



Minutes of a meeting of the **Integration Shadow Board** held on Monday 4 August.2014 at 2.00pm in the Board Room, NHS Borders, Newstead.

**Present:** Mrs P Alexander (Chair)  
Cllr S Aitchison  
Mr D Davidson  
Dr S Mather  
Cllr J Mitchell  
Cllr D Parker  
Dr D Steele  
Cllr J Torrance

**In Attendance:** Miss I Bishop  
Mrs C Gillie  
Mrs E Rodger  
Mrs S Manion  
Miss F Morrison  
Ms J Miller  
Mr E Torrance  
Mrs T Logan  
Mr D Robertson  
Mrs J Davidson  
Mrs A McCollam  
Mr D Bell  
Mr J Lamb

## 1. Apologies and Announcements

Apologies had been received from Cllr Catriona Bhatia, Mr Calum Campbell, Cllr Frances Renton, Dr Jonathan Kirk, Dr Simon Watkin, Dr Sheena MacDonald, Mr Andrew Leitch, Mrs Jeanette McDiarmid and Mrs Jenny Wilkinson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Susan Manion, Chief Officer and David Bell, Joint Staff Forum representative to the meeting.

The Chair welcomed Mrs Alyson McCollam, Joint Head of Health Improvement to the meeting who presented the Early Years Collaborative item on the agenda.

The Chair announced that NHS Borders had formally announced Mrs Pat Alexander as the Vice Chair of the Adult Health & Social Care Shadow Integration Board.

## 2. Declarations of Interest

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

The **INTEGRATION SHADOW BOARD** noted there were none.

### **3. Minutes of Previous Meeting**

The minutes of the previous meeting of the Integration Shadow Board held on 30 June 2014 were amended at page 3, paragraph 4 replacing “cordial” with “cordia” and with that amendment the minutes were approved.

### **4. Matters Arising**

**4.1 Item 9: Newsletter:** James Lamb advised that the next newsletter would be released within the next 4 weeks.

**4.2 Item 6: Self Directed Support:** Iris Bishop advised that she had been furnished with 2 potential dates in September for the Self Directed Support presentation and would circulate them to the Board.

The **INTEGRATION SHADOW BOARD** noted the action tracker.

### **5. Integration of Health & Social Care – Programme Highlight Report**

Mr James Lamb presented the Highlight Report and updated the Board on the Scheme of Integration and Strategic Plan which were the two principle plans required under the Integration Legislation.

The main focus of the discussion was the consultation and engagement arrangements, utilising the next NHS Borders Public Governance Committee development session for engaging on integration as the membership of that committee involved both NHS and Scottish Borders Council staff as well as members of the public and third sector; a period of 6 weeks notice to engage with clinicians; utilising area forums and community council meetings; local media; the Chief Officer appointment and the resource plan.

Cllr John Mitchell suggested that specific dates be included in the timeline and shared with the Board.

Mrs Evelyn Rodger commented that she understood in regard to the strategic plan and resources required that the existing strategic planning processes would be drawn on without creating additional layers of administration.

Mrs Rodger further queried that the Strategic Plan would not be finalised until April 2016 which would be a year after formation of the Joint AH&SC Integration Board. Mr Lamb confirmed that April 2016 was the date the legislation required the Strategic Plan to be in place. He emphasised that every effort would be made to have it in place prior to April 2016 and at present it was intended that a draft Strategic Plan would be circulated for consultation by April 2015.

Mrs Susan Manion commented that in relation to engagement and consultation she was exploring the mechanisms available to ensure engagement and consultation took place with staff and clinicians, GPs, local communities, third sector organizations and the independent private sector. She intended to update and redraft the current consultation and engagement plan, how it would be overseen and outline the timescales to ensure both organizations could approve it in a timely fashion.

Mrs Jane Davidson highlighted the potential risks in terms of governance and financial control in having a Strategic Plan 12 months after the Scheme of Integration had been put in place.

Mrs Tracey Logan commented that it was potentially an option to take forward. She clarified that the Programme Board were committed to taking forward the Strategic Plan as swiftly as possible.

The **INTEGRATION SHADOW BOARD** noted the report.

The **INTEGRATION SHADOW BOARD** agreed to receive the fuller key milestones chart for both the Scheme of Integration and the Strategic Plan.

The **INTEGRATION SHADOW BOARD** agreed to receive the updated Communications Consultation and Engagement plan.

## **6. Consultation on Draft Regulations**

Mrs Susan Manion introduced the consultation response to the draft regulations. She highlighted the following key themes: unscheduled care and unscheduled care beds; AHPs management variations across services and NHS Scotland; areas of clarity, accuracy and definition.

Dr Doreen Steele sought clarity on the various groups consulted on the draft regulations such as the Public Patient Forum (PPF) and the Public Reference Group (PRG). Mrs Elaine Torrance commented that the PRG had been consulted with.

Dr Steele enquired how domestic abuse was being addressed nationally as well as refuse services given that they were not within the community safety remit. Mrs Elaine Torrance commented that Domestic Abuse in some authorities was managed through social work departments, however in Scottish Borders Council it was linked to Community Safety and would be complicated to withdraw it from that forum.

Mr David Davison enquired if there was an issue in regard to mapping services under the various headings and if they could be managed better on a Borders wide basis. Mrs Tracey Logan commented that the services were looked at across the Community Planning Partnership in great depth.

Mr David Robertson commented that in regard to the role of the Section 95 Officer there was a job description for a separate Chief Financial Officer post to the new Integration body and he offered the observation that establishing further administrative posts to support the Board would not be the best use of public monies. Mrs Carol Gillie echoed his comments.

The **INTEGRATION SHADOW BOARD** approved the response to the draft regulations subject to the updates and changes discussed at the meeting.

The **INTEGRATION SHADOW BOARD** noted that the NHS Borders Board would approve the response at its meeting on Thursday 7 August.

The **INTEGRATION SHADOW BOARD** requested sight of the joint response through the email medium on Thursday 7 August for ratification.

## **7. Monitoring of the Shadow Integrated Budget 2014/15**

Mrs Carol Gillie reported that as at 30 June 2014 a total outturn expenditure of £133m was projected in line with the current budget. At month 3 pressures of £0.428m were evident and actions to manage those were being developed by managers to ensure the balanced position projected was delivered. Mrs Gillie highlighted several key areas of expenditure including: Learning Disabilities service; Older Peoples services; Home Care provision and Physical Disability services. Limited information was available at that time on GP prescribing costs.

The revenue monitoring position set out in the report was based on the actual income and expenditure to 30 June 2014. The Partnership was experiencing a pressure for 2014/15 of £0.428m but it would be managed through the identification of further action. Management teams were working with finance to identify and implement a range of remedial actions which would enable a balanced outturn at 31 March 2015 to be delivered.

Additionally, any further pressures arising in-year would be identified early and managed and reported to the Shadow Board on an ongoing basis during the year.

Mr David Robertson confirmed the summary position reporting on a number of pressures in older peoples services and that action plans were being developed to contain those pressures and ensure a balanced outturn position at the year end.

Mr David Davidson challenged whether the forecast projections were incorrect given the increase in demand for services. Mr Robertson advised that there were continual pressures on the social care budget. The paper before the Board was the first real monitoring position to the end of June 2014 and the financial plan reflected significant re-provision of older peoples services. Mr Robertson confirmed that social care was one of the main expenditure areas for the Council and the financial plan allowed for resources to be moved from other Council portfolios into social care at the end of the financial period to ensure a balanced outturn.

Mrs Gillie clarified that both organizations signed off their budgets based on assumptions at a point in time. She highlighted that both organizations were demand lead impacting on assumptions and they would address any cost pressures as they arose to ensure a balanced outturn position.

Mrs Evelyn Rodger enquired of the arrangements for financial probity post April 2015. Mrs Gillie advised that a process would be in place for monitoring and managing the budget through the Chief Officer, Mrs Susan Manion.

Mr Robertson commented that the responsibility for the management of the budgets within the Council sat with the budget managers and it was custom and practice to report financial performance quarterly to the Councils' Executive Committee of Elected members with a monthly report to the senior management team and he would favour a similar arrangement for the partnership board which existed as a governance rather than a management group. In terms of governance, reassurance would be provided to the Joint Board on a regular basis but in his view monthly reporting was excessive as management had to be given time to consider reports at an operational level and then agree and enact any management action required to balance budget variances. Mrs Tracey Logan was clear that the Senior Management of the Council received monthly financial reports and suggested reporting to the Board on a quarterly basis with more frequent reports submitted on an exception basis only.

Mrs Manion commented that the Scheme of Integration would include the detailed information for governance and accountability and at the same time there needed to be clarity on status and exception reporting.

The Chair enquired about harmonisation of vacancy management, discretionary spend and sickness absence. Mrs Logan commented that currently those matters were undertaken separately in each organisation and she envisaged looking to pursue those opportunities in the future as the integration agenda progressed.

The **INTEGRATION SHADOW BOARD** approved the budget monitoring reports at Appendix 1.

The **INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to meet the pressures of £0.428m in 2014/15.

## **8. The Integrated Care Fund for Scottish Borders for 2015/16**

Mrs Susan Manion advised the Board of the content of the letter received from the Scottish Government announcing the allocation of the Integrated Care Fund. She advised that a group was to be set up with stakeholders to identify specific proposals and build on the work of the Reshaping Care Board.

The Chair welcomed the guidance approach to tackling inequalities.

Mr David Davidson sought assurance that his understanding of the letter was to use the monies for new interventions and not to support what was already in place.

Mrs Evelyn Rodger welcomed the focus on outcomes and promoting real service change.

Dr Doreen Steele highlighted the need to work together with the Community Planning Partnership in respect to health inequalities.

The Chair enquired about next steps. Mrs Manion suggested that the Reshaping Care Board mechanisms be reviewed and refined to ensure delivery with a refreshed Terms of Reference and membership being proposed.

Mrs Jenny Miller commented that in terms of Third sector representation, she sat on the Reshaping Care Board and would be keen to be involved in the new group to ensure a more direct involvement of carers and users.

The **INTEGRATION SHADOW BOARD** agreed the report and asked that Mrs Manion bring back a further report to the next meeting detailing the next steps.

#### **9. Clinical & Care Governance Assurance Arrangements**

Mrs Evelyn Rodger updated the Board with regard to progress with national and local arrangements for clinical and care governance assurance, highlighting that responsibility for clinical and care governance would remain with existing agencies during the integration shadow period.

The **INTEGRATION SHADOW BOARD** noted the ongoing work regarding Clinical & Care Governance.

The **INTEGRATION SHADOW BOARD** supported attendance of Director of Nursing & Midwifery/Medical Director at the Shadow Board.

The **INTEGRATION SHADOW BOARD** agreed to receive a further paper in September on arrangements for Clinical & Care Governance Assurance in line with the model integration scheme.

