do not seek assistance.[7]

[6] Scottish Borders Area Profile 2016
[7] http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf

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Deprivation and isolation are key risk factors for mental ill health. 3% of the Borders population live in Scotland's most deprived data zones, 43% live in fuel poverty, 11% of children live in poverty and around 47% live in rural locations.

In 2014/15 17.5% of the Borders population were prescribed medication for anxiety/depression/psychosis, the Scottish Average is 17.3%. The suicide rate for the Borders was 15 per 100,000 population (age-sex standardised rate)[8] compared to 14.2 for Scotland.

There is a strong association between mental and physical health. Around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety. Mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year[9]

The recent SALSUS survey of young people in Scotland shows that on a global measure (SDQ), mental health and wellbeing has remained relatively constant over the last 6 – 7 years. However, this masks variation in different aspects of mental health. There has been a decrease in the number of young people who have a conduct problem, while pro social behaviour has improved over the same period. Emotional problems have increased as have, to a lesser degree, peer relationships problems.

Several national surveys of the health of young people in Scotland show that mental health and wellbeing deteriorates with age and that by the age of 15 girls have worse mental health and wellbeing than boys, particularly in relation to emotional health[10]
There are two main areas of young people's lives that show a close association with their mental health and wellbeing:

- Number and nature of friendships: those with fewer friends have poorer mental health
- Relation with school: young people who dislike school, feel pressured by school work, truant on multiple occasions or have been excluded tend to have poorer mental health and wellbeing

The surveys show an association between levels of mental health and wellbeing and deprivation but deprivation has a less powerful impact on mental health than attitudes to school. In line with other research evidence, a range of factors emerge as important in protecting and promoting mental health and wellbeing in young people: belonging to a club or group or regular involvement with a hobby, interest or sports activity is beneficial.

A recent survey of Young People by the Scottish Youth Parliament (July 2016)[11] suggests that 25 per cent of those aged between 12 & 26 years of age consider themselves to have had a mental health problem, 70 per cent of whom did not know what help and support was available in their area with 1 in 5 not knowing where to go for advice and support.

[8] http://www.scotpho.org.uk/
[9] http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/mental-and-physical-health
[10] (SHeS, 2015; SALSUS, 2015; HBSC, 2016).
[11] https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/475/attachments/original/1467641786/SYP_MENTALHEALTH-REPORT_FINAL_2_(1).pdf?1467641786

Health & Social Care Integration
The Mental Health Service began a programme of integration a number of years ago. In the last year, the co-location of integrated locality based Community Mental Health Teams. These multi-disciplinary teams bring together staff from health and social care under one management structure with the aim of providing the right support to individuals delivered by the most appropriate profession.

Wider Health & Social Care integration has also become a reality. The Strategic Plan, details how we plan to improve health and wellbeing in Scottish Borders through integrating health and social care services. The nine objectives provide a framework for this and by linking these objectives to the relevant areas of Mental Health, this strategy will ensure the best opportunity for improving the mental health and wellbeing of the Scottish Borders. By working with individuals and local communities, these strategic objectives will support people in Scottish Borders to achieve the National Health & Wellbeing Outcomes (Appendix 2)

Mental Health Needs Assessment and Locally developed plans
In order to inform future planning and service development, in 2014, the Mental Health Service commissioned an independent organisation to undertake The Scottish Borders Mental Health Needs Assessment. This provides a detailed description of current mental health provision, identifies gaps and makes 21 recommendations. A wide range of stakeholders influenced the Needs Assessment and it therefore provides robust information on which to build this strategy. The recommendations can be found in Appendix 3

In addition to the Needs Assessment, there are a number of action plans and workplans which arise from the Mental Health & Wellbeing Partnership Board sub-groups in Scottish Borders (Structure Appendix 4) including; Mental Health Commissioning Strategy Delivery Plan, Mental Health Improvement and Suicide Prevention Action Plan.

Service Users Involvement and Rights to Life Declaration & Change Agenda
The Needs Assessment identified the importance of service user and carer involvement. The Mental Health Service has in the past, been guilty of a tokenistic approach to this. The last few years have seen a new approach with a commitment to continue funding for a Service User & Carer Development post to ensure meaningful engagement. Service Users and Carers have been key stakeholders in the development of this Strategy, commissioning of new services and recruitment of staff.

The Rights for Life Declaration[12] is a statement of the rights that people affected by mental health issues in Scotland are calling for. Its aim is to help achieve transformational change to the way people affected by mental health issues enjoy their rights. It is based on the views of hundreds of people with experience of mental health issues and those family and friends who care for them. The Change Agenda, which accompanies the declaration, will be used to inform service policy, practice and responses to people asserting their rights.

This strategy provides an opportunity to ensure the Rights for Life Declaration is embedded in Mental Health Services across the Borders.

[12] https://rightsforlife.org/the-declaration-2/

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Wider determinants of mental health

There is an improved understanding and recognition of the risk and protective factors for mental health as detailed in Good Mental Health for All[13].

There has been an increased focus on mental health at both national and local levels, which has resulted in Government commitments to addressing issues, and local inclusion of mental health in a broad range of service plans and strategies. Through the community planning theme of reducing inequalities, there is a desire to improve partnership working to ensure inequalities are addressed and a genuine sense that a process of change has begun. In the Reducing Inequalities strategy, the Community planning partnership has made a commitment to:

Focus resources on areas of greatest need to reduce inequalities, through core service delivery and programmes

Maximise impact of locality planning to reduce inequalities

Enhance capacity of staff to address inequalities and support individuals and families, through training and tools

Children & Young People

The mental health of children and young people is a priority for the Children and Young People's Leadership group in implementing the Integrated Children and Young People's plan 2016 – 2018. This is being taken forward through the sub groups of the Leadership group, to include early years work to foster the development of emotional health and resilience and to support family relationships and parenting. The Children and Young People's Planning group is committed to increasing understanding of mental health, raising awareness of the information, resources and supports available for children and young people and families, and improving access to support when required. Engagement with young people and with parents is key in this.

CAMHS

The Scottish Government has recently allocated funding to health boards in Scotland, over a period of four years, to improve access to both CAMHS and Psychological Therapies.

A project plan is currently being drawn up detailing how the Mental Health Service plans to use this funding to improve CAMHS waiting times, and a short life working group is being set up to manage the project plan.

Older Adults

For adult and older adult community mental health teams the continuation of the Integration of health and social care will also impact on the services provided .In particular this will impact for service users in the following ways; easier access to the right worker at the right time, consistency in the service people can expect and evidence of continuous improvement across health social care partnerships creating a seamless experience for service users.

For people with Dementia the Borders Dementia Working Group whose membership is solely people with a dementia diagnosis will further develop its role in campaigning, influencing policies, reducing prejudice and stigma service development and being the voice of people with dementia . The network of dementia cafes is continuing to deliver

[13] http://www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf

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community support to the population and it is envisaged that this will expand to cover all towns in the Scottish Borders particularly in Berwickshire. People with a diagnosis are being enabled to complete “Getting to Know me” a document aimed at promoting their interests and wishes if they are they experience periods in which they can’t express those needs. After diagnoses, people can expect to receive individualised support resulting in a personal plan within the first year.
For all adults the integration of health and social care means that discharge from hospital will be timely and coordination of support and care is personalised.

Where do we want to be?

Consistently, the key themes which have emerged from the consultation work undertaken to develop this strategy are:

- People are able to find and access information and advice on mental health and wellbeing
- Communities are more confident about what they can do to promote mental health
- Improved support pathways for people who are at risk of or experience mental ill health
- Frontline staff have the appropriate levels of knowledge and skill to enable them to provide the best support to people
- Individuals have an increased understanding of their own mental wellbeing
- Improved access to services and reduced barriers particularly for those with dual diagnosis.

These will be addressed through the implementation of this strategy.

How will we achieve our strategic vision?
The Strategic Plan for Integration sets out a number of objectives. By aligning these with mental health, we are able to develop a clear plan for how we will achieve our strategic vision. Each objective identifies what it means for mental health, what we are currently doing, what we plan to do next and what difference we will notice in 5 years’ time.

The activities behind these objectives will not be the sole responsibility of mental health services. There is a need to ensure a broad approach that supports mental wellbeing for all, provides the right support at the right time for those who experience mental illness and provides every opportunity for recovery. To achieve this will require co-production between statutory organisations, voluntary organisations, service users & carers. Success will mean not doing more of the same; it will require creativity and innovation to deliver services that are fit for the future.

Implementation will require the development of an action/delivery plan with identified leads and timescales for action. The Mental Health & Wellbeing Partnership Board will oversee the implementation of this strategy and its associated action plan. The Board will also play a lead role in influencing other strategies that have a direct or indirect impact on the successful delivery of this strategy.

A process of engagement has contributed to the development of this strategy. A short life working group was established to develop a template which was widely distributed among stakeholders. The feedback from this formed the basis of two engagement events which

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were attended by a broad range of stakeholders covering service users, carers, third sector organisations, mental health services, education, community learning and development etc. The information gathered from these events has been used to populate the strategic objectives as detailed below.

Strategic Objectives

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

What this means for mental health:
Our community will work together to promote awareness and a positive image of mental health; information and activities will be available to help everyone maintain good mental health.