#### **10. Early Years Collaborative Progress Report August 2014**

Mrs Allyson McCollam presented the early years data and gave clarification on how the data was developed. She highlighted that annotation of the data would be introduced as the collaborative moved forward.

The **INTEGRATION SHADOW BOARD** noted the content of the paper and agreed to receive a progress report in December.

#### **11. Any Other Business**

There was none.

#### **12. Date and Time of next meeting**


The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 15 September 2014 at 2.00pm in Committee Room 2, Scottish Borders Council.



### Integration Shadow Board Action Point Tracker

Meeting held 28 April 2014


Agenda Item: Code of Governance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
9	The <b>INTEGRATION SHADOW BOARD</b> requested clarification of the term “service users” to mean patients, carers and service users, be publicised via the next Integration newsletter.	Elaine Torrance	May	<b>In Progress:</b> To include in next Newsletter. <b>Update 04.08.14:</b> Newsletter to be released before end of August 2014.	


### Integration Shadow Board Action Point Tracker

Meeting held 30 June 2014


Agenda Item: Update on Change Fund Projects Exit Strategy

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The <b>INTEGRATION SHADOW BOARD</b> agreed to receive a further Change Fund report at the end of the financial year.	Jane Davidson	November	<b>In Progress:</b> Report will come forward in November	


**Agenda Item: Arms Length Organisation Business Case**

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The <b>INTEGRATION SHADOW BOARD</b> agreed to receive the finer detail of the LLP and specifically confirmation of the partners in the LLP.	Jeanette McDiarmid	October	<b>In Progress:</b> Will be brought back to the October Integration Shadow Board	

**Agenda Item: Arms Length Organisation Business Case**


Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The <b>INTEGRATION SHADOW BOARD</b> agreed to receive a seminar on the current mix of home care provision and the impact of self directed support on current and future services.	Jeanette McDiarmid	September	<b>Update: 04.08.14:</b> 2 dates offered to the Board in September for the SDS seminar session.  <b>Complete:</b> Session organised for 10.09.14	

**Agenda Item: Arms Length Organisation Business Case**

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The <b>INTEGRATION SHADOW BOARD</b> welcomed sight of the report to be submitted to the Council in October.	Jeanette McDiarmid	October	<b>In Progress:</b> Report will come forward to October Meeting	




**Agenda Item: Early Years Collaborative Progress Report**

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
7	The <b>INTEGRATION SHADOW BOARD</b> agreed to receive a further update report on progress in six months.	Amanda Cronin/ Mandy Brotherstone	December	<b>In Progress:</b> Update will come forward to 8 <sup>th</sup> December meeting	


**Integration Shadow Board Action Point Tracker**

Meeting held 4 August 2014


**Agenda Item: Integration of Health & Social Care – Programme Highlight Report**

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
5	The <b>INTEGRATION SHADOW BOARD</b> agreed to receive the fuller key milestones chart for both the Scheme of Integration and the Strategic Plan.	Susan Manion	September	<b>Complete:</b> Included on the Highlight Report on this agenda.	


**Agenda Item: Integration of Health & Social Care – Programme Highlight Report**




Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
5	The <b>INTEGRATION SHADOW BOARD</b> agreed to receive the updated Communications Consultation and Engagement plan.	Susan Manion	September	<b>Complete:</b> Included on this agenda.	

**Agenda Item: The Integrated Care Fund for Scottish Borders for 2015/16**

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
8	The <b>INTEGRATION SHADOW BOARD</b> agreed the report and asked that Mrs Manion bring back a further report to the next meeting detailing the next steps.	Susan Manion	September	<b>Complete:</b> Included on the agenda	

**Agenda Item: Early Years Collaborative Progress Report August 2014**

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
10	The <b>INTEGRATION SHADOW BOARD</b> noted the content of the paper and agreed to receive a progress report in December.	Amanda Cronin/ Mandy Brotherstone	December	<b>In Progress:</b> To come forward to the 8 <sup>th</sup> December meeting	

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



## **ENGAGEMENT/CONSULTATION FRAMEWORK**

### **1. Aim**

- 1.1 Involving people in the design and delivery of services is central to how health and social care organisations currently operate in the Scottish Borders. The value this brings is well documented; the key principles need to be retained as existing arrangements move to formal integration.
- 1.2 The opportunities afforded by the development of a Health and Social Care Partnership are considerable and challenges significant. Until the partnership is formally established the detail of how we aim to maximise that potential and meet the challenges will be articulated through specific proposals emerging from the work streams. These proposals will be based on detailed local work, recognising that there is still a significant amount of guidance to come from the Scottish Government.
- 1.3 The Shadow Board have oversight of this development work. Central to this is the assurance the Board need that there is a robust engagement and consultation plan in place. It must be clear, consistent and thorough, well understood by our service users, carers, staff, third and independent sector and partner agencies.
- 1.4 The Scottish Government will also scrutinise the engagement and consultation process. The shadow partnership will be expected to provide evidence that views have been sought, listened to and acted on.
- 1.5 A significant amount of work has already taken place and there have been a number of discussions with the third sector and other stakeholder groups. An engagement and consultation plan was presented to the Pathfinder Board in September 2013 and the principles still stand as we move to the next stage of the work. This framework sets the scene for that more detailed work to take place.
- 1.6 Based on the headlines outlined in the Bill, at this stage the Shadow Board are asked to consider this framework for engagement and consultation which, at a strategic level, outlines what we propose to consult on, with who and how.

### **2. Background**

#### **Why the Shadow Board must have an Engagement and Consultation framework.**

- 2.1 There are national standards for community engagement and participation which underpin how the Council and Health Board operate. This framework has taken into account these requirements, specifically Scottish Government Planning Advice note 2010 and CEL 4(2010) 'Informing, engaging and consulting people in developing health and community care services'.

- 2.2 An equality impact assessment will be carried out to ensure that any potentially adverse impacts on proposed changes on different equality groups have been taken into account.
- 2.3 This framework also takes into account the Bill itself, policy documentation issued in February 2014 and the recent draft regulations.
- 2.4 Engagement is essential to ensure involvement from the start, this follows into more formal consultation which evidences that involvement. In practice this means a period of engagement in which the emerging issues and proposals must be shared with individuals, communities and groups with a clear interest in that issue or proposal. It is a period in which there will be a continual loop of communication and feedback that is recorded and acknowledged.
- 2.5 All of this information must then to be collated into a consultation document outlining the conclusions reached by the Shadow Partnership and evidencing how these conclusions were reached based on analysis and outputs from the engagement process. This consultation plan is then shared with all of the individuals, communities and groups involved in the engagement process.
- 2.6 In terms of the requirements within the Bill there are two plans which will require formal consultation. The Integration Scheme and the Strategic Plan.

### **3. Integration Scheme**

- 3.1 The Shadow Board are required to prepare an integration scheme for the area. It will set out the following:-
  - Governance arrangements
  - Delegated functions and associated budgets
  - Outcomes to be achieved
  - The model of integration agreed
- 3.2 Further guidance will come over the next few months but the expectation is that those who have an interest in the delivery or receipt of health care must be consulted:-
  - Health professionals
  - Staff
  - Service users
  - Carers
  - Third and independent sector providers
  - Providers of social housing
  - Recognised representative bodies, representing the interests of specific age, condition or illness groups.
- 3.3 There must be full consultation before the Shadow Board agrees the Integration Scheme and the Scheme must be submitted to the Scottish Government by the 1<sup>st</sup> April 2015.

#### **4. Strategic Plan**

4.1 The Shadow Board has a responsibility to prepare a strategic plan setting out the arrangements for carrying out the integration functions and also explain how these arrangements will achieve the national outcomes. The planning period should last for a minimum of three years. It can be longer but it must be reviewed every three years and subjected to a continual cycle of analysis and review.

4.2 To gain an understanding of local need and demand, the Shadow Board must take into account the views of those that provide the services and those that use the services. The Shadow Board is specifically required to:-

- Embed patients/clients and their carers in the decision making process
- Treat the third and independent sectors as key partners and
- Involve GPs, other clinicians and social care professionals in all stages of the planning work

4.3 In order to ensure appropriate involvement at all stages, the Bill stipulates that a Strategic Planning Group should be established to oversee the development of the Strategic Plan and, once agreed, monitor its implementation and review progress.

4.4 The draft regulations stipulate that the membership of the Strategic Planning Group will be the following:-

- Health professionals
- Service users
- Carers
- Third and Independent sector providers
- Social care professionals
- Representatives of recognised bodies representing the interests of specific age, condition or illness group
- Neighbouring health boards who may be affected
- Housing providers
- Representatives from each of the localities as agreed and defined by the integration authority

4.5 The partnership will exist as entity from the 1<sup>st</sup> April on the assumption that the Integration scheme will be approved. Formally 'integration' starts as soon as the Strategic plan is approved and that can be no later than the 1<sup>st</sup> April 2016.

4.6 Locally in the Scottish Borders it is proposed that we should have the first draft of the Plan, led by the Strategic planning group, ready by the 1<sup>st</sup> April 2015 but this is further refined, followed by formal consultation, and finally agreed mid 2015.

#### **5. Localities**

5.1 In outlining how the partnership functions are to be delivered, one of the central elements of the strategic plan is the proposed configuration and function of localities. The plan must outline how the partnership will deliver on its outcomes through the localities and it the Act stipulates we should have at least two.

5.2 The Shadow Board must consult on the proposed configuration and outline how the functions of the localities will be carried out. The following groups are to be stipulated:-

- GPs
- Practice managers
- Social workers
- Mental health officers
- Nurses
- AHPs
- Pharmacists
- Dentists
- Opticians
- SAS
- Public health professionals
- Local Authority Councillors
- Service users
- Carers
- Third and independent sector providers of health or/and social care services
- Providers of social housing

## **6. The process for engagement and consultation**

6.1 The work is currently being taken forward by the work streams therefore it is the relevant work stream leads who must take responsibility for ensuring they are taking an inclusive approach and that the guidelines for engagement and consultation are followed. The main focus will be the Legal and Governance work stream which has responsibility for the development of the integration plan and the Strategic planning work stream which has responsibility for the development of the Strategic Plan. Other work streams will be taking forward work which will be part of this process.

6.2 The groups which will be the vehicles for taking forward the work to engage and consult are already in place and need to be given clear purpose and remit with that regard. They are:-

6.3 Service users, carers and local communities - The Public Reference Group supported by the existing Patient and Public Reference Group. We must look to use existing mechanisms across the NHS, third sector and the Council, in particular Area Forums and community Councils.

6.4 Health staff, council staff and independent contractors - The Workforce work stream supported by the Professional groups and joint staff group.

6.5 Third and independent sector, commercial and non commercial providers and relevant authorities – The strategic planning group will have oversight of this work.

6.6 The Programme manager, with additional capacity funded through the transitional funding will be used to provide the support required for all of this work both in terms of developing local guidance, ensuring continuity across all the work but also in capacity to facilitate the engagement work and recording of all of the relevant activity.