What we are currently doing:

- Promoting mental health awareness and literacy through community based activities and capacity building through Healthy Living Networks and Community Learning & Development.
- Awareness raising and education on suicide prevention
- Workplace initiatives on mental health and wellbeing in SBC and NHS
- Outreach work to share experiences of recovery
- Providing support through Local Area Co-ordination and building capacity in communities
- Delivering locality based, integrated health and social care community mental health teams

What we plan to do next:

- Improve how we coordinate information and resources on mental health and wellbeing for the public
- Work with local community learning partnerships and other locality forums
- Promote awareness among planning partners of what supports and challenges mental health for people in the Borders
- Promote national campaigns such as See Me locally
- Develop consistent referral criteria for mental health services
- Roll out mental health first aiders in SBC
- Work to challenge and reduce stigma and discrimination in our communities
- Embed arts, cultural and sporting activities as a central component to our work
- Test/explore new approaches to commissioning arts, cultural and sporting interventions into a range of services

What difference will you notice in 5 years:

- People are able to find and access information and advice on mental health
- Communities are more confident about what they can do to promote mental health
- Strategies and action plans across the Integrated Joint Board and Community Planning Partnership show evidence of partners' commitment to promoting mental health

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2. We will improve prevention and early intervention

What this means for mental health:
All members of our community will have the information and support available to be able to identify early signs of and prevent mental health problems, mental illness and manage distress

What we are currently doing:

- Lifestyle Advisor Support Service (LASS)
- Doing Well
- Stressbusters
- Local Area Co-ordination service
- Healthy Living Networks
- Community Learning and development locality plans & associated activity
- Small Change Big Difference programme in NHS and SBC and with partners
- Delivering support in the workplace
- Suicide prevention and mental health first aid training programmes
- General Adult and CAMHS treat first episode psychoses.
- Carer peer groups
- Community mental health workers in secondary schools
- Support for women in ante and post-natal periods
- Early Years Centres
- Wide range of community groups and activities

What we plan to do next:

- Identify and address unmet need e.g. mothers/ parents of small children, single men of working age; older people & those with Long Term Conditions who are isolated, those who have experienced childhood trauma, carers etc.
- Improve access to information and clarify pathways to sources of help which promotes a wide range of support options
- Build capacity in universal services to respond sensitively to mental health issues
- Targeted delivery of training on suicide prevention and follow up support
- Asset mapping of community based resources, groups and opportunities to support mental health and wellbeing
- Improve life chances for Children, Young People (CYP) and families at risk
- Improve transition support and response to mental health issues in schools
- Promoting steps for mental wellbeing and self-management
- Encourage creativity and innovation i.e. use of modern technology
- Utilise available funding streams to undertake tests of change in communities
- Deliver a care programme approach[14] to ensure those with complex needs including mental health, addictions and criminal justice have their needs met
- Develop approaches in education to promote mental health and wellbeing
- Identify specific projects that can be used as pilots for embedding arts, sporting and cultural activities

What difference will you notice in 5 years:

- Improved pathways to support for people who are at risk of poor mental health so that people get the help they need early
- Improved knowledge and skills in frontline services about supporting and signposting people
- Early detection of psychosis and intervention for first episode psychosis provides better

[14] http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/care-programme-approach.aspx

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outcomes for individuals

- Individuals will have an increased awareness of their own mental health wellbeing
- Communities will have improved mental health literacy
- Partnerships between health and art, cultural and sporting organisations improve the reach and impact of health interventions

3. We will reduce avoidable admissions to hospital

What this means for mental health:
We will provide person centred, effective, recovery focussed care and treatment for those experiencing mental illness, avoiding hospital admission where possible. We will support family & carers to support recovery

What we are currently doing:

- Evaluating and reviewing the pattern of commissioning to ensure a broad range of options aimed at supporting independence in the community
- Developing clear referral criteria for mental health services
- Developing information about available services in the community
- Delivering self-management programmes through third sector
- Ensuring consistency in resourcing and delivery of packages of care through mental health panel
- Undertaking personal outcomes focussed assessments and offering the range of options available through Self Directed Support.
- Provide Crisis Support
- Where required, follow the principles of the Mental Health Act

What we plan to do next:

- Increase the number of peer workers
- Ensure holistic approach which takes account of families as well as the individual
- Review options for perinatal support network in line with Healthy Start Healthy Scotland
- Consider approaches to identified areas of unmet need e.g. support for those who have experienced trauma, those with co-occurring mental illness and addictions etc.
- Continue programme of evaluations of statutory & voluntary sector services to ensure they meet the needs of the population
- Implement Rights for Life declaration across all mental health services
- Deliver a care programme approach to ensure those with complex needs including mental health, addictions and criminal justice have their needs met
- Improve the physical health of those with existing mental illness
- Develop a model which supports those in distress
- Work with cultural and physical activity organisations to create activities targeting those mild to moderate mental illness
- Consider the future requirements for hospital based care and opportunities for further development of community-based supports.

What difference will you notice in 5 years:

- Reduced hospital admissions and reduced readmission rates
- Clear referral and admission criteria for services
- Clear information available in a range of formats about community based services and how to access them
- Flexible person centred approaches to delivering support
- Improved outcomes for carers and families

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4. We will provide person centred, effective, recovery focused care close to home

What this means for mental health: Our community will work together to ensure that timely support is available for people experiencing a decline in their mental health and if appropriate, their carers in order, where possible, to reduce the need for more intensive care and treatment
What we are currently doing: • Evaluating current services to ensure efficacy and efficiency • Implementing Needs Assessment recommendations • Delivering care through multi-disciplinary integrated community mental health teams • Delivering a range of services through the third sector which offer choice and flexibility • Access to independent advocacy
What we plan to do next: • Work to increase the number of peer workers throughout our services • Improve treatment for people with mental illness and co-occurring issues e.g. addictions, learning disabilities, autism, criminal justice • Improve integrated health & social care services • Improve services for people in groups of unmet need e.g. trauma, autism, ARBD • When hospital admission is necessary, it will be high quality person centred, outcome and recovery focussed • Improve opportunities for respite • Increase availability of psychological therapies including delivery of therapies • Provide opportunities for sharing good practice across voluntary and statutory services
What difference will you notice in 5 years: • Hospital admission avoided where possible • Reduced prevalence of suicide, self-harm and common mental health problems • Better access to appropriate services • Increased personalisation – more choice and control • Increased levels of co-production with service users, carers and families

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5. We will deliver services within an integrated care model

What this means for mental health: Our community will work together to ensure that those who have experienced mental health problems have available, accessible and meaningful recovery focussed opportunities.
What we are currently doing: • Delivering community based care through multi-disciplinary community mental health teams • Evaluating statutory and voluntary services to ensure we deliver the right support at the right time • Promote & support partnership working between organisations • Where practical, developing joint protocols and procedures across health and social care • People with lived experience play an active role in developments in mental health service including e.g. strategy, policy and staff recruitment
What we plan to do next: • Promote empowerment and positive recovery from mental health problems • Develop the local recovery college model • Develop community based and peer led networks and assets and link these with learning and development • Support the delivery of mental health recovery networks aligned to community assets • Develop a hub and spoke approach to delivering community based services, co-locating services where possible and ensuring equity across the Borders • Ensure continued opportunities for service user feedback and use this to support service developments • Seek to develop data sharing protocols which reduce the need for people to repeat their stories unnecessarily • Consider ways to ensure mental health services work in partnership with other services/organisations to offer a variety of opportunities for service users e.g. cultural and physical activity organisations to support recovery
What difference will you notice in 5 years: • More people with mental health problems will recover and stay well • There are increased opportunities for positive life beyond illness • Services will be delivered within an integrated care model • A recovery- oriented service is embedded • There is equity of service provision across the Borders

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

What this means for mental health:
We will continue to provide opportunities for those who have experienced mental illness, their carers and wider stakeholders to influence development and delivery of services. We will ensure that outcomes focussed models of care are implemented and that individuals influence the outcomes they hope to achieve

What we are currently doing:

- Service users and carers are involved and enabled to influence strategic direction and decision making
- Developing clear referral criteria for mental health services
- Develop a commissioning plan which provides a range of services and provide accessible information about their function
- Provide options for support through self-directed support approach
- Developing referral process which focusses on service user outcomes
- New commissioned service specifications include a requirement to implement outcome and recovery focussed assessment and support plans
- Implemented new personal assessment process in social work
- Mental health management attend mental health forum to hear views of service users and carers and to provide timely feedback on service developments

What we plan to do next:

- Service users are involved in recruitment processes
- Mental Health will be represented on relevant decision making groups particularly those relating to transport, poverty, housing, welfare benefits etc
- Develop accessible information and link into broader access to information projects when available
- Ensure there are regular opportunities for service user and carer feedback regarding services and ensure these views are used to support service development
- Implement Rights for Life declaration

What difference will you notice in 5 years:

- Increased number of people accessing self-directed support
- Service users and carers meaningfully involved in all service development activity
- Service users and carers able to exert their rights
- Timely feedback provided to services users and carers

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7. We will further optimise efficiency and effectiveness

What this means for mental health:
We will ensure that all services delivered in the future are linked to the needs assessment and are developed as part of a pathway of care which avoids duplication.