6.8 The high level timetable is outlined below.

<b>Action</b>	<b>Dates</b>
Commence engagement on the Integration Scheme	October 2014
Complete the draft Integration Scheme	October 2014
Agreed by the Shadow Board	December 2014
Formally consult on the Integration Scheme	December – Feb 2015
Final Integration Scheme to be agreed by the Shadow Board	March 2015
Final Integrated Scheme agreed by the Scottish Government and ratified by the Integrated Joint Board.	April 2015
First draft of the Strategic Plan completed and agreed by the Integrated Joint Board.	April 2015
Second draft of the Strategic Plan developed in engagement with service users, staff, communities and the third and independent sector.	April – June 2015
Formal Consultation on the Strategic plan	July – Sept 2015
Strategic Plan agreed by the Integrated Joint Board	October 2015

## 7. Conclusion

7.1 The Shadow Board will be given regular updates on the engagement and consultation arrangements but with each proposal for decision coming to the Shadow Board, the relevant work stream lead or senior manager must evidence that there has been appropriate engagement and consultation.

## 8. Recommendation

The Integration Shadow Board is asked to:

- **Note** the responsibilities of the Shadow Integrated Board as outlined.
- **Agree** the process for engagement and consultation as outlined

<b>Policy/Strategy Implications</b>	As detailed within the paper.
<b>Consultation</b>	As detailed within the paper.
<b>Risk Assessment</b>	As detailed within the paper.
<b>Compliance with requirements on</b>	As detailed within the paper.

<b>Equality and Diversity</b>	
<b>Resource/Staffing Implications</b>	As detailed within the paper.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Susan Manion	Chief Officer		



**Health and Social Care Integration**

**Borders Communications and Engagement Framework – 2014/2015**

**1. Summary**

**1.1** Good communication is vital to the success of integrated services and the reputation of all partners involved. Engaging the workforce of both organisations simultaneously, and informing and involving the public will become increasingly important as services come together.

**1.2** The way we communicate has changed. 36 million (73%) of UK adults access the internet every day. Access to the internet using a mobile phone more than doubled between 2010 and 2013 (from 24 to 53%). SBC and NHSB both have recently upgraded websites with in excess of 500,000 to date this year.

**1.3** Engaging digital and social media users allows us to communicate with a greater target audience. At present, between SBC and NHSB our Twitter accounts have over 5500 followers and our corporate Facebook pages have over 6500 likes. SBC also has a corporate presence on YouTube, Flickr, Pinterest and Google+.

**1.4** This strategy sets out a framework for communications within the context of health and social care integration and covers

- The context
- What we are aiming to achieve
- Who we need to reach – our audiences, stakeholders and partners
- What we want to say
- Our key communication channels
- Potential barriers and how we plan to address these
- Priorities for 2014-15, and 2015-16
- How we will deliver this year
- How we develop an integrated support service for the future
- Recommendations

**2. What is the context?**

**2.1** Good communication contributes to strategy and facilitates the delivery of effective outcomes. This strategy takes account of

- development of an Integration Scheme for Borders
- agreement around single budgetary arrangements
- replacement of Community Health Partnerships (CHPs) with Social Care Partnerships (HSCP)
- the requirement to inform, engage and formally consult staff and public
- the potential impact of new managerial arrangements
- Scottish Government consultation on Regulations and Orders
- The delivery of integrated services at a local community setting within

the parameters of new 'localities' across Borders to deliver better outcomes

- the growing need for more workforce engagement – to help establish a sense of identity, new relationships and different ways of working to help transform service delivery.

### 3. What are we aiming to achieve?

#### 3.1 We need to ensure that

- staff across SBC and NHSB are appropriately engaged and informed on all aspects of integration that are relevant to their jobs
- patients and service users understand the transition to integrated delivery and the impact this may have on them. They are reassured and have confidence in the continuity of service
- key partners are appropriately involved and have the opportunity to influence decisions that have an impact on their business or contribution to integrated services
- public opinion is positively influenced, for example through managed news coverage and the provision of quality public information

**Our objectives** to achieve this will be to

- deliver clear, consistent, transparent and effective communication solutions that are, where possible, delivered direct, online, in localities, through partners and the media
- use a broad mix of communication channels but ensure appropriate targeting and timing
- manage the reputation of SBC and NHS Borders with professionalism

### 4. Who do we need to reach?

#### 4.1

<b>Internal</b>	<b>External</b>
NHS Borders and SBC colleagues Trade Unions HSCI Shadow Board Children's Services / Social Work Management NHS Management NHS Board Scottish Borders Council's Executive Committee Elected Members Policy Advisory Groups Health and Social Care Partnership	Service Users and Patients Community representatives Service User and Patient representative groups Partner and related organisations Borders residents Media
<b>Influencers</b>	<b>Partners</b>
Scottish Government Trade Unions Other Council/NHS bodies already integrated Media Elected Members NHS Board SBC Executive Committee	Third sector and Independent Care Sector Scottish Government NHS and Social Work representative bodies Other Council/NHS bodies already integrated Councils and NHS Boards in Scotland

Policy Advisory Groups Health and Social Care Partnership Health and Social Care Programme Board COSLA SOLAS NHS and Social Work representative bodies	
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## 5. What do we want to say?

### 5.1 Key external messages

- Scottish Borders Council and NHS Borders are proactively preparing for the new Health and Social Care Partnership which is to go live in April 2015 – a once in a generational change.
- The new body will see NHS, SBC and voluntary and independent care partners work as one to deliver services which meet the needs of Borderers and make every pound spent work harder as we do so.
- The focus on supporting all adults will help people to live well in the community or at home for as long as possible.
- SBC and NHS Borders share equal responsibility for the integration programme and will continue to engage with stakeholders across the Borders to inform and shape future service delivery.
- Key messages are:
  - People are safe and their dignity and human rights respected
  - People are as well as they can be and independent living promoted
  - People have positive experiences – are able to live where they want and have positive things to do
  - Promoting healthy living and health improvement
  - Carers feel valued and supported to continue their caring role

### 5.2 Key internal messages

- Staff are key to successfully transforming services for the future.
- All staff will remain with their current employer.
- Terms and Conditions will stay the same.
- There will be no change to pension status.
- Across the Borders, you and your colleagues will be asked for ideas and solutions on how we can work better together; always with the service user or patient coming first.
- Change will happen gradually and with full engagement with you and the community so ideas can be tested around new ways of working and learn as we go. It will also be subject to quality assurance and careful evaluation.
- Get involved – ask your manager or visit the joint intranet page/bulletins for information.

## 6. What are our core channels?

### 6.1 Where possible we will deliver communications:

- a. **Direct** to individuals
- b. **Online** by default, but not as the only channel. We will choose routes that research tells us are right for the audience.
- c. **Locally** – making information as relevant as possible to people, in the place they live, work or receive services.
- d. Through **partners** or other trusted sources including representative groups and support services. We want to make information as accessible as possible.
- e. **In the media**. By definition it is less targeted so it's not always going to be the first choice, but it is still a crucial part of the mix particularly as new developments of service opportunities emerge.

## 6.2 And our core channels will include:

- Presentations to staff
- Letters
- Face to face meetings
- Briefings
- HSCI Bulletins
- Internal magazines
- Frequently Asked Questions (FAQs) via print, video and if appropriate through live Q&A via social media
- Digital promotion – via the integration joint intranet, FISH, NHS Intranet, websites
- E-mail
- Stakeholder Briefings including Board and Member briefings
- NHS Board Development Sessions
- Local media in print, online and on air
- Social Media
- Public Forums
- Partner communication channels including newsletters
- Participation in events and organising others as required

## 7. What are the potential barriers and how could these be addressed?

### 7.1 Potential barriers

- Negative reaction of staff across agencies and representative bodies to change.
- Potential negative reaction of patients, service users and carers.
- Impact of continued implementation of change within services in scope for integration across SBC and NHS Borders.
- Clash of cultures and change in culture and ways of working.
- Lack of organisational development support and training across partners, or not the right training and guidance to support individuals and teams moving forward.
- Resource pressures both in terms of people and budgets.
- Unknown risks that may be identified through the strategic management process.

### 7.2 How we will address these

We will take a structured approach to communications and engagement to manage negative reaction and mitigate any risks thereof.

Research and information will be gathered from the workforce to inform the pitch and content of communications.

Communications solutions will be developed at minimal cost, and we will make the best use of in-house skill and experience.

## **8. What are the priorities for 2014-15?**

### **8.1** We have 8 key priorities for this year:

1. **Support the engagement** of the workforce, patients, service users, carers, partners and other stakeholders systematically and regularly, ensuring appropriate feedback.
2. **Promote examples** of existing integrated delivery within Borders and elsewhere as appropriate.
3. **Establish core communication channels** for all key audiences, testing and evaluating solutions throughout the year.
4. **Deliver the initial phase of internal and external Communication materials** including case studies, video work, joint newsletters, internal magazines, public information including FAQs and materials to help visualise changes such as locality arrangements, structural changes and joint commissioning.
5. **Develop strategic and integrated media** strategies on a quarterly basis, informed by the work of the Shadow Board, Project Team and national developments.

## **9. How we will deliver?**

### **9.1** Coordination and management

The role of the Communications Work stream is to ensure corporate information on integration and integrated services is effective and efficient.

The group sets strategy, provides professional advice to the Board, recommends policy and coordinates and delivers internal and external content, tools and communication solutions on behalf of the partnership.

The Communications work stream is made up of:  
Heads of Communications NHSB & SBC  
Public Involvement Manager NHSB  
Strategic Community Engagement Officer SBC  
Representative from Joint Staff Forum  
Chief Officer – HSCI (or nominated deputy)

## **9.2** Prioritising

Day-to-day delivery is proposed through a newly appointed fixed term Communications and Engagement Officer, supported by a joint and virtual communications project team made up of representatives from NHS Borders and SBC communications, design, web and online services.

Communications activities ARE prioritised through a rolling joint action plan which is created by the Project Officer in consultation with the Project Team and Change Managers. The plan confirms the actions that will be taken within agreed timescales, responsibility and resources.

Requests for communications action or support are coordinated through the Project Team and brought to the Communications Work stream for discussion/decision.

The minimum lead in time for new work is 4 weeks. Requests for support made out with the above process are supported in exceptional circumstances. Urgent requirements can be referred to the Work stream Chairs.

## **9.3** Media relations and communication policy

Media enquiries are managed initially by the receiving service (NHS or SBC).. in accordance with existing Standard Operating Procedures. Existing NHS and Council communication policy applies during this transition year – for example for media relations, publications and the provision of translations.