What we are currently doing:

- Comprehensive Mental Health Needs Assessment
- Programme of service evaluation
- Re-commissioning of services using evidence gathered
- Partnership working across third sector organisations
- Developing peer workers across third and statutory services
- Involving service users and carers in service developments and recruitment

What we plan to do next:

- Robust commissioning decisions based on good quality evidence
- Targeted research to identify areas of unmet need and consider how best to meet these
- Ensure links are established with relevant strategic groups which impact on mental health e.g. transport, housing etc.
- Where appropriate consider options for self-referral to services using evidence from previous successful examples e.g. Borders Addiction Services
- Consider community approaches which develop links between primary care and mental health services and reduce the need for people to attend primary care settings in order to access services
- Develop partnership working between third sector and statutory sector
- Develop test of change models and where successful roll out across services
- Ensure smooth transitions between services e.g. from CAMHS to Adult or LD to MH services

What difference will you notice in 5 years:

- Reduction in duplication of services
- There is a clear rationale for commissioning decisions
- Pathways of care are clear and services are accessible
- Increased co-production across services

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8. We will seek to reduce health inequalities

What this means for mental health:
We will work together to tackle and reduce discrimination against those with mental health problems. We will reduce the inequalities in health and wellbeing that affect people with mental illness

What we are currently doing:

- Development of nutrition and healthy eating programme for mental health service users in key settings
- Programmes of physical activity, outdoor activity and cultural activities including music and arts therapy and reading groups.
- Scoping work on smoking cessation support
- Collaborative work with LASS
- Mental health a key issue being addressed by education and community learning and development
- Develop peer support workers
- Community capacity building through LAC

What we plan to do next:

- Establish a robust health and wellbeing programme to provide regular health checks for key service user groups and facilitate access to lifestyle advice and behaviour change support and self-management
- Anti-stigma programme
- Develop stories/case studies and use these to raise awareness and build skills and knowledge for staff and communities
- Strengthen positive links between primary care services and other community services
- Develop accessible information in a variety of formats
- Develop where possible equitable services across Scottish Borders
- Promote awareness and understanding of mental health across all relevant strategic groups i.e. poverty, transport, housing, employability etc.
- Develop opportunities for raising awareness of mental wellbeing and the positive steps to promote this
- Develop links to address the mental health issues experienced by those with long term physical conditions, through improved collaboration
- Work with strategic partners to consider opportunities for individuals to take part in cultural and physical activities
- Work with strategic partners to ensure housing needs of people with mental health issues are met
-

What difference will you notice in 5 years:

- Mental health service users have regular health checks and health improvement plans as part of routine care, leading to better health outcomes
- Improvements in referral to lifestyle support services
- Improvements in healthy behaviour
- Reduced amount of GP contact time devoted to people experiencing mental health problems

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9. **We want to improve support for carers to keep them healthy and able to continue their caring role**

What this means for mental health: Appropriate and accessible support will also be available to those who provide care for those experiencing mental illness.
What we are currently doing: • Carers Assessments • Joint working with Borders Carers Centre • Availability of respite where eligible need identified • Carers needs included in Social work personal assessment •
What we plan to do next: • • Strengthen support for those bereaved by suicide • Implement the Triangle of Care: Carers Included: A Guide to Best Practice in Mental Health care in Scotland • Increase the number of carers referred for carers assessment. • Implementation of the new Carers Bill at a local level • Set up a peer support network for carers caring for someone with a mental illness • Provide training for staff • Provide respite and training opportunities for carers • Ensure carers are involved in the planning and delivery of services – increased representation at meetings. • Improve opportunities for respite • Ensure carers needs are addressed in all assessments • Information developed will include support for carers • Work with partners to create a holistic package for carers to support mental health and wellbeing as part of the new carers strategy (in development)
What difference will you notice in 5 years: • Carers are more included • Carers have more resilience • Carers are more enabled to support recovery • Carers have their voices heard • Increased number of carers assessments

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Glossary of terms

Mental Health

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. (WHO, 2010)

Our mental health is not a fixed state. There are times in our life when our mental health is poor and we may need extra support to cope. There are recognised events which put people's mental health under stress i.e. loss events e.g. bereavement; transitions events e.g. adolescence and circumstances e.g. accidents. (Promoting Mental Health Improvement Training)

Mental health improvement

Mental health improvement is any action that increases mental health and wellbeing among populations and individuals. It is an umbrella term covering actions which;

- Promote mental wellbeing
- Prevent mental health problems
- Improve quality of life for people with mental illness (PMHI training package)

Mental health promotion

Mental health promotion covers a variety of strategies, all aimed at having a positive impact on mental health. Like all health promotion, mental health promotion involves actions that create living conditions and environments to support mental health and allow people to adopt and maintain healthy lifestyles. This includes a range of actions that increase the chances of more people experiencing better mental health

Mental wellbeing

There are many different definitions of mental wellbeing but they generally include areas such as: life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support.

Mental illness/disorder

Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, anxiety, personality disorder, bi-polar disorder.(WHO, 2010) With the right treatment and support, recovery from mental illness is not only possible but probable. (SMHFA)

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.

Poor mental health is also associated with inequalities, poverty, rapid social change, trauma, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence and physical ill-health, the stress of caring and human rights violations.

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There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors and imbalances in chemicals in the brain. (WHO, 2010)

Like physical illness, mental illness can have a significant effect on a persons ability to carry out activities of daily living, either due to symptoms of illness or through experiencing discrimination.

Prevention
In this context and within this strategy, any activity which aims to prevent the occurrence or recurrence of mental illness will be considered prevention. These may be activities which are aimed at the whole population or those which are more targeted at particular risk groups.

Early intervention
This relates to activities which reduce the likelihood of an exacerbation of symptoms of mental illness. This may be at the first onset of symptoms e.g. the case of early detection and treatment of depression by primary care, identification of risk factors and timely intervention in A&E or to reduce the likelihood of relapse e.g. timely involvement of the crisis service.

Recovery
Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process. (SRN)

Integrated Services

The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.[15]

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[15] http://www.who.int/healthsystems/service_delivery_techbrief1.pdf

Appendix 1
Mental health strategy drivers
There are a broad range of strategies and policies at both national and local level which influence this strategy and which will be influenced by this strategy.

National strategies and policies which impact on mental health and wellbeing

- Mental Health Strategy for Scotland 2012 – 2015
- Mental Health (Scotland) Act 2015
- Scotland's National Dementia Strategy 2010
- Good Mental Health for All 2016
- Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020
- Equally Well 2008 and Review 2010
- Changing Scotland's Relationship with Alcohol: A Framework for Action 2009
- The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem 2008
- The Scottish Strategy for Autism 2011
- National Parenting Strategy: Making a Positive Difference to Children & Young People Through Parenting 2012
- Getting it Right for Every Child
- Suicide Prevention Strategy 2013
- National Anti-stigma & Discrimination Programme See Me
- Self-Directed Support: A National Strategy for Scotland 2010
- Public Bodies (Joint Working) (Scotland) Act 2014
- Caring Together The Carers Strategy Scotland 2010 - 2015
- Carers (Scotland) Act 2016
- Report by the Commission on Women Offenders 2012
- Community Justice (Scotland) Act 2016
- Healthier people Safer Communities – Working Together to improve outcomes for offenders 2013
- The Keys to Life 2013

Local Policies and strategies which impact on mental health and wellbeing

- Scottish Borders Health and Social Care Partnership Draft Strategic Plan 2016-2019
- Mental Health Needs Assessment 2014
- Mental Health Commissioning Strategy 2012
- Single Outcome Agreement
- Reducing Inequalities in the Scottish Borders Strategy
- Mental Health Outcomes
- Suicide Prevention Action Plan
- Mental Health Improvement Action Plan
- Scottish Borders Council Corporate Plan
- Joint Carers Strategy
- Dementia Strategy
- Autism Strategy
- Integrated Children and Young People's Plan 2016 - 18
- Scottish Borders Offender Health Needs Assessment 2011
- Scottish Borders Community Justice Action Plan
- A Cultural Strategy for the Scottish Borders, 2014
- Director of Public Health Annual Report 2015
- Local Housing Strategy 2017-2022

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Appendix 2
National Health & Wellbeing Outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3: People who use health or social care services have positive experiences of those services and have their dignity respected

Outcome 4: Health and social care services are centred on helping to improve the quality of life of people who use those services

Outcome 5: Health and social care services contribute to reducing health inequalities

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

Outcome 7: People using health and social care services are safe from harm

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

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Appendix 3
Scottish Borders Mental Health Needs Assessment Recommendations

1. Development of an overarching Mental Health Strategy for the Scottish Borders to capture the views and aspirations of all stakeholder groups
2. The development of a joint strategy with a broad range of stakeholders should consider and agree a set of joint principles for action that will be addressed through the lifetime of the strategy
3. In order to involve all relevant stakeholders as equal partners in developing an overarching strategy (Recommendation 1) and a set of joint principles for action (Recommendation 2), it is recommended that mental health commissioners consider resourcing a mental health 'change agent'
4. Commissioners need to work with providers to consider how innovation and creativity can be encouraged within the sector, such as the need for simple and straightforward messages
5. Community Mental Health Team's should play a central and commanding role in driving quality integrated practice and continuous improvement to maximise outcomes for people with mental health and their carers
6. Commissioners are encouraged to consider how they routinely identify, affirm and encourage good practice
7. Commissioners should review the pattern of service provision and contracting to ensure that it strengthens the co-ordination of care and effective partnership working and communication
8. Commissioning strategies and plans should be transparent about the levels of resourcing for mental health services in local areas and how these benchmark against local and regional patterns of resourcing
9. Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all mental health services across the Borders
10. Undertake regular needs assessment and specific, targeted research to address areas of unmet mental health need and inequality; e.g. dual diagnosis, hidden populations and young people, concurring physical and mental health problems
11. Design an information sharing protocol between mental health and alcohol/drugs services
12. Construct an integrated working guide involving mental health services, alcohol/drug services, housing, employability and other relevant services (e.g. criminal justice and learning disabilities); as well as recovery communities
13. Need clear strategic approaches to preventing mental health problems and to helping individuals and communities understand and have good mental well-being
14. Services need to be developed to be more responsive including ensuring that waiting time targets are consistently met, having clear access criteria, being available for longer hours and also ensuring that staff understand what services are available and how to appropriately refer
15. Commissioners need to work with providers to look at how IT can be more effectively used to enhance mental health support
16. Commissioners need to look at how third sector and peer support can be developed and more integrated into local models of service provision
17. Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the delivery, development and commissioning of mental health services
18. There is a clear need for a long-term programme of workforce development opportunities
19. Promote empowerment and positive recovery from mental health problems
20. Learn from experience and emerging evidence; and forge alliances to support recovery communities
21. Commissioners need to work together with providers to develop the local recovery model and look at how a recovery college approach might be developed in the Borders.

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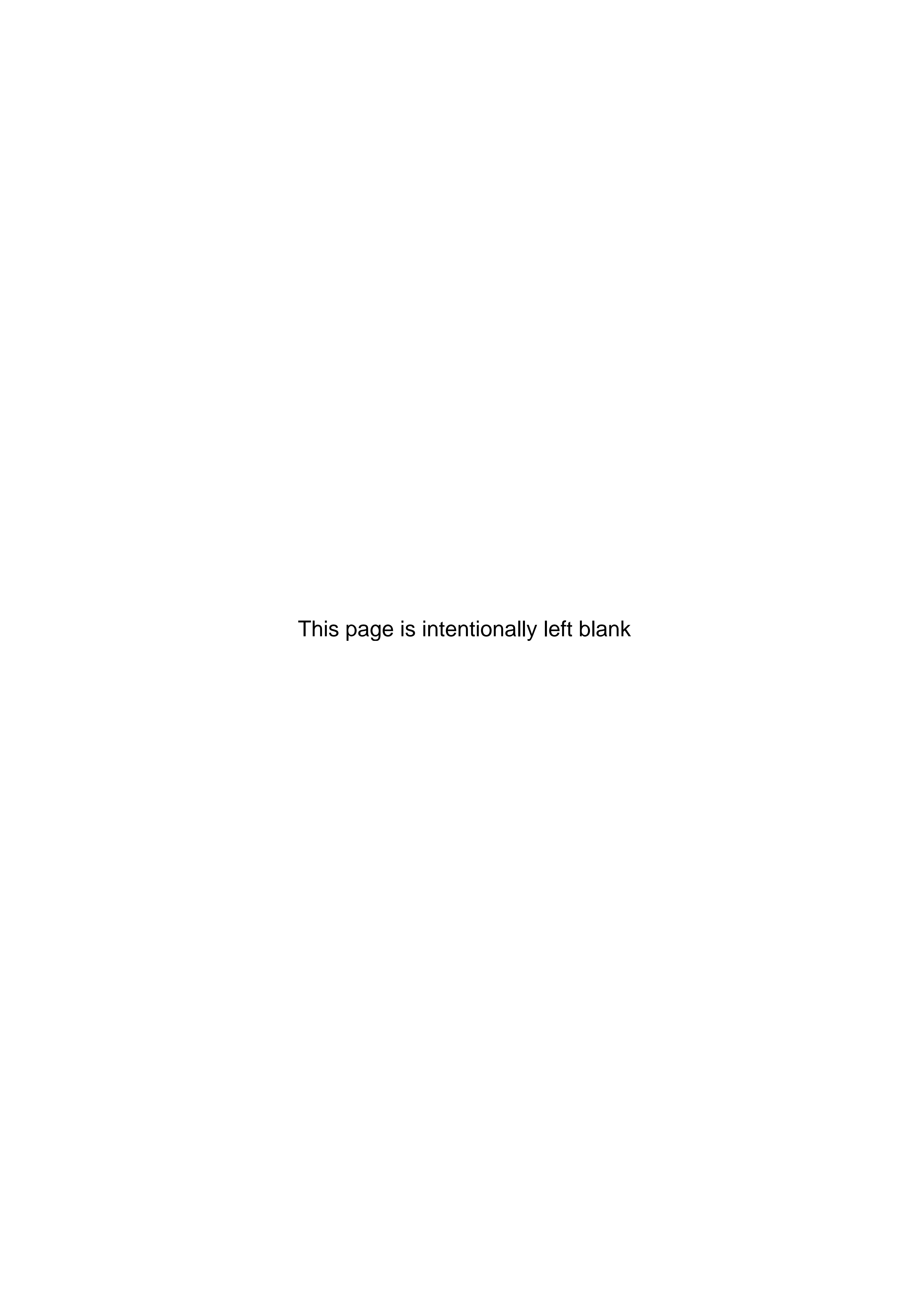
Appendix 4

Mental health governance structure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INTEGRATION JOINT BOARD – TERMS OF REFERENCE

Aim

1.1 This report aims to set out the Terms of Reference for the Integration Joint Board for approval.

Background

2.1 The Health and Social Care Integration Scheme for the Scottish Borders sets out the arrangements through which partners will work together to deliver the provisions of the Public Bodies (Joint Working)(Scotland) Act 2014. It was approved by the Scottish Government prior to the establishment of the Integration Joint Board on 06 February 2016.

2.2 A provision of the Integration Scheme is to reference the arrangements through which local governance of will be preserved through the discharge of the partners responsibilities. As such, it outlines in detail the statutory and local duties of key officers and groups of health and social care stakeholders, in relation to governance, planning, management and reporting.

2.3 A key part of this is to define the roles and responsibilities of these officers and groups, including the Integration Joint Board itself.

Integration Joint Board Terms of Reference

3.1 Appendix 1 details the proposed Terms of Reference for the Integration Joint Board. The IJB has previously approved Terms of Reference for the Executive Management Team, Strategic Planning Group and the Transformation & Redesign Steering Group.

3.2 The proposed Terms of Reference for the IJB are wholly consistent with and include fully the relevant provisions within the Integration Scheme and cover:

- A detailed definition of its role and remit
- Its objectives
- Key outcomes sought
- Governance arrangements
- Meeting Frequency
- Membership
- The process for Dispute Resolution

Recommendation

The Health & Social Care Integration Joint Board is asked to **consider** the report and **approve** the proposed Terms of Reference contained in Appendix 1.

Policy/Strategy Implications	The Terms of Reference for the IJB are required in order to deliver the provisions contained within the Integration Scheme approved by Scottish Government ministers in early 2016.
Consultation	The Executive Management Team have reviewed and endorsed the Terms of Reference for submission to the IJB.
Risk Assessment	There are no risk implications associated with the report.
Compliance with requirements on Equality and Diversity	There are no equality and diversity implications associated with the report.
Resource/Staffing Implications	There are no resource implications directly arising from the report or its accompanying IJB Terms of Reference.

Approved by

Name	**Designation**	**Name**	**Designation**
Elaine Torrance	Chief Officer		

Author(s)

Name	**Designation**	**Name**	**Designation**
Paul McMenamin	Chief Financial Officer		

Appendix 1

Scottish Borders Health & Social Care Integration Joint Board

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TERMS OF REFERENCE

HEALTH & SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD

Terms of Reference

Introduction

This document sets out the Membership and Terms of Reference of the Scottish Borders Health & Social Care Partnership Integration Joint Board (the IJB) drawn from the Integration Scheme approved by the Scottish Government.

Role & Remit

The IJB is the formal board meeting of the Scottish Borders Health & Social Care Partnership which was established on 6th February 2016 and consists of Local Authority Elected Members, Health Board Non-Executive Directors and representatives of the Third and Independent Sectors. Its establishment followed ministerial approval which makes the IJB a legal entity in its own right under the Joint Working Public Bodies (Scotland) Act 2014.

The Integration Joint Board members work together in order to plan, commission and oversee the delivery of integrated health and social care services meeting the needs of the people of the Scottish Borders whilst planning for the demands of the future.

The role of the IJB is to:-

- Strategically plan and commission health and social care services to ensure national and local outcomes are met. To enable this, the IJB convenes a Strategic Planning Group to assist in the preparation, approval and delivery of its Strategic Plan;
- Oversee the delivery of the integrated services for which it has responsibility by reviewing finance and performance against targets to ensure that delivery is in line with planned outcomes;
- Establish arrangements for locality planning in support of key outcomes for the 5 agreed localities in the context of the Strategic Plan;
- Ensure resources are sufficient and appropriately allocated to deliver the IJB's Strategic Plan within the medium-term revenue budget detailed in its annual Financial Statement;
- Publish and share with partners an annual Performance (delivery of the Strategic Plan) Report and Annual (Financial) Accounts in line with statutory guidance, codes of practice and timescales;
- Seek assurance on the robustness of clinical and care governance frameworks from NHS Borders and Scottish Borders Council respectively and ensure that clear accountability is preserved;
- Establish a plan for communication, participation and engagement to ensure that the users of health and social care services, staff, carers and all other stakeholders are involved in or aware of the development and delivery of effective models of health and social care;
- Establish arrangements for handling complaints to and requests for information from the Health and Social Care Partnership;
- Appoint its Chief Officer and Chief Financial Officer;

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Objectives

The 9 local objectives of the IJB are:-

- To make services more accessible and develop our communities
- To improve prevention and early intervention
- To reduce avoidable admissions to hospital
- To provide care close to home
- To deliver services within an integrated care model
- To seek to enable people to have more choice and control
- To further optimise efficiency and effectiveness
- To will seek to reduce health inequalities
- To improve support for Carers to keep them healthy and able to continue in their caring role

In addition to the 9 local objectives, it is also paramount that the IJB manages and directs the resources delegated to it in a financially sustainable manner in order to ensure that current and future models of integrated health and social care remain affordable. The IJB should pursue Best Value in all its commissioning decisions and seek to align and realign its resources appropriately to its priorities.

Outcomes

The Integration Joint Board, working together with NHS Borders and Scottish Borders Council, is responsible for the achievement of outcomes. The Integration Joint Board will receive regular and frequent reports overseeing the functions delegated to it and in particular, the performance of the services related to those functions and its resources.

The Chief Officer is responsible for reporting to the Integration Joint Board on performance of those services in the context of a performance framework agreed by the Integration Joint Board via the Chief Officer.

By working with individuals and local communities, the Partnership aims to assist people to achieve the 9 national health and wellbeing outcomes. These represent what the IJB is attempting to achieve through the integration of health and social care, in particular, improving the quality provided.

The affordable delivery of the 9 defined national health and wellbeing outcomes and 9 Scottish Borders local objectives are the key priority for the IJB therefore. To enable this, strong governance and robust transformational direction are required from the IJB.