Clare Oliver  
Douglas Ross  
August 2014



## **PROGRAMME HIGHLIGHT REPORT – AUGUST 2014**

### **Aim**

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

### **Background**

- 2.1 The Integration Programme set out to achieve three main objectives:
- a) The creation of the Shadow Integration Board **ACHIEVED**
  - b) The development of the Scheme of Integration (effectively the governance and operating arrangements for the partnership). This needs to be in place, and signed-off by the Scottish Government by April 2015. Work is in progress and we are **ON TRACK** to achieve the target date.
  - c) The development of a Strategic Planning Framework for the delivery and commissioning of services under the new integration arrangements. The Strategic Planning Framework needs to be in place by April 2016 at the latest. Our local target is to have this in place by October 2015 and we are currently **ON TRACK** to achieve this.
- 2.2 The high-level milestones for the development of both the Scheme of Integration and the Strategic Planning Framework are set out in 6.2 of the agenda alongside the national integration milestones. It is worth noting that national Regulations and Guidance are not due to be published until December and there is, therefore, still a degree of uncertainty as to the effects they may have on the programme.
- 2.3 The detailed plans relating to both the Scheme of Integration and the Strategic Planning Framework – requested at the last meeting of the Shadow Board – are embedded as PDF files below. Both of these plans are working documents.
- 2.4 There are currently 5 work streams supporting the programme. The two main workstreams are:
- Governance & Integration Group – responsible for the delivering the Scheme of Integration
  - Strategic Planning Group – responsible for delivering the Strategic Plan.
- 2.5 These 2 work streams are supported by 3 workgroups
- The Finance Group

- The Workforce Development Group
- The Information, Performance and Technology Group

2.6 Progress across each of these groups is summarised below.

### **3. Governance & Integration Group**

- The outline Scheme of Integration has been revised and a copy of the current draft is attached for information.
- All work stream groups have been tasked with completing developing the content and associated proposed processes that will enable the first draft of the Scheme to be completed by the end of October this year.
- The 1<sup>st</sup> draft will be brought to the Shadow Integration Board at it's meeting on **December 8<sup>th</sup>** before it goes out for formal consultation

### **4. Strategic Planning Group**

- An initial gathering and outline analysis of all the key joint and commissioning strategies has been undertaken.
- An initial outline structure has been developed for discussion and further development.
- Practitioner and Stakeholder events in each of the five localities have been provisionally booked from mid-October to mid-November. An agenda for the events is being put together before invitations are issued. It is anticipated that the events will both set out to inform stakeholders about the Integration developments at a national level and the local response that is being developed as well as seeking feedback from stakeholders which can inform the development of the Strategic Planning framework – as well as the development of the wider programme.
- The Practitioner and Stakeholder events will be guided by both the Engagement & Consultation and Communications frameworks which are included elsewhere on this agenda.
- A proposed approach to localities, in line with the legislative arrangements, is being developed and will be brought to the next meeting of the shadow board.
- Under the legislation and the draft regulations, the Partnership needs to establish a formal Strategic Planning Group with a prescribed membership. Proposals are being developed for the membership of this group – these will be subject to the publication of the national Regulations and Guidance in December.
- The NSS (National Support Services) are supporting the work of the group in identifying and analysing information in support of the strategic plan.
- In the coming months the Group will focus, not just on the above but also on:
  - Contributing to the development of the Scheme of Integration
  - Developing and Agreeing the Strategic Planning Framework
  - Developing and resourcing it's forward programme of work.

### **5. The Finance Group**

- The Group have reviewed the revised draft scheme of integration and have established a robust project plan based around 5 work packages:
  - Revenue Financial Planning
  - Revenue Financial Management
  - Statutory Reporting
  - Governance



- Capital Planning and Asset Management
- Good progress is being made against the plan.
- The capacity of the group to deliver the plan had been identified as an issue. However, this is now being addressed.

## 6. The Workforce Development Group

- The Group has developed a project plan setting out how it will support the development of both the Scheme of Integration and the Strategic Planning Framework.
- Good progress is being made against the plan including:
  - The development of proposed Standard Operating Procedures for the joint appointment of staff
  - The scoping of current HR, Workforce Planning and Organisational Development policies and practices
  - The development of the proposed content and processes for the Staff/Practitioner events in October/November.

## 7. The Information, Performance and Technology Group

- The Group has developed a work plan setting out how it will support the development of the Scheme of Integration in terms of:
  - Freedom of Information Requests
  - Information Sharing & Confidentiality
  - Complaint Handling
  - Performance Management arrangements
- The Group is also working with the NSS to:
  - Develop a prioritised action plan to address IT and data/information sharing requirements under the new integration arrangements. Small workshops have been established with stakeholders to establish issues and requirements.
  - Take part in an early test-case in terms of SWAN (the Scottish Area Wide Network) to enable both organisations to share the same network.

## Recommendation

The Integration Shadow Board is asked to **note** the report.

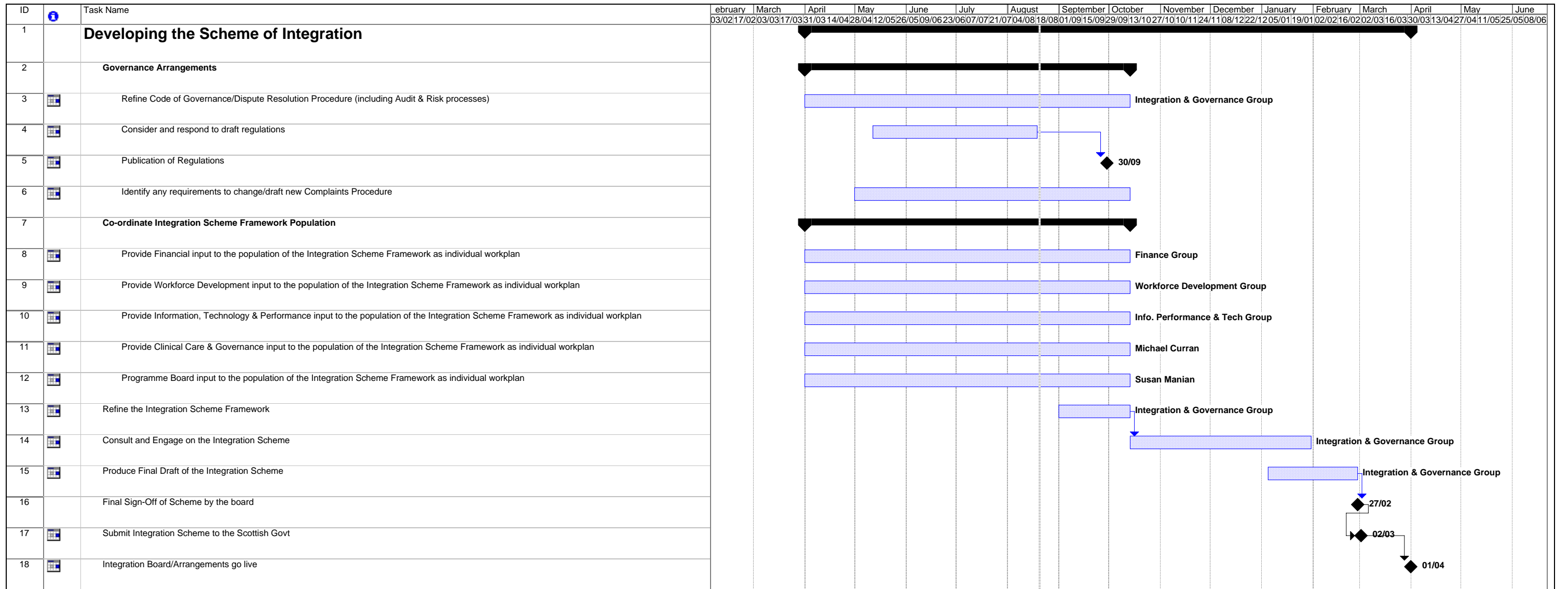
<b>Policy/Strategy Implications</b>	N/A
<b>Consultation</b>	N/A
<b>Risk Assessment</b>	N/A
<b>Compliance with requirements on Equality and Diversity</b>	N/A
<b>Resource/Staffing Implications</b>	N/A

**Approved by**

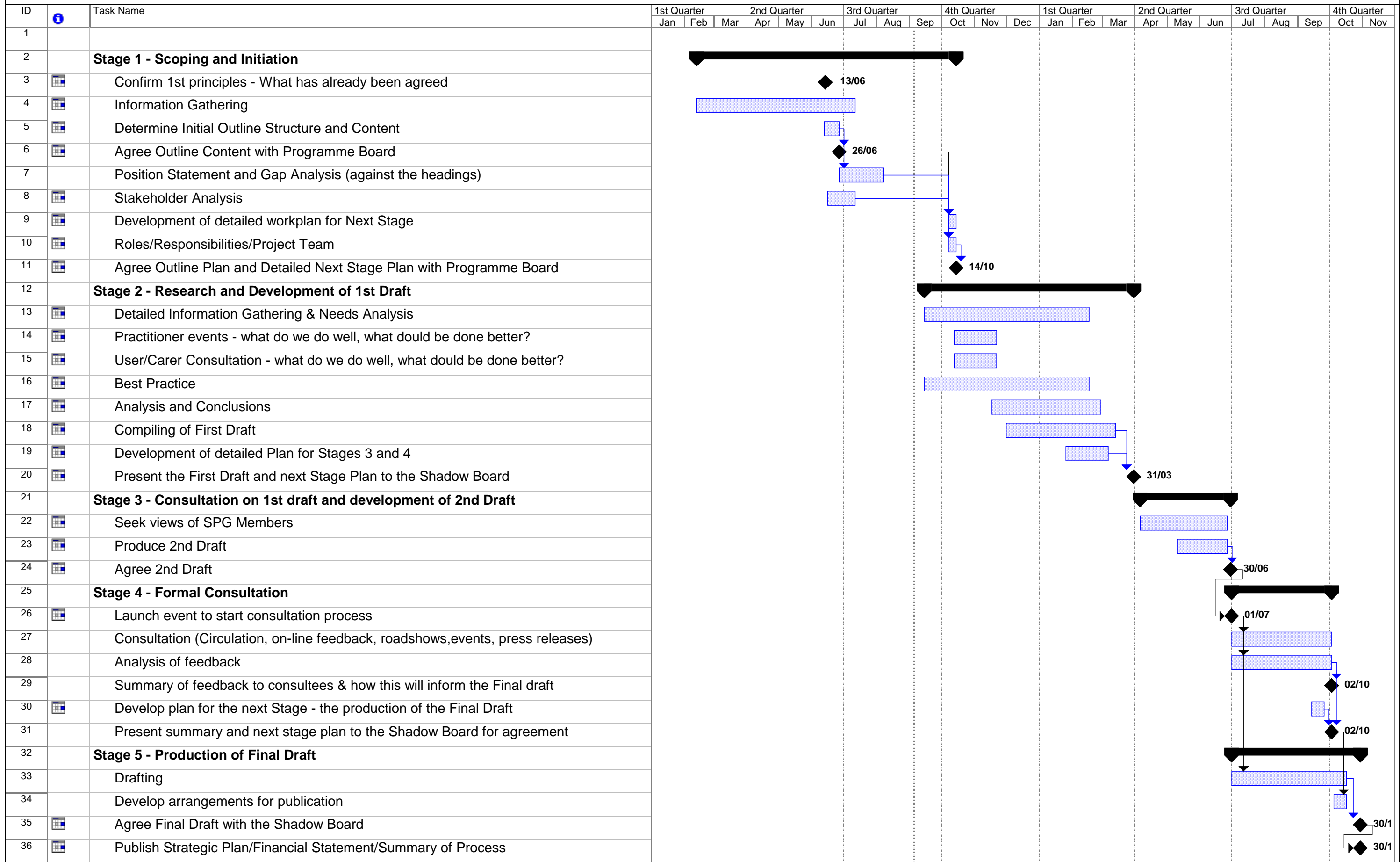
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**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
James Lamb	Programme Manager		



Developing the Strategic Plan - Initial Plan



Project: Integration Transition Plan (P1)  
Date: Fri 05/09/14

Task Progress Summary External Tasks Deadline   
 Split Milestone Project Summary External Milestone

**DRAFT INTEGRATION SCHEME**

**SCOTTISH BORDERS COUNCIL & NHS BORDERS**

**DRAFT**

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## 1. INTRODUCTION

The Public Bodies (Joint Working)(Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by Ministers, and children’s health and social care services. The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either delegate between each other (under s1(4)(b), (c) and (d) of the Act), or can both delegate to a third body called the Integration Joint Board (under s1(4)(a) of the Act). Delegation between the Health Board and Local Authority is commonly referred to as a “lead agency” arrangement. Delegation to an Integration Joint Board is commonly referred to as a “body corporate” arrangement.

This document sets out a model integration scheme to be followed where the “body corporate” arrangement is used (ie the model set out in s1(4)(a) of the Act) and sets out the detail as to how the Health Board and Local Authority will integrate services. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an integration scheme for approval by Scottish Ministers. The integration scheme should follow the format of the model and must include the matters prescribed in Regulations. The matters which must be included are set out in detail in the model.

Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers .

As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of councillors, NHS non-executive directors, [and other appropriate persons – TBC]. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority. This is in line with what happened under the previous joint working arrangements. Because the same individuals will sit on the Integration Joint Board and the Health Board or Local Authority, accurate record keeping and minute taking will be essential for transparency and accountability purposes.

The Integration Joint Board is responsible for the planning and the consequential delivery of its functions. Further, the Act gives the Health Board and the Local Authority, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

## 2. AIMS AND OUTCOMES OF THE INTEGRATION SCHEME – **PROGRAMME BOARD**

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, 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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

**The PROGRAMME BOARD to provide a narrative covering –**

- **The vision the partnership is looking to achieve;**
- **The difference this will make to the individual service user and carer;**
- **The outcomes that this partnership arrangement will deliver, their relationship to the nationally agreed outcomes for health and wellbeing, and the joint strategic commissioning plan that describes them;**
- **Assurance that the delivery of services shall represent value for money and be delivered in line with Best Value;**
- **Agreement of how the third and independent sectors will be included to deliver the partnership aims and outcomes;**
- **The mechanism and timescales for reviewing and varying these aims and outcomes.**

### **3. PARTIES TO THE AGREEMENT**

**The parties:**

**Scottish Borders Council**, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Newtown St Boswells, TD6 0SA (“Scottish Borders Council”);

And



**Borders Health Board**, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Borders”) and having its principal offices at Borders General Hospital, Melrose, TD6 9DB (“NHS Borders”) (together referred to as “the Parties”)

#### 4. DEFINITIONS AND INTERPRETATION

To include –

- All terms and expression which require defining;
- Regulations, Scheme, Integration Joint Board, etc

In implementation of their obligations under the Act, the Parties hereby agree as follows:

#### 5. LOCAL GOVERNANCE ARRANGEMENTS – GOVERNANCE & INTEGRATION

In accordance with section 1(2) of the Act, the Parties have chosen to put in place the body corporate model of integration, described in s1(4)(a) of the Act. Having regard to the requirements contained in the [*Regulations*], we require to supply the detail of the remit and constitution of the Integration Joint Board to include (*but not limited to*):

- The remit of the Integration Joint Board is to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults [~~and children~~] in their area in accordance with sections ~~xx to yy~~ of the Act.
- The arrangements for appointing the voting membership of the Integration Joint Board are ...*[Set out the number of representatives to be appointed by each Party, the standard length of their period of office, the circumstances in which a person will cease to be a voting member before the end of the standard length of their period of office, etc.]*
- The arrangements for appointing the chair and vice chair of the Integration Joint Board are ...*[Set out how the Parties will determine who is chair and vice chair, the standard length of their period of office, the circumstances in which a person will cease to be chair or vice chair before the end of the standard length of their period of office, etc. ]*
- The arrangements for committees of the Health Board and Local Authority to interact with the Integration Joint Board are ...*[Set out how the committees of the Health Board and Local Authority, such as the social work committee, will interact with the Integration Joint Board. ]*

*There is no role for Health Boards or Local Authorities to independently sanction or veto decisions of the Integration Joint Board.*

#### 6. DELEGATION OF FUNCTIONS - FINANCE

The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are

currently provided by the Health Board and which are to be integrated, are set out in Part 2 of Annex 1.

The functions that are to be delegated by the Local Authority to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Local Authority and which are to be integrated, are set out in Part 2 of Annex 2

*Apart from those functions delegated by virtue of this Agreement, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.*

1. **Cross reference to the scheme of delegation in both agencies;**
  - a. **Where the delegation to a body corporate model is used;**
  - b. **Lines of accountability as these apply to the CO;**
  - c. **The upward reporting structure for the CO**
  - d. **Arrangements for accountability as these apply to the CO and to those in the CO's reporting management line;**
  - e. **Arrangements made for management and joint accountability to be delegated downwards by the CO;**

## 7. **LOCAL OPERATIONAL ARRANGEMENTS – GOVERNANCE & INTEGRATION**

The local operational arrangements agreed by the Parties are:-:

*[Set out*

- *[the responsibilities of the membership of the Integration Joint Board in relation to monitoring and reporting on the delivery of integrated services on behalf of the Health Board and Local Authority]*
- *[the process to consider the Strategic Plan within their own Health Board area as well as any potential impact on the Strategic Plans of other integration authorities.]*
- *the local outcomes, targets and measures that the Integration Joint Board is to take account of in planning and monitoring delivery of integrated services.*

*For example, the Health Board is currently responsible for meeting a HEAT target in relation to delayed discharge. A large proportion of the functions and resources to deliver that target are delegated to the Integration Joint Board. It is therefore appropriate that the Integration Joint Board is required to take account of this target when exercising its functions.*

To include –

2. **Description of operation of staff governance standards; - STAFF GROUP**
3. **Membership of the main governance committee;**
4. **Details of sub-committees created to support the main governance committee;**
5. **Details of professional involvement;**
6. **Details of risk management arrangements; - FINANCE**

7. Links to community planning; - **STRATEGIC PLANNING**
8. Business continuity and civil contingencies; - **STRATEGIC PLANNING**

## 8. CLINICAL AND CARE GOVERNANCE – **CARE & CLINICAL**

The arrangements for clinical and care governance agreed by the Parties are:

*[Set out the joint arrangements for clinical and care governance including:*

- *How professional advice in respect of clinical and care governance is provided within all aspects of the [Partnership's/Integration Joint Board's [or the whole collaborative landscape?]] governance and management structures.*
- *The arrangements for the provision of professional health care and social work advice to the Integration Joint Board, the strategic planning group and localities.*
- *How those arrangements interrelate with the remaining arrangements for providing professional clinical governance and advice within the Health Board (including the respective responsibilities of the Health Board's medical director and nurse director) and the care governance arrangements that remain with the Local Authority.]*

To include –

- Description of the arrangements for ensuring quality and continuous improvement including defining roles/responsibilities, response to adverse events and near misses;
- Professional lines of accountability and governance including regulatory and assurance systems;
- Links to quality standards;
- Links to roles and responsibilities for public protection including, protecting vulnerable adults;
- Public health responsibilities e.g. pandemic flu;
- Statutory responsibilities/GMC/NMC/HPS etc. and revalidation;
- Child protection arrangements (where relevant).

## 9. WORKFORCE – **WORKFORCE GROUP**

The arrangements in relation to the Chief Officer agreed by the Parties are:

*[Set out the jointly agreed arrangements including:*

- *the relationship between the Chief Officer and the senior management team of the Health Board and Local Authority;*
- *line management of the Chief Officer.*

The arrangements in relation to their respective workforces agreed by the Parties are:

*[Set out the jointly agreed arrangements including:*

- *the process for appointment to jointly appointed positions, arrangements for supervision and management of people who are jointly appointed;*
- *the arrangements for the supervision and management of staff who report to a person employed by another organisation. (For example, where an integrated team comprises both Health Board and Local Authority staff managed by a Local Authority manager, the chief executive of the Health Board may direct his/her staff to follow instructions from the Local Authority manager);*
- *the process which the parties will follow to develop a joint Workforce and Organisational Development strategy in relation to teams delivering integrated services.*

[Where the Health Boards and Local Authority agree to transfer staff as part of this integration scheme they must agree and set out:

- the number and category to be transferred]

To include -

- Description of joint working arrangements between staff;
- Reference to arrangements made for any other staff, including transitional arrangements; terms and conditions of any staff transfer or transfers which may apply; or any requirement for harmonisation of staff terms and conditions which may apply;
- Trade Union and Staff representation;
  - Relationships with respective staff-side representation and trade unions covering NHS and local authority interests;
  - The relationship to the Advisory Structures (Area Clinical Forum etc).
- Agreement for staff to raise public service interest issues.

## 10. FINANCE - FINANCE

The Parties must agree and set out the method of determining –

(a) amounts to be paid by the Health Board and the Local Authority to the Integration Joint Board in respect of each of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph (b) applies); and

(b) amounts to be made available by the Health Board to the Integration Joint Board in respect of each of the functions delegated by the Health Board which are (i) carried out in a hospital in the area of the Health Board and (ii) provided for the areas of two or more local authorities.

The amounts described in (a) and (b) are not subject to Ministerial approval but are subject to the approval of the Integration Joint Board.

### 1. Payment in the first year to the Integration Joint Board for delegated functions

The payment should be based on the baseline established from review of recent past performance and existing plans for the Health Board and the Local Authority for the functions which are to be delegated, adjusted for material items in the shadow period.

## 2. Payment in subsequent years to the Integration Joint Board for delegated functions

In subsequent years the amount should be adjusted for:

- Activity Changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfers to/from the notional budget for hospital services
- Adjustments to address equity of resource allocation
- The Local Government Financial Settlement

## 3. Method for determining the amount set aside for hospital services

[Under development by The Integrated Resources Advisory Group (IRAG) [insert lin]

### In-year variations

In the following circumstances the Health Board and/or Local Authority may reduce the payment in-year by the Integration Joint Board to meet exceptional unplanned costs within the constituent authorities .....conditions to be listed.]