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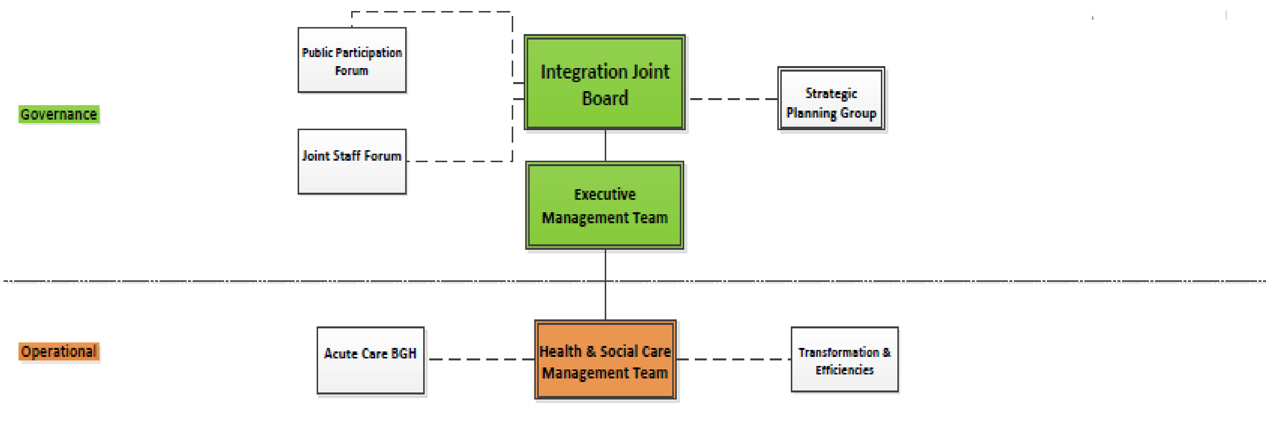
Governance



The Integration Joint Board is required to establish a standing Audit Committee to consider matters of financial audit, governance and risk, where necessary making recommendations to the IJB or its partners, in order to provide assurance over its operations.

Other sub-committees of the IJB may be established if the IJB deem it appropriate to its needs.

Frequency of Meetings

The Integration Joint Board is scheduled to formally meet 6-7 times annually, normally on a bi-monthly basis. Other extra-ordinary meetings may be arranged out-with this planned cycle should the business of the IJB require it. Additionally, IJB development sessions may be scheduled around this formal board meeting cycle, normally for during intermediate periods when no scheduled board meetings are planned.

Membership

Core Membership is as follows:-

The voting members of the IJB are appointed through nomination by NHS Borders and Scottish Borders Council. There are a total of 10 voting members, 5 from each partner organisation. A quorum for each meeting will only be established if a minimum of 3 voting members from each partner organisation is in attendance.

Nomination of the IJB Chair and Vice-Chair posts alternates between an elected member (2016/17 chair) and a Health Board representative (2017/18 chair).

The current Integration Joint Board voting members are:

Stephen Mather, NHS Borders Non-Executive Director (Chair)
David Davidson, NHS Borders Non-Executive Director
Karen Hamilton, NHS Borders Non-Executive Director
John Raine, NHS Borders Non-Executive Director
Vacant, NHS Borders Non-Executive Director

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Cllr David Parker, Scottish Borders Council
Cllr Helen Laing, Scottish Borders Council
Cllr Shona Haslam, Scottish Borders Council
Cllr Tom Weatherston, Scottish Borders Council
Cllr John Greenwell, Scottish Borders Council

Other non-voting Integration Joint Board members are:

Chief Officer, Health and Social Care Integration
Medical Director, NHS Borders
Director of Nursing, Midwifery and Acute Services, NHS Borders
Chief Social Work Officer, Scottish Borders Council
Scottish Borders Council Staff Representative
NHS Borders Staff Representative
Third Sector Representative
Carers Representative
Service Users Representative
GP Representative

A number of other officers are required to attend the IJB:

Board Secretary
Chief Financial Officer, Integration Joint Board
Chief Internal Auditor, Integration Joint Board
Chief Executive, NHS Borders
Chief Executive, Scottish Borders Council
Associate Medical Director
Director of Finance, NHS Borders
Chief Financial Officer, Scottish Borders Council
Associate Director, Primary and Community Services, NHS Borders
Director of Pharmacy
Others as Required

Dispute Resolution

Within the Scheme of Integration for the Scottish Borders, a clear mechanism for the resolution of any dispute or failure to agree amongst all parties is defined which the IJB must follow in the event of a dispute (Appendix A).

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14. Dispute resolution mechanism

14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the process as set out below:

(a) The Chief Executives of Borders Health Board and Scottish Borders Council, will meet to resolve the issue;

(b) If unresolved, the Borders Health Board, and Scottish Borders Council will each prepare a written note of their position on the issue and exchange it with the others;

(c) In the event that the issue remains unresolved, the Chief Executives (or their representatives) of Borders Health Board, Scottish Borders Council will proceed to mediation with a view to resolving the issue.

(d) A professional independent mediator will be appointed. The mediation process will commence within 28 calendar days of the agreement to proceed.

(e) The Mediator shall have the same powers to require any Partner to produce any documents or information to him/her and the other Partner as an arbiter and each Partner shall in any event supply to him such information which it has and is material to the matter to be resolved and which it could be required to produce on discovery; and

(f) The fees of the Mediator shall be borne by the Parties in such proportion as shall be determined by the Mediator having regard (amongst other things) to the conduct of the parties.

(g) Where the issue remains unresolved after following the processes outlined above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached.

14.2 The Chief Executive's shall write to Scottish Ministers detailing the unresolved issue, the process followed and findings of the mediator and seek resolution from Scottish Ministers.

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MONITORING OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2017/18 AT 30 JUNE 2017

Aim

1.1 The aim of this report is to provide an overview of the monitoring position of the Health and Social Care Partnership Budget at 30 June 2017.

Background

2.1 The report relates to the monitoring position on both the budget supporting all functions delegated to the partnership (the "delegated budget") and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the "set-aside budget").

2.2 On the 30th March 2017, the Integration Joint Board (IJB) agreed the delegation of **£146.288m** of resources supporting integrated health and social care functions for financial year 2016/17. At the same time, it noted the proposed budget of **£18.978m** relating to the large hospitals budget set-aside. Within the delegated budget, **£94.490m** related to healthcare functions delegated by NHS Borders **and £51.978m** related to social care functions delegated by Scottish Borders Council.

2.3 Since the Financial Statement was approved by the IJB in March 2017, a number of factors have resulted in the revisions to the base budgets supporting delegated and set-aside functions and subsequently their ongoing movement to a revised position. These factors include final grant allocation settlements having been made, intra-organisational budget realignments and additional funding provisions by the Scottish Government. The revised budget positions therefore relating to those functions delegated to the IJB and the large hospital set-aside are currently:

	2017/18 Revised Budget £m
Healthcare Functions - Delegated	94.483
Social Care Functions - Delegated	52.851
Total Delegated	**147.334**
Healthcare Functions - Set-Aside	**19.893**

2.4 This report sets out the current monitoring position on both the delegated and set-aside budgets at 30 June 2017, identifying key areas of financial pressure and proposals for their mitigation.

Overview of Monitoring Position at 30 June 2017

Delegated Budget

Healthcare Functions

3.1 As in 2016/17, delegated healthcare functions are experiencing considerable financial pressure this financial year. Currently, an adverse outturn projection of almost £3.8m is forecast, representing 4.0% of the overall budget. The prime service area where this pressure is being experienced is Generic Services within which a range of miscellaneous functions such as community hospitals, dental, pharmacy and nursing, prescribing and general medical services and primary staffing and management are managed. Generic Services is also where any unallocated savings target planned by NHS Borders is held currently.

3.2 Within Generic Services, significant overspends relate to 4 key factors:

- There is a pressure of £400k projected in relation to Nursing within Community Hospitals. This is primarily driven by the requirement to incur agency spend in order to cover vacant posts and sickness absence within the units and most significantly high levels of patient dependency requiring additional ad-hoc support based on clinical assessment.

- The 3 other factors largely relate to a shortfall or non-delivery of planned efficiency and savings targets with no alternative mitigating proposals having yet been identified. These include:

  - £1.5m related to shortfall on projected savings target in prescribing – a considerable savings target (£3.2m) was applied at the start of the financial and year and currently, £1.7m of schemes have been identified
  - £358k related to further slippage in the delivery of savings (both prior year and current year) within the Allied Health Professional service
  - £1,222k of £1,922k recurring savings that were carried forward from 2016/17 that will not be delivered in year and no mitigating action has been identified.

3.3 A key factor in the above is the carrying forward of prior-year savings targets to 2017/18 and the ongoing impact of their non-delivery previously only being addressed temporarily by non-recurring savings. Clearly a more sustainable approach to financial planning and management, in line with the IJB's approved Financial Strategy, is required going forward. Recovery of this position is critical and within the context of ongoing financial pressure, NHS Borders is currently working to develop and implement a recovery plan aimed at mitigating the reported pressure. This is explained more fully in section 4.

Social Care Functions

3.4 Social care functions are currently projecting an adverse variance of £1.455m which requires mitigating action. There are 3 main drivers of this currently projected pressure.

3.5 8 young people have transitioned from Children's Services into Adult Services over the last 12 months including 2 with significantly complex needs. Whilst complexity of need varies across clients within the Joint Learning Disability Service, it is forecast that overall, additional funding of £200k to meet the net increased demand for social care and support this financial year.

3.6 For a prolonged period now, the demand/need for residential care home placements for Older People has far exceeded the level provided for within the budget. Currently, 23 additional beds above budgeted levels require to be commissioned, at a total additional cost (net of client contributions) of £407k. A total of 706 short and long-stay beds are currently commissioned from SB Cares (149) and other external providers (557).

3.7 In addition to residential care, Adult Services have also been required to increase the block of Housing with Care placements commissioned from external RSLs on a permanent basis due to increased need. This additional demand has resulted in an additional £100k of costs per annum.

3.8 Slippage in the delivery of additional revenue savings from commissioned services, targeted in the 2017/18 Financial Plan, has resulted in a projected pressure £463k.