- Financial management arrangements
- Process for addressing budget variances

Where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the relevant finance officer of the constituent authority must agree a recovery plan to balance the overspending budget. Should the recovery plan be unsuccessful, the Integration Joint Board may request that the payment by the Health Board and Local Authority be adjusted taking into account the revised assumptions. The default should be that the constituent authorities should make an additional payment in the ratio of the original payments to meet the overspend.

Where there is a forecast underspend in an element of the operational budget this will be retained by the Integration Joint Board, except when the following conditions apply .....(eg material errors in the assumptions made in method to determine the payment for the function). In these circumstances the payment for this element should be recalculated using the revised assumptions.

[To Follow: Process for the management of the variances for the amount set aside in hospital budgets is under development by IRAG]

- Process for re-determining in-year allocations and conditions when they may be used
- Arrangements for asset management and capital

#### Financial management and financial reporting arrangements

**The Integration Joint Board will receive financial management support from..... who will provide:**

- Financial systems for hosting the accounting records of the Integration Joint Board
- Financial services to the Chief Officer/financial officer/Integration Joint Board to carry out their functions, ie the staff/other resources to be made available to support the preparation of the annual accounts, financial statement, financial elements of strategic plan, reports to the Chief Officer on the financial resources used for operational delivery, reporting to the board
- Monthly financial monitoring reports to the Chief Officer and the board on the performance of the budget within x days of the month end– minimum scope to be specified in a schedule
- Schedule of cash payments to be made in settlement of the payment due to the Integration Joint Board (if applicable)

#### **11. REVENUE RESOURCE – FINANCE GROUP**

**To include –**

- **Statement of respective revenue allocations/transfer to the integrated budget in year one described by service;**
- **Process for agreeing adjustments and uplifts to partner allocations in subsequent years;**
- **Timeline for agreeing allocations in future years;**
- **Process for managing in year variances in budget spend and efficiencies including savings planning approach;**
- **Process for financial governance including monitoring and reporting;**
- **Mechanism for calculating VAT for integrated budget;**
- **Process for agreeing activity based changes to the acute component of the integrated budget;**
- **Standing Financial Instructions and schemes of delegation.**

#### **12. CAPITAL RESOURCE – FINANCE GROUP**

*Note: The content in this section will depend on the extent to which partners wish to integrate capital expenditure and to rationalise the asset base used to deliver the integrated services.*

**To include**

- **List of accommodation that will be used by the Partnership**
- **List of major equipment that will be used by the Partnership**

- Statement clarifying ownership of fixed assets – including definition of an asset.
- Statement clarifying treatment of any proceeds of sale and the profit or loss on disposal of any fixed asset.
- Clarification that the revenue expenditure (depreciation, maintenance, utilities, support services, statutory compliance etc.) required to support and maintain the capital assets used to provide the integrated services is included/excluded in the integrated budget.
- Clarification of cross-charging of asset related revenues costs between partners and of any VAT issues associated with cross-charging of asset-related revenue costs between partners.
- Definition of capital expenditure for NHS and LA
- Statement clarifying whether capital investment resources are being integrated
- Process of obtaining capital expenditure approval either through respective capital processes or via an integrated capital budget.

### **13. PARTICIPATION AND ENGAGEMENT – LOCALITY & COMMISSIONING**

The Parties agree the following arrangements in respect of Participation and Engagement including:

*[Set out the process by which arrangements in respect of Participation and Engagement shall be agreed including:*

- *Development and review/evaluation of involvement structures*
- *Arrangements for involving seldom heard groups*
- *Arrangements for communication with the public*
- *Reporting on outcomes (and progress in integration) to the public*
- *Training and on-going support for user/public members of the Board*
- *How feedback from users/public feeds into governance arrangements*
- *Information for how people can get involved]*

### **14. PUBLICITY – PROGRAMME BOARD WITH SUPPORT FROM BOTH COMMUNICATIONS TEAMS**

To include –

- Recognition of the joint responsibilities in communicating with the media; including arrangements to media out of hours;
- Timetable for formalising a partnership communication arrangement.

### **15. INFORMATION SHARING AND CONFIDENTIALITY IT & PERFORMANCE GROUP**

- The Parties agree to be bound by the Information Sharing Protocol set out in Annex [ ].

To include –

- The governance arrangements in place to develop / implement / manage a data sharing protocol between partners that underpins the actions of the partnership;
- Processes through which the development of shared data for the partnership will be taken forward;
- Status of information held on Health and Social Care Information Systems.

*Information sharing processes need to be clearly understood and communicated. Operationally focussed agreements that support the safe and secure handling of information across organisations are crucial. The agreement must articulate the circumstances in which information will be shared and the processes for doing so. The key is that it should be clearly set out and published.*

## 16. COMPLAINTS - IT/PERFORMANCE GROUP

The Parties agree that there shall be one single point of contact for complaints by service users and agree the following arrangements in respect of this:

- [Set out: Details of complaint handling for the services provided by the Integration Joint Board
- Details of complaint handling for staff working within the Integration Joint Board to include responses to SPSO]

To include –

- Details of complaint handling for the services provided by the partnership;
- Details of complaint handling for staff singularly and jointly employed within the partnership to include responses to SPSO;
- Process for sharing information to respond to FOI requests;
- Process for requests for information from Scottish Ministers and Council Elected Members;
- The process for gathering user/public feedback and how it has been used for improvement.

## 17. LIABILITY & INDEMNITY – GOVERNANCE/FINANCE

The Parties agree the following arrangements in respect of Liability and Indemnity:

The Parties must consider how they wish to make arrangements which alter, as between themselves, the normal common law or statutory position in relation to claims against their organisation. If they do, they should set out those arrangements.

[Set out agreed arrangements, for example,

- provision to the effect that each of the Parties will indemnify the other in respect of claims made by its own employees
- provision to the effect that each of the Parties will indemnify the other in respect of claims by third parties arising from acts or omission of its own employees
- Procedures for discussing and resolving issues of disputed liability between the Parties



- Assurance arrangements including any self-assurance arrangements

## 18. RISK MANAGEMENT – GOVERNANCE/FINANCE

The Parties are to develop a shared risk management strategy that sets out –

- The key risks with the establishment and implementation of the Integration Joint Board
- An agreed risk monitoring framework
- Any risks that should be reported on from the date of delegation of functions and resources
- The frequency that risks should be reported on
- The method for agreeing changes to the above requirements with the Integration Joint Board.

This should identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan. Identify and describe processes for mitigating those risks. The model includes an agreed reporting standard that will enable other significant risks identified by the partners to be compared across the organisation.

**[The Integration Joint Board is to be placed under a duty to**

- Establish risk monitoring and reporting as set out in the framework as developed by the Health Board and the Local Authority
- To maintain the risk information and share with, in a body corporate the Health Board and the Local Authority to the timescales specified.]

## 19. DISPUTE RESOLUTION MECHANISM – GOVERNANCE & INTEGRATION

The Parties hereby agree that where they fail to agree on any issue related to this Scheme, then they will follow the process as set out below:

- The Health Board and the Local Authority will each prepare a written note of their position on the issue and provide it to the other Party and to the Chief Officer of the Integration Joint Board;
- A representative of the Health Board and the Local Authority, and the Chief Officer, will meet to resolve the issue;
- in the event that the issue remains unresolved, the Chief Executive of the Health Board and the Local Authority, and the Chief Officer, will meet to resolve the issue;
- in the event that the issue remains unresolved, the Chair of the Health Board and nominated representatives of the Council will meet to resolve the issue;
- in the event that the issue remains unresolved, the Health Board and the Local Authority will proceed to mediation with a view to resolving the issue.

Where the issue remains unresolved after following the processes outlined in (a)-(e) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: [].

## **20. SERVICE PLANNING – LOCALITY & COMMISSIONING GROUP**

To include –

- Details of how population needs will be assessed and how regularly;
- Links to other areas of NHS Board and Local Authority planning mechanisms;
- Reference to the joint strategic commissioning plan and locality arrangements with timescales for completion;
- Mechanisms for embedding non-statutory partners in the planning processes and locality arrangements;
- The process of reviewing commissioning arrangements;
- The link between commissioning practice and the integrated budget;
- Pan Partnership arrangements where these apply.
- Business continuity or Civil contingencies;
- The details included within section 14.

## **23. PERFORMANCE MANAGEMENT – IT/PERFORMANCE GROUP**

To include –

- Links to National Performance Framework;
- Contribution to Single Outcome Agreement and HEAT;
- Details of the performance management / reporting arrangements to be put in place;
- Agreed joint response / escalation policy by partners should the partnership not deliver expected aims and outcomes;
- Process for sharing performance management information / issues that will primarily impact on one of the statutory partners business but have implications for integrated/delegated services.

## **24. CONSULTATION – GOVERNANCE**

The Parties hereby agree that where they fail to agree on any issue related to this Scheme, then they will follow the process as set out below:

Section 6(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to prepare an Integration Scheme. Before submitting the Integration Scheme to Scottish Ministers for approval, the Local Authority and Health Boards must jointly consult with:-

Staff of the Local Authority likely to be affected by the Integration Scheme;  
Staff of the Health Board likely to be affected by the Integration Scheme;  
Health professionals;  
Users of health care;  
Carers of users of health care;  
Commercial providers of health care;

Non-commercial providers of health care;  
Social care professionals;  
Users of social care;  
Carers of users of social care;  
Commercial providers of social care;  
Non-commercial providers of social care;  
Non-commercial providers of social housing; and  
Third sector bodies carrying out activities related to health or social care.

The Local Authority and Health Board will allow the groups of persons described above to obtain access to the draft Integration Scheme in order for them to express their views.

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**Annex 1**

**Part 1**

**Functions delegated by the Health Board to the Integration Joint Board**

**Part 2**

**Services currently provided by the Health Board which are to be integrated**

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**Annex 2**

**Part 1**

**Functions delegated by the Local Authority to the Integration Joint Board**

**Part 2**

**Services currently provided by the Local Authority which are to be integrated**

DRAFT

Integration Programme - High Level Milestones

ID	Task Name	2015												2016								
		1st Qu	2nd Qu	3rd Qu	4th Qu	1st Qu	2nd Qu	3rd Qu	4th Qu	1st Qu	2nd Qu	3rd Qu										
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J			
1																						
2	<b>National Timelines - 2014 - 2016</b>	[Timeline bar from start to end]																				
3	Act Receives Royal Assent																					
4	Consultation (Draft Regs)																					
5	Response to Consultation Published																					
6	Orders and Regs Laid in Parliament																					
7	Orders and Regs come into force																					
8	Guidance Completed and Published																					
9	Integration Schemes Must be Submitted to Scottish Govt																					
10	Community Health Partnerships Cease																					
11	Integration Arrangements Need to be in Place																					
12																						
13	<b>Scheme of Integration</b>	[Timeline bar from start to end]																				
14	Outline Scheme of Integration Produced																					
15	Outline Scheme issued to Work Stream Groups for Population																					
16	Produce 1st Draft of the Scheme of Integration																					
17	<b>Shadow Board Agree First Draft</b>																					
18	Formal Consultation on the Scheme of Integration																					
19	<b>Final Integration Scheme to be agreed by the Shadow Board (actual date TBC)</b>																					
20	<b>Final Integration Scheme agreed by Scottish Govt &amp; Ratified by Integrated Joint Board</b>																					
21																						
22	<b>Strategic Planning Framework</b>	[Timeline bar from start to end]																				
23	Pre-drafting Engagement with Practitioners and Identified Stakeholders																					
24	Drafting of Strategic Planning Framework																					
25	<b>First Draft of the Strategic Planning Framework completed and presented to the Integration Joint Board</b>																					
26	Second Draft of the Strategic Planning Framework developed in engagement with stakeholders																					
27	<b>Second Draft of the Strategic Planning Framework completed and presented to the Integration Joint Board</b>																					
28	Formal Consultation on the Strategic Planning Framework																					
29	<b>Strategic Planning Agreed by the Integration Joint Board</b>																					



## **TERMS OF REFERENCE JOINT STAFF FORUM**

### **Aim**

- 1.1 To seek the approval of the Integration Shadow Board to the Terms of Reference for the Joint Staff Forum.

### **Background**

- 2.1 The Joint Integration Staff Forum as a strategic body is responsible for facilitating, monitoring and evaluating the effective operation of partnership working across NHS Borders and Scottish Borders Council on areas of integrated working, and to develop, support relevant joint Workplace Policies for approval by the appropriate governance body.

### **Summary**

- 3.1 The offer of involvement from the Joint Staff Forum on all working groups has been made and Trade Union Representation will be given to the subgroups of the Joint Integration Board from the Joint Integration Staff Forum:
- Workforce Development
  - Finance Resources/Financial Arrangements
  - Legal/Governance Group
  - Information Performance and Technology
  - Commissioning and Locality Planning

### **Recommendation**

The Integration Shadow Board is asked to **approve** the Terms of Reference for the Joint Staff Forum..

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

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
David Bell	Joint Staff Forum Chair		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
David Bell	Joint Staff Forum Chair		



## **JOINT INTEGRATION STAFF FORUM**

### **TERMS OF REFERENCE**

#### **1. PURPOSE**

The Joint Integration Staff Forum as a strategic body is responsible for facilitating, monitoring and evaluating the effective operation of partnership working across NHS Borders and Scottish Borders Council on areas of integrated working, and to develop, support relevant joint Workplace Policies for approval by the appropriate governance body.

#### **1.1 Remit**

The Joint Integration Staff Forum will:

- Take a proactive approach in embedding partnership working at all levels of the organisation to assist the process of devolved decision making;
- Monitor the implementation of all Workplace Policies related to agreed integration programme;
- Consider and comment on other policies;
- Support the work of the Project Management Group as required;
- Ensure the best Workforce practice is shared across the Partnership;
- Contribute to the development of Strategies and Action Plans to inform the integration programme of care;
- To assist in assessing the impact of strategic decisions upon staff by monitoring and evaluating outcomes through staff surveys and other staff engagement exercises
- Contribute to responses on consultation from the Scottish Government, its sub groups and supporting infrastructure;
- Ensure that any Workforce strategies and policies are underpinned by appropriate Staff Governance, financial planning, implementation planning and evidence;
- Ensure adequate and necessary Facilities arrangements are in place.
- The views of all recognised trade unions with an interest in improving the health and social wellbeing and health and social care services, local communities and wider staff are appropriately heard and considered.
- Ensuring an effective risk management system in operation focussing on staff issues that identifies clinical, legislative, financial and other risks, and is focused on the safety of patients, clients and users;
- Ensuring Joint Integration Staff Forum have knowledge and understanding of national health policies and local health and social care issues, and the ability to contribute to strategic leadership and to develop effective working relationships;
- Being assured that all staff, are effectively trained, properly supported and performance is formally reviewed on an annual basis.

#### **1.2 Authority**

In line with the agreed remit, the forum is recognised as an integral part of the Integration Programme to ensure that there is appropriate staff engagement and staff governance in the programme development and delivery.

### **1.3 Reporting Arrangements**

- The Joint Integration Staff Forum is an essential part of the programme reporting structure in order to ensure that all staff issues are considered.
- Following a meeting of the Joint Integration Staff Forum, the minutes of that meeting will be presented for information at the next meeting of the Joint Integration Board and approval at the next JISF;
- The Joint Integration Staff Forum should annually and within three months of the start of each financial year provide, approve and agree a workplan detailing the work to be taken forward by the Forum;
- The Joint Integration Staff Forum will produce an annual report for presentation to the JISF and Joint Integration Board/ Shadow Board that will describe outcomes from the Forum during the year.

## **2. MEMBERSHIP**

Membership of the Joint Integration Staff Forum shall comprise representatives of management and recognised trade unions from both organisations and include Employee Director for NHS Borders.

A nominated deputy can be identified for each full member. Nominated deputies may only attend in the absence of the principal member. Management and Staff Side representatives may attend as observers with the agreement of the joint Chairs. Full Time Officers for recognised trade unions may attend as an ex officio member.

Respective memberships will be formally updated annually.

Should there then be continued non-attendance of a nominated representative to the JISF, the Joint Chairs shall contact the nominated representative and/or their relevant organisation and clarify if the nominated representative wishes to continue as a member of the JISF, or if another nominated representative from that organisation will be replacing them on the JISF.

### **2.1 Involvement in the Programme**

The offer of involvement from the Joint Staff Forum on all working groups has been made and Trade Union Representation will be given to the subgroups of the Joint Integration Board from the Joint Integration Staff Forum:

Workforce Development  
Finance Resources/Financial Arrangements  
Legal/Governance Group  
Information Performance and Technology  
Commissioning and Locality Planning

The Joint Integration Staff Forum will also act as a resource for other groups seeking Staff Side views / opinions relating to integration programme development.

The Occupational Health and Safety advisors will communicate directly to the Joint Integration Staff Forum on matters agreed through partnership working with managers and health and safety representatives.

### **3. FORUM MEETINGS**

#### **3.1 Cycle of Meetings**

The Forum will meet on an agreed basis, but routinely every 8 weeks, unless otherwise agreed by the Joint Chairs. These will be tabled in relation to the meeting schedules for the Shadow and Programme Boards.

Meetings only to be cancelled by mutual agreement between both Joint Chairs.

The Joint trade unions will meet prior to Full Joint Integration Staff Forum. This will be an open trade union representation allowing all appropriate trade union representatives to attend.

#### **3.2 Chairing of Meetings**

There will be Joint Chairs appointed from the Management and Staff Side who will chair meetings of the Forum on an alternating basis. It is the responsibility of the Joint Chairs to agree in advance any agenda items and agenda planning meetings will therefore take place between the Joint Chairs in advance of each meeting of the Forum. The Agenda should reflect the needs of both NHS Borders and Scottish Borders Council and based upon the Programme of work identified through the Programme Board.

The Administrative Support will distribute an agenda and supporting papers for each Forum meeting no later than one week before the date of the meeting to all Forum members. Written reports will be required for all agenda items otherwise the matter will not be discussed unless otherwise agreed by the joint chairs in advance. These should be received by the administrative support 2 weeks before the meeting.

#### **3.3 Quorum**

Meetings of the Forum will be deemed to be quorate when:

- a minimum of four members of the management side (must be two from each organisation)
- At least one of the joint Chairs
- a minimum of four members of the trade unions (must be two from each organisation) are present.

### **4. VALUES**

To underpin the working of the Joint Integration Staff Forum, the following values will be adopted and govern the approach taken to consideration of issues:

- mutual trust, honesty and respect;
- openness and transparency in communications;
- recognising and valuing the contribution of all partners;
- access and sharing of information;
- consensus, collaboration and inclusion as the “best way”;
- maximising employment security;
- full commitment to the framework and good employment practice;
- the right of stakeholders to be involved, informed and consulted;
- early involvement of all staff and their trade unions in all discussions regarding change;

- a team approach to underpin partnership working.

## **5. DECISION OF THE FORUM**

### **5.1 Consultation**

Any party may request that a matter brought before the Forum be subject to appropriate consultation with management and trade union colleagues prior to any final agreement being reached. The processes of consultation of both organisations must be assured and respected.

### **5.2 Referral**

Any matter considered by the Joint Integration Staff Forum which is deemed to fall outwith its terms of reference, or which is subject to Programme Board or Shadow Board or requires approval by individual organisations Boards, will be referred to these bodies as appropriate on the basis of Joint Integration Staff Forum support. Reference to the Scottish Government may also take place as appropriate.

### **5.3 Failure to Agree**

In the event of any failure to agree in matters under consideration by the Forum, the matter will be referred via the Joint Chairs to the Joint Integration Board, who will endeavour to find a way forward.

## **6. Review**

These Terms of Reference will be reviewed on an annual basis.

MEMBERSHIP FOR JOINT INTEGRATION STAFF FORUM

**Union Representation:**

6 Representatives from Scottish Borders Council

6 Representatives from NHS Borders

**Management Representation:**

6 Representatives from Scottish Borders Council

6 Representatives from NHS Borders

These can include HR, OH and OD

**Attendees: (Ex Officio)**

Employee Director from NHS Borders

Other Organisational Departments from both SBC and NHS invited as required through Agenda including additional trade unions not identified within membership above.

Fulltime Officers for recognised trade unions

*Administrative support will be provided by Employee Director's Personal Assistant.*



## CLINICAL AND CARE GOVERNANCE ASSURANCE ARRANGEMENTS

### *Aim*

- 1.1 This report provides an update to the Integration Programme Board on Clinical and Care Governance Assurance Arrangements including:
- An overview of the current clinical and care governance reporting arrangements within NHS Borders and Scottish Borders Council (SBC)
  - Next steps in the development of a clinical and care governance system following integration

### *Background*

- 2.1 National Context:** In any revised integrated arrangements there is a requirement for robust and effective governance, accountability and liability arrangements in order to ensure the delivery of safe, effective, person centred and quality services.
- 2.2 Work is underway at a national level via the clinical and care governance national project board to publish guidelines on this important area for integration. Scottish Borders have representation on this board and are fully engaged in this significant piece of work.
- 3.1 Current Arrangements:** A small Clinical and Care Assurance Group has been working to map out existing assurance systems and processes and will consider further requirements for the partnership which will be reported to the Board in line with the requirements for the Integration Scheme.