3.9 The Borders Ability and Equipment Service (BAES) equipment budget remains under projected pressure. IJB members will recall that during 2016/17, £295k of social care funding was specifically directed to BAES to sustain ongoing demand. Whilst the service has been reviewed and a range of management actions implemented, pressure on the budget has been projected to continue and currently, a shortfall on the budget of £285k is forecast for the year. At the current time however, it is not proposed to recommend direction of social care funding to the BAES until IJB members have had the opportunity to consider a wider report on the service following review by NHS NSS, at its next meeting in September.

3.10 In terms of mitigation, Scottish Borders Council has identified a range of management actions to deliver savings across services out-with the delegated budget in order to offset the shortfall in contribution from SB Cares.

Proposed Direction of Social Care Funding

3.11 In terms of sustaining the levels of need for Learning Disability Support Plans, Older People Residential Care and Equipment, it is proposed that the IJB further direct a proportion of its Scottish Government social care funding allocation for 2017/18 on a permanently recurring basis (**£707k**). Use of the fund in this way is entirely in line with the expressed intentions of the Scottish Government in the indicative conditions accompanying the allocations in 2016/17 and this financial year. Whilst the IJB may have a range of priorities it could direct investment to, ensuring the

existing financial plan is affordable and service delivery is sustainable is of paramount importance.

3.12 In June, the IJB previously agreed to direct **£1.090m** of funding to meet the costs of implementing the increase to the Living Wage to £8.45 and the agreed COSLA contract uplift of 2.8%. Further approval to meet the costs outlined above will leave **£662k** remaining uncommitted on a recurring basis, including £179k uncommitted carried forward from 2016/17. Direction of this additional funding as proposed will restore delegated social care functions' projected financial position to breakeven, with the exception of the BAES, which IJB members will have opportunity to consider in September.

3.13 How the Partnership has used its social care funding allocation to date is detailed below:

	2016/17			**2017/18**		
Pressure:	**Temporary £'000**	**Permanent £'000**	**Total £'000**	**Temporary £'000**	**Permanent £'000**	**Total £'000**
Directed during 2016/17:						
Living Wage £8.25		813	813		1,626	1,626
Social Care Demographic/Demand	220	2,508	2,728		2,508	2,508
Night Support Sleep Ins			0		750	750
Community Mental Health Worker		25	25		50	50
Charging Threshold		154	154		154	154
Surge Beds	500		500			0
Prescribing	677		677			0
BAES Equipment	295		295			0
Night Support Review	75		75			0
Directed during 2017/18 to date:						
COSLA Uplift					261	261
Living Wage £8.45					829	829
Proposed for Further Direction:						
Residential Care					407	407
Housing With care					100	100
Adults with Learning Disabilities					200	200
	1,767	**3,500**	**5,267**	**0**	**6,885**	**6,885**
	Fully Utilised Allocation £5,267k			**Total Allocation £7,547k**		
				Remaining Resources £662k		

3.14 This direction of funding largely fulfils all Scottish Government conditions for the use of social care funding. The main area remaining outstanding relates to the addressing the financial impact of the application of the Living Wage to Night Support Sleep-in staff. In October 2016, the IJB directed £750k to help address this. Progress in developing this agenda has been slow nationally and although no confirmation has been received, it may be 2018/19 before this comes into effect. If this is the case, the 2017/18 allocation will not be required and will also be available to the IJB to redirect on a non-recurring basis to ascertained priorities or assist

temporarily in planning and delivering financial recovery. It should be noted however, that when fully in effect, the likely cost is expected to be much higher than the amount already provided for and may require further recurring funding to be directed in future years.

Large Hospital Budget Set-Aside

3.15 The largest element of the projected overspend relates to the Medicine and Long Term Conditions directorate (£2.4m). Nursing cost are currently forecast to be almost £1m over by the end of the financial year - the most significant element relating to the impact of delayed discharges requiring the continued use of additional bed or surge capacity (£800k). Pressures have also been experienced in Medical Staffing budgets associated with the use of agency staff to fill vacant posts (£300k), albeit this is expected to reduce as issues are addressed. There is a forecast shortfall on savings targets of £800k, in part linked to pressures in Drugs (£400k) and in part to a shortfall on delegated savings targets of £400k.

3.16 Medicine of the Elderly are forecasting an overspend of £1.171m at the year end, largely attributable to Medical agency costs (£425k) associated with long term vacancies that the Management team are working to address and nursing pressures associated with additional costs of managing patient dependency issues. A new model of care is being introduced that will aim to reduce the overall additional cost of looking after these vulnerable patients going forward. Non delivery of delegated savings contributes £300k to the forecast deficit.

3.17 Accident & Emergency are forecasting an adverse variance of £585k associated with both Nursing and Medical costs. Additional costs are in the main related to increased levels of staffing associated with increased activity and the management of clinical risks and clinical supervision particularly into the late-evening and overnight periods. Recruitment issues have also increased costs. The Management Team are reviewing the current model of care and considering how issues noted above can be addressed longer term.

3.18 These issues result in a projected adverse variance across set-aside budgets of £4.2m in total based on current projects and mitigating action taken to date.

3.19 In addition to NHS Borders' recovery planning, the IJB is working to mitigate the pressures above. A key objective of the integrated transformation and redesign programme underway is to address and minimise the impact of delayed discharge. Secondly, there may be opportunity to direct additional funding on a non-recurring basis from the remaining social care allocation, if there is slippage in the night support sleep-in living wage implementation, should the IJB consider such use appropriate against other priorities.

Recovery Planning and Delivery

4.1 Section 3 above clearly outlines significant financial pressures across healthcare and social care budgets. At this point in the financial year, it is imperative that a recovery plan is put in place to deliver financial balance at outturn. For social care functions a combination of Scottish Borders Council-wide mitigating actions and the recommended direction of social care funding will address the forecast pressures currently identified.

4.2 For healthcare and IJB delegated functions, whilst the forecast outturn position represents an improving position based on actions taken at the end of last year and subsequently, this has included:

- Under the direction of the Medical Director, tighter control in respect of all medical agency requests and associated risk assessment – this has included work aimed at changing models of care where recruitment issues are persistent or expected to be longer-term
- The development of stronger operational control and flexibility in relation to nurse staffing, again including a review of current arrangement for accessing supplementary staffing and associated models of care for at-risk patient groups
- Ongoing review of all drug and prescribing costs to ensure we are aware of opportunities as they arise and are following best prescribing practice.
- A review of and delay in all non-essential expenditure to support the outturn position
- The ongoing support of the Better Borders teams in delivery against savings proposals and the Clinical Efficiency programme in support service efficiency and best value.

4.3 However it is also clear that additional and significant further action is required. Discussions are also taking place with the Scottish Government around how the NHS Borders-wide position will be mitigated. It is critical that the IJB participate fully in the development of further actions particularly in respect of the financial impact of delays across the health and social system and the delivery issues noted against the overall savings requirement. As soon as is practicably possible therefore, once agreed, a recovery plan specific to the IJB's delegated functions and the large hospital functions retained and set-aside by NHS Borders will be presented to the IJB along with an associated impact assessment. On review of the recovery plan, the IJB may issue direction to NHS Borders and, if required, Scottish Borders Council, in order to ensure delivery of appropriate remedial actions to support the achievement financial balance.

4.4 It should be noted that in addition to recovery, there is the requirement to deliver £2.6m of efficiency savings from the Integrated Transformation Programme. This will ensure that the flat-cash budget delegated in respect of healthcare functions is affordable. Given the timescale, alternative temporary mitigations may be required this year also in addition to the above. These are currently being developed.

4.5 Plans to develop and implement the Partnership's Integrated Transformation Programme are progressing well, but it is likely that alternative temporary mitigation will be required as a significant element of this programme may slip to 2018/19.

Risk

5.1 A number of risks associated with the reporting of the IJB's monitoring position were consistently reported to the IJB during 2016/17. These risks included the extent of recovery required, the challenge over ensuring its delivery and the assumption of price/demand stability between now and the end of the financial year. Clearly these risks remain prevalent in 2017/18 also. The most significant strategic risk however which arises as a result of the mitigating actions in place relates to the medium-term

and the significant level of non-recurring efficiency and savings actions on which the partnership's budget remains predicated. Whilst the Chief Officer together with EMT are working to develop and implement a large-scale strategic transformation programme for the medium-term this will require to be targeted at not only addressing permanently the recurring impact of pressures met in 2017/18 temporarily, but also in enabling the partnership to fund any forecast 2017/18 financial planning pressures, particularly those arising from slippage in the transformation programme which will require mitigation through temporary management actions.

5.2 Any adverse variance at the end of the financial year will, as per the partnership's Integration Scheme, be met from managed underspends elsewhere across partner organisations.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report and the monitoring position on the partnership's 2016/17 revenue budget at 30th June 2017.

The Health & Social Care Integration Joint Board is asked to **approve** recommendations for further direction of social care funding (specifically £407k Older People Residential Care, £100k Housing with Care, £200k Adults with Learning Disabilities).

The Health & Social Care Integration Joint Board **asks** the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of remedial savings to address the shortfall attributable to the part-year only impact of the Integrated Transformation Programme in 2017/18.

Policy/Strategy Implications	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance. A Recovery Plan will be presented to the next meeting of the IJB. The remedial actions it contains in order to address financial pressures across health and social care budgets may impact on the ability to deliver the partnership's strategic an commissioning plans
Consultation	The report has been reviewed by the Chief Officer and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.
Risk Assessment	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.

Compliance with requirements on Equality and Diversity	There are no equalities impacts arising from the report.
Resource/Staffing Implications	No resourcing implications beyond the financial resources identified within the report. A Recovery Plan will be brought forward to the next meeting of the IJB in September.

Approved by

Name	Designation	Name	Designation
Elaine Torrance	Chief Officer		

Author(s)

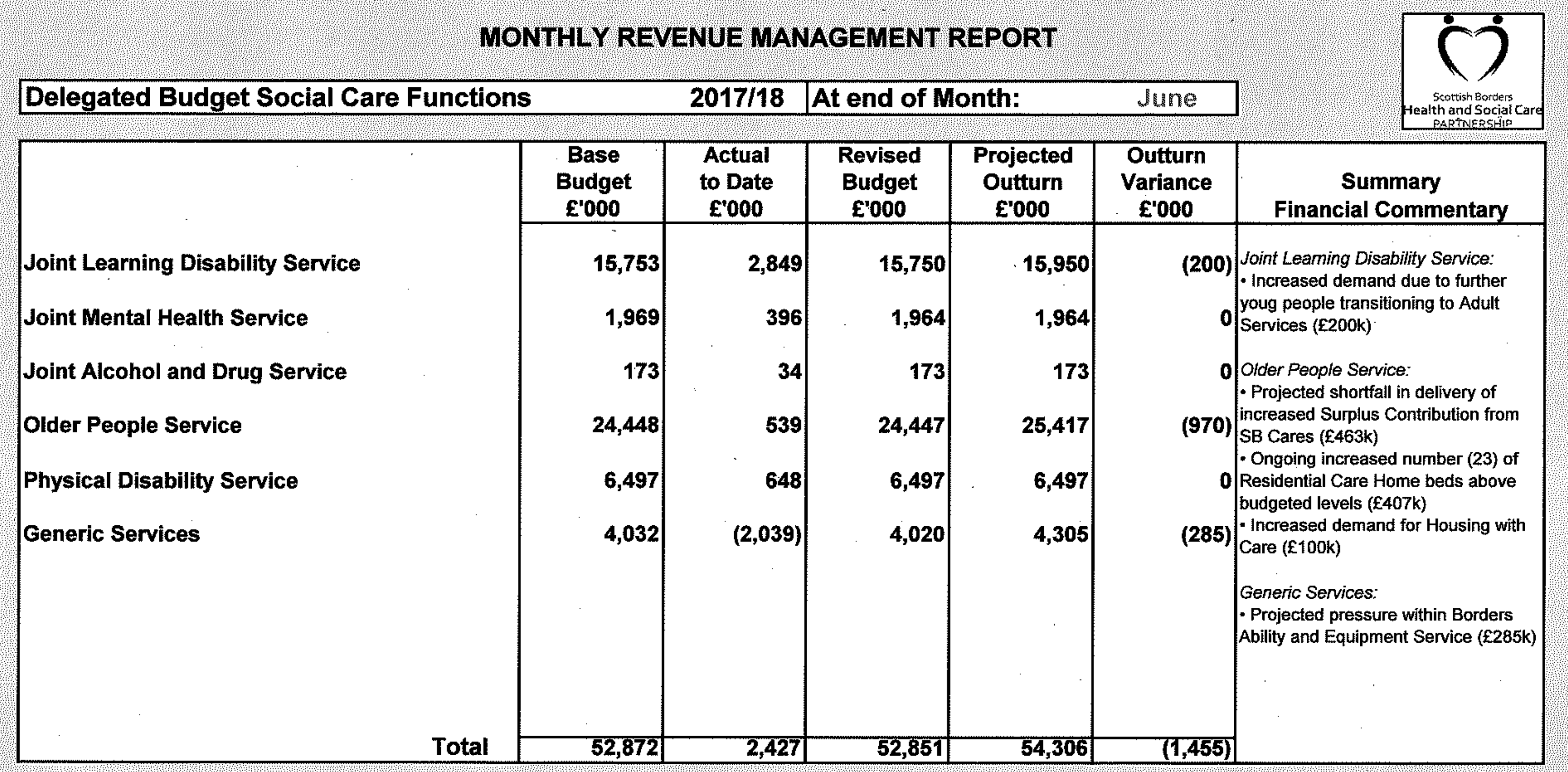
Name	Designation	Name	Designation
Paul McMenamin	Interim Chief Financial Officer IJB		

MONTHLY REVENUE MANAGEMENT REPORT

Scottish Borders Health and Social Care PARTNERSHIP

Summary | **2017/18** | **At end of Month:** June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	19,396	3,735	19,381	19,542	(161)	Significant financial pressure across both health and social care functions again is being experienced, attributable to a range of factors: •Additional demand for both health and social care services •Slipped / Non-Delivery of planned savings across both delegated and set-aside healthcare functions •Shortfall in increased income contribution from SB Cares As mitigation, 4 avenues are proposed: •Scottish Borders Council will deliver additional savings from non-delegated services to offset SB Cares Shortfall •Social care funding should be directed to the remaining social care functions where pressure is experienced • A number of additional control measures have been introduced across delegated healthcare functions and within the large hospital •A recovery plan requires to be brought forward which will identify remedial measures across healthcare functions
Joint Mental Health Service	15,850	3,727	15,757	15,895	(138)	
Joint Alcohol and Drug Service	1,006	121	1,006	1,006	0	
Older People Service	24,448	539	24,447	25,417	(970)	
Physical Disability Service	6,497	648	6,497	6,497	0	
Generic Services	80,165	17,400	80,246	84,211	(3,965)	
Large Hospital Functions Set-Aside	18,978	6,200	19,893	24,085	(4,192)	
Total	166,340	32,370	167,227	176,653	(9,426)	



MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Social Care Functions | **2017/18** | **At end of Month:** June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	15,753	2,849	15,750	15,950	(200)	*Joint Learning Disability Service:* • Increased demand due to further youg people transitioning to Adult Services (£200k)
Joint Mental Health Service	1,969	396	1,964	1,964	0	
Joint Alcohol and Drug Service	173	34	173	173	0	*Older People Service:* • Projected shortfall in delivery of increased Surplus Contribution from SB Cares (£463k) • Ongoing increased number (23) of Residential Care Home beds above budgeted levels (£407k) • Increased demand for Housing with Care (£100k)
Older People Service	24,448	539	24,447	25,417	(970)	
Physical Disability Service	6,497	648	6,497	6,497	0	
Generic Services	4,032	(2,039)	4,020	4,305	(285)	*Generic Services:* • Projected pressure within Borders Ability and Equipment Service (£285k)
Total	52,872	2,427	52,851	54,306	(1,455)	

Scottish Borders Health and Social Care PARTNERSHIP

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Healthcare Functions | **2017/18** | **At end of Month:** June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,643	886	3,631	3,592	39	*Generic Services*: •Nursing overspends in Community Hospitals (£400k) •AHP overspend related to saving non delivery of planned savings (£358k) •Shortfall on planned savings target in Prescribing (£1,567k) •Recurring savings carried forward from 2016/17 that will not be delivered in year with no alternative identified to date (£1,222k)
Joint Mental Health Service	13,881	3,331	13,793	13,931	(138)	
Joint Alcohol and Drug Service	833	87	833	833	0	
Older People Service	0	0	0	0	0	
Physical Disability Service	0	0	0	0	0	
Generic Services	76,133	19,439	76,226	79,906	(3,680)	
Total	94,490	23,743	94,483	98,262	(3,779)	

MONTHLY REVENUE MANAGEMENT REPORT

Scottish Borders Health and Social Care PARTNERSHIP

Large Hospital Functions Set-Aside | **2017/18** | **At end of Month:** June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000
Accident & Emergency	1,997	633	1,958	2,543	(585)
Medicine & Long-Term Conditions	11,633	3,833	11,726	14,162	(2,436)
Medicine of the Elderly	6,020	1,734	6,209	7,380	(1,171)
Savings and Planned Actions	(672)	0	0	0	0
Total	18,978	6,200	19,893	24,085	(4,192)

Summary Financial Commentary

Accident & Emergency
•Management of Risk and Medical Staffing costs

Medicine & LTC
•Additional Nursing costs (£991k).
•Non delivery of Savings (£433k)
•Drug volume (£400k).
•Medical staffing (£300k)
•Supplies (£280k)

Medicine of the Elderly
•Medical Agency costs associated with vacancies (£425k)
•Non delivery of savings (£228k)
•Nursing overspends related to patient dependancy issues (bal)

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 and the Audit Committee.

Background

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

Summary

Committee minutes attached are:-

- Audit Committee: 27.03.17

Recommendation

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

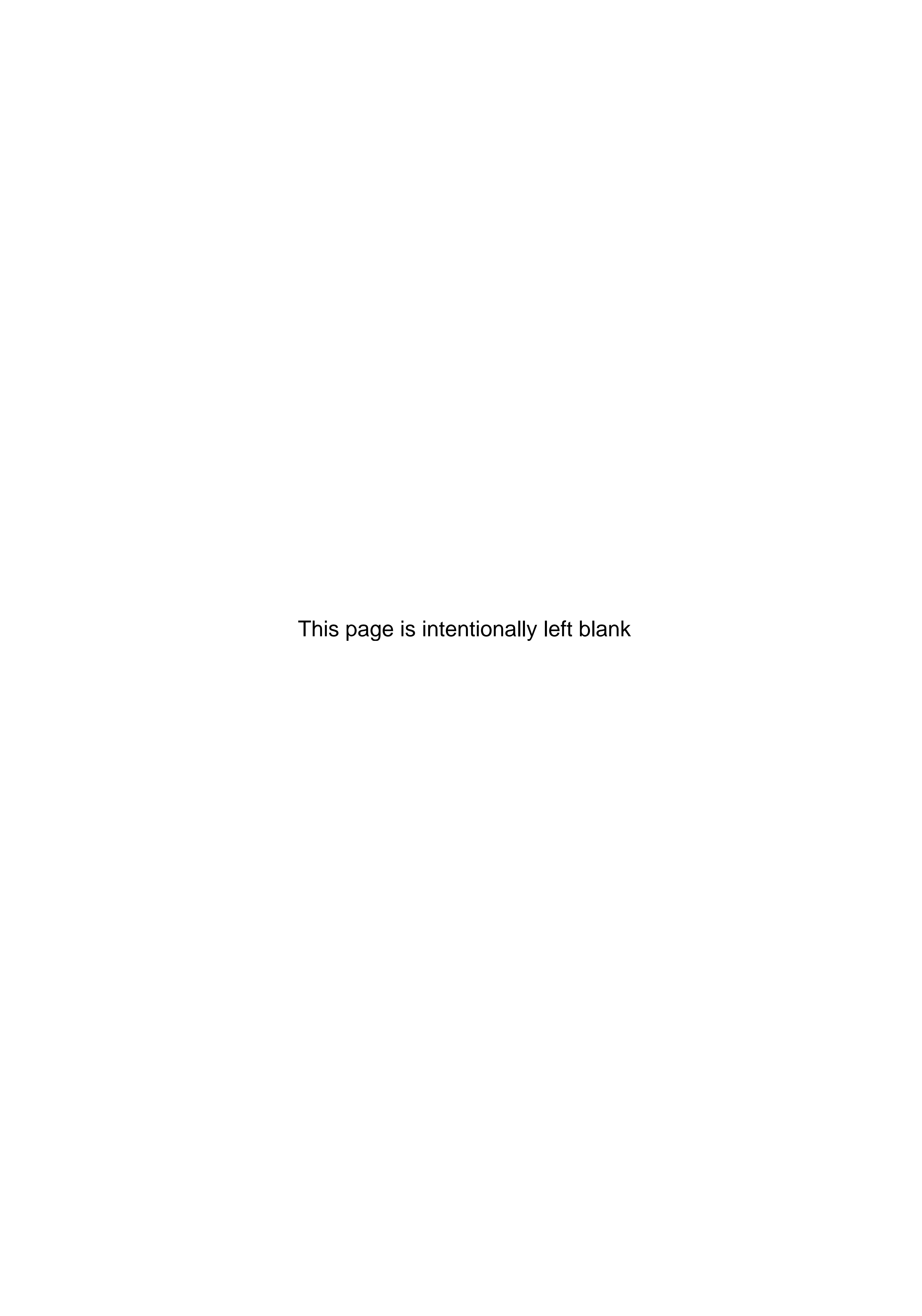
Policy/Strategy Implications	As detailed within the individual minutes.
Consultation	Not applicable
Risk Assessment	As detailed within the individual minutes.
Compliance with requirements on Equality and Diversity	As detailed within the individual minutes.
Resource/Staffing Implications	As detailed within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

Approved by

Name	Designation	Name	Designation
Elaine Torrance	Chief Officer, Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		



Minutes of a meeting of the **Health & Social Care Integration Joint Board Audit Committee** held on Monday 27 March 2017 at 10.00am in Committee Room 2, Scottish Borders Council.

Present:	Cllr J Mitchell	Mr J Raine
	Cllr G Garvie	Mr D Davidson
In Attendance:	Mrs E Torrance	Miss I Bishop
	Mr P McMenamin	Mr G Samson (Audit Scotland)
	Mrs J Stacey	Ms G Woolman (Audit Scotland)

1. Apologies and Announcements

There were no apologies received.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Gillian Woolman and Mr Graeme Samson from Audit Scotland.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board Audit Committee held on 26 September 2016 were amended at page 3, minute 6, paragraph 1, line 1, replace "pension fund" with "Integration Joint Board" and with that amendment the minutes were approved.

4. Matters Arising

4.1 **Action 1:** Mr Paul McMenamin advised that the item was scheduled for discussion on the agenda and suggested the item be marked as complete.

4.2 **Action 2:** Mrs Jill Stacey advised that the actions had been incorporated as part of the internal audit annual plan.

4.3 **Action 3:** Mrs Jill Stacey advised that as part of the internal audit annual report the recommendations would be submitted to the Audit Committee for assessment ahead of submission to the Health & Social Care Integration Joint Board.

4.4 **Action 4:** Mrs Jill Stacey advised that a self evaluation would be undertaken in September 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** revised and noted the action tracker.

5. Financial Governance and Management

Mr Paul McMenamin presented the third report on financial governance and management covering the previous 12 month period. He spoke of the progress made and outstanding provisions, as well as the financial challenges across partner organisations finances and the delegated budget set for the Health & Social Care Integration Joint Board. In moving forward he highlighted areas of work to be undertaken to strengthen stewardship of resources and provide a more integrated approach to future financial planning and budget setting.

Mr David Davidson noted the high risk identified on page 2, item 4.2 and suggested the that the Chief Financial Officer and Director of Finance for Scottish Borders Council and NHS Borders be asked to provide a report for the next meeting of the Audit Committee to consider.

Mr John Raine enquired if there was any reason why the financial regulations were not being reviewed at that stage? Mr McMenamin emphasised that the current financial regulations of both organisations had been written pre integration and given the partnership itself had financial regulations it was important to ensure they were all consistent in application. Mr McMenamin assured the Board that he would be working with partner organisations, as a priority, to ensure the financial regulations were updated and maintained.

Mr Raine enquired when the Risk Register would be submitted to the Audit Committee? Mrs Jill Stacey advised that it was anticipated submission would be to the June meeting. She further advised that there was on-going work taking place to be able to provide assurance to the Committee that both partners were clear on risk ownership and management.

Mr Raine enquired if there were any early indications of significant issues having arisen? Mrs Stacey commented that the financial element was the most significant issue and she anticipated future challenge would be around evidencing an improvement in outcomes. She suggested the performance framework would assist in providing the detail. Mrs Elaine Torrance commented that the Health & Social Care Integration Joint Board would receive the Annual Performance Report at its meeting that afternoon and clarified that it contained the detail of the achievements made during the previous year and also set out the priority areas for the forthcoming year.

Cllr Graham Garvie enquired in regard to the financial regulations, if the intention was to have a revised composite set produced for the Heath & Social Care Integration Joint Board? Mr McMenamin commented that the Board had approved a set of financial regulations in 2016, which formed part of the code of corporate governance, and were written to draw on the priorities and controls across partner organisations.

Cllr Garvie enquired about the term "non-current assets"? Mr McMenamin advised it referred to "fixed assets".

In regard to the Integrated Resources Advisory Group (IRAG) guidance compliance check, Mr Davidson enquired how action point 18 would be addressed? Mrs Gillian Woolman commented that the external auditor would review the actions being taken by both partner organisations to address the matter.

The Chair suggested he raise the matter at the Health& Social Care Integration Joint Board meeting that afternoon, so that a direction could be issued to both partner organisations to direct them to undertake that refresh of financial regulations across partnership resources.

Mr Raine enquired about the interpretation of action point 3? Mrs Torrance commented that it was in relation to areas of operational responsibility that sat within the Chief Officer remit and where the budget sat within the Health & Social Care Integration Joint Board.

Mrs Torrance further commented that the Health & Social Care Integration Joint Board was responsible for commissioning and setting the strategic direction of travel. She reported directly to the Chief Executives of both organisations and had found that reporting structure to work effectively and assist with delivery.

Mr Davidson requested "Financial Governance & Management" be a standing item on all future Audit Committee agendas. Mr McMenamin agreed.

Mr Davidson suggested the inclusion of arrows in the RAG status of the IRAG compliance check chart to show if performance was stagnating, improving or decreasing.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed that the Committee Chair recommend to the Health & Social Care Integration Joint Board the issue of a direction to both partner organisations to direct them to undertake a refresh of financial regulations across partnership resources.

6. Internal Audit Annual Plan 2017/2018

Mrs Jill Stacey introduced the internal audit annual plan. She highlighted several key areas including: the key risks facing the Health & Social Care Integration Joint Board; governance and risk arrangements; follow up on areas of improvement; and ensuring clarity on roles and responsibilities.

The Chair enquired if 30 days was an adequate time period. Mrs Stacey confirmed that it was a reasonable time period.

Cllr Graham Garvie enquired how the development of the members of the Audit Committee would be supported? Mrs Stacey commented that a self evaluation tool kit would be utilised as well as looking at individual's needs and skill sets.

Mr John Raine welcomed the planned audit approach and commented that it would be a crucial role of the Audit Committee to gauge a feel for success or difficulty, for the Health & Social Care Integration Joint Board to actually achieve the objectives of the strategic plan. Mrs Stacey commented that this was why the risk register was such a vital and critical mechanism to ensure that the objectives were met.

Mr David Davidson enquired about the resilience function arrangements for the Health & Social Care Integration Joint Board. Mrs Stacey commented that the expectation was whoever owned the operational responsibility owned the associated risks and the Health & Social Care Integration Joint Board only required assurance. She further advised that the principles within the Integration Joint Board risk management strategy were clear that if either party required to escalate a matter it would be escalated up through the Chief Officer and Chief Executives to ensure there was awareness and if additional action was required by the Health & Social Care Integration Joint Board then it would have all of the information it required in order to make a decision, issue a direction, etc.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** approved the Internal Audit Annual Plan 2017/18 for Scottish Borders Health and Social Care Integration Joint Board as detailed in Appendix 1 of the report.

7. External Audit Annual Plan 2016/17

Mrs Gillian Woolman introduced the external audit plan and highlighted the 4 audit risks (management override of controls, financial statements preparation, financial sustainability and governance arrangements) and planned audit work. She also spoke of the reporting arrangements, code of audit practice and confirmed that the audit fee was set at the same level for all integration authorities, though the audit fees for the partners (NHS Borders and Scottish Borders Council) were lower compared to the previous year.

Cllr Graham Garvie enquired about the term "materiality"? Mrs Woolman advised that it was the degree to which, if you were a user of the annual accounts, at which point they would be misleading.

Cllr Garvie further enquired about the term "granularity"? Mrs Woolman advised that it referred to further detail.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the External Audit Annual Plan 20176/17.

8. Any Other Business

There was none.

9. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board Audit Committee would take place on Monday 26 June 2017 at 10.00am in Committee Room 2, Scottish Borders Council

The meeting concluded at 11.18am.

Signature: ………………………………..
Chair