Membership of the Clinical and Care Governance Assurance Group includes:

Chief Social Work Officer	Director of Nursing and Midwifery
Chief Officer, Health and Social Care Integration	Medical Director and Chief Officer
Service Development Manager - SBC	Head of Quality and Clinical Governance

- 3.2 The mapping exercise is included in Appendices. Appendix one outlines the current NHS Borders arrangements for clinical and care governance reporting, the core business of existing groups and the oversight and assurance given to the Audit, Clinical Governance and Public Governance Committees of Borders NHS Board. Appendix two outlines the current SBC governance arrangements, committees and their responsibilities as set out in the Councils current scheme of governance. SBC reporting on clinical and care governance happens within this structure. The working group are currently preparing a comparative description of how the existing structures and processes deal with similar situations, e.g. a serious incident involving a patient/client, a quality of care concern or a complaint.

- 3.3 It will be important in the new arrangements that the shadow board is clear about the arrangements for clinical and care governance for the range of service areas in the integration plan and are assured that these are robust.
- 3.4 In terms of advice to the shadow board the Chief Social Work officer and agreed clinical professional lead(s) will attend board meetings and thereby be available to advise the board on clinical and care governance matters. In addition papers for agreement by the Integration board will be distributed for consultation and comment to key professional leads in advance of meetings.
- 3.5 In terms of quality assurance and clinical incident reporting it will be important that clear links are made with existing public protection arrangements including current Adult Protection, Child Protection and Multi Agency Public Protection Arrangements (MAPPA). The Director of Nursing and Midwifery and Chief Social Work Officer are currently members of these committees and have a leadership role to ensure that robust protection processes are in place to ensure the safety of individuals and communities.
- 3.6 Where critical incidents occur there are already clear processes in the Borders for multi-agency reviews and it is proposed that this continues and regular update reports are made to the board as these relate to joint services.
- 3.7 The handling of complaints is a further key issue. Currently a clear process is in place to deal with complaints in relation to joint services such as the learning disability services. Discussions are currently underway to ensure that appropriate screening take place and there is a clarity about which agency leads on complaints according to the issue and relevance to the service area or professional issue raised.
- 3.8 The Chief Social work officer is currently Vice Chair of the strategic planning workstream and it will be important that as the strategic and workforce plan is developed professional advisors and staff are engaged in discussions about priorities and the development of joint services in relation to quality assurance, professional standards and resilience.

**Recommendations**

The Integration Shadow Board are asked to **note** the ongoing work regarding Clinical and Care Governance.

<b>Policy/Strategy Implications</b>	The content of the ongoing work outlined will be sponsored by the proposed Clinical and Care Governance Group to be formed under the Shadow Board. Within NHS Borders the Healthcare Governance Steering Group and Clinical Strategy Group will be kept fully engaged as will the Adult Services Manager Group and Social Work Senior Management Team within SBC.
<b>Consultation</b>	As above
<b>Risk Assessment</b>	In compliance
<b>Compliance with requirements on</b>	In compliance

<b>Equality and Diversity</b>	
<b>Resource/Staffing Implications</b>	Services and activities provided within agreed resource and staffing parameters

**Approved by**

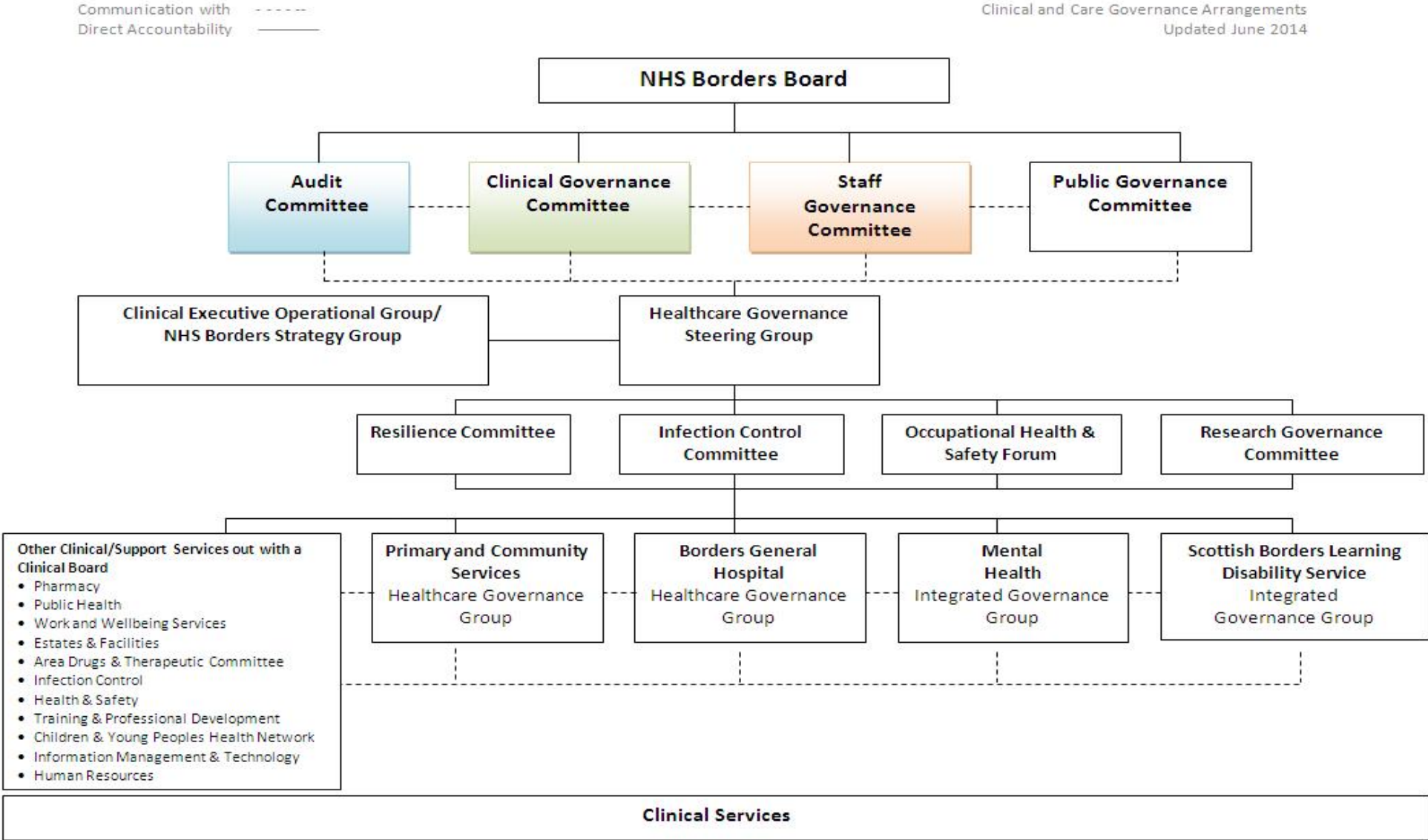
<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Evelyn Rodger	Director of Nursing and Midwifery	Elaine Torrance	Chief Social Work Officer
Susan Manion	Chief Officer, Health and Social Care Integration		

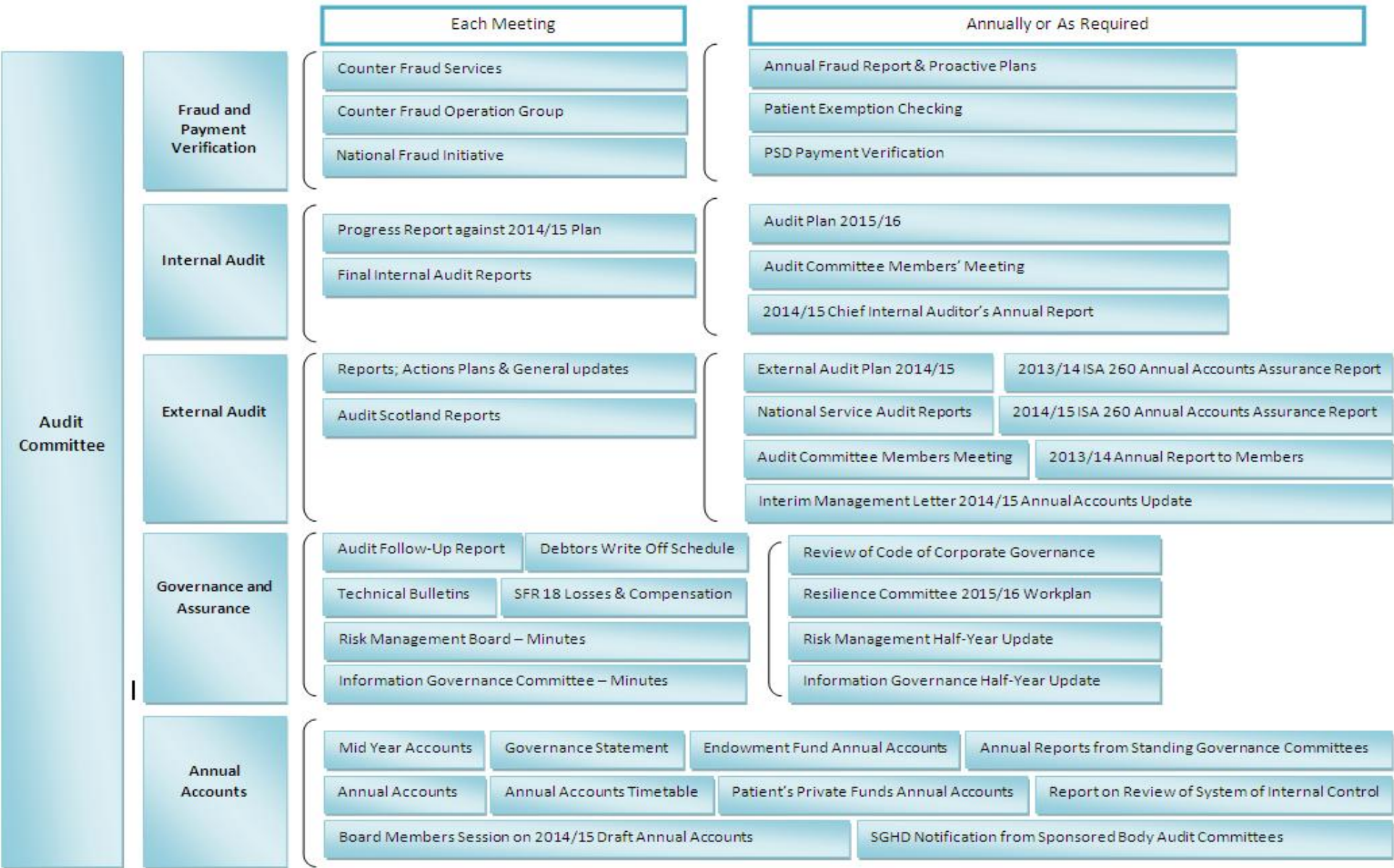
**Author(s)**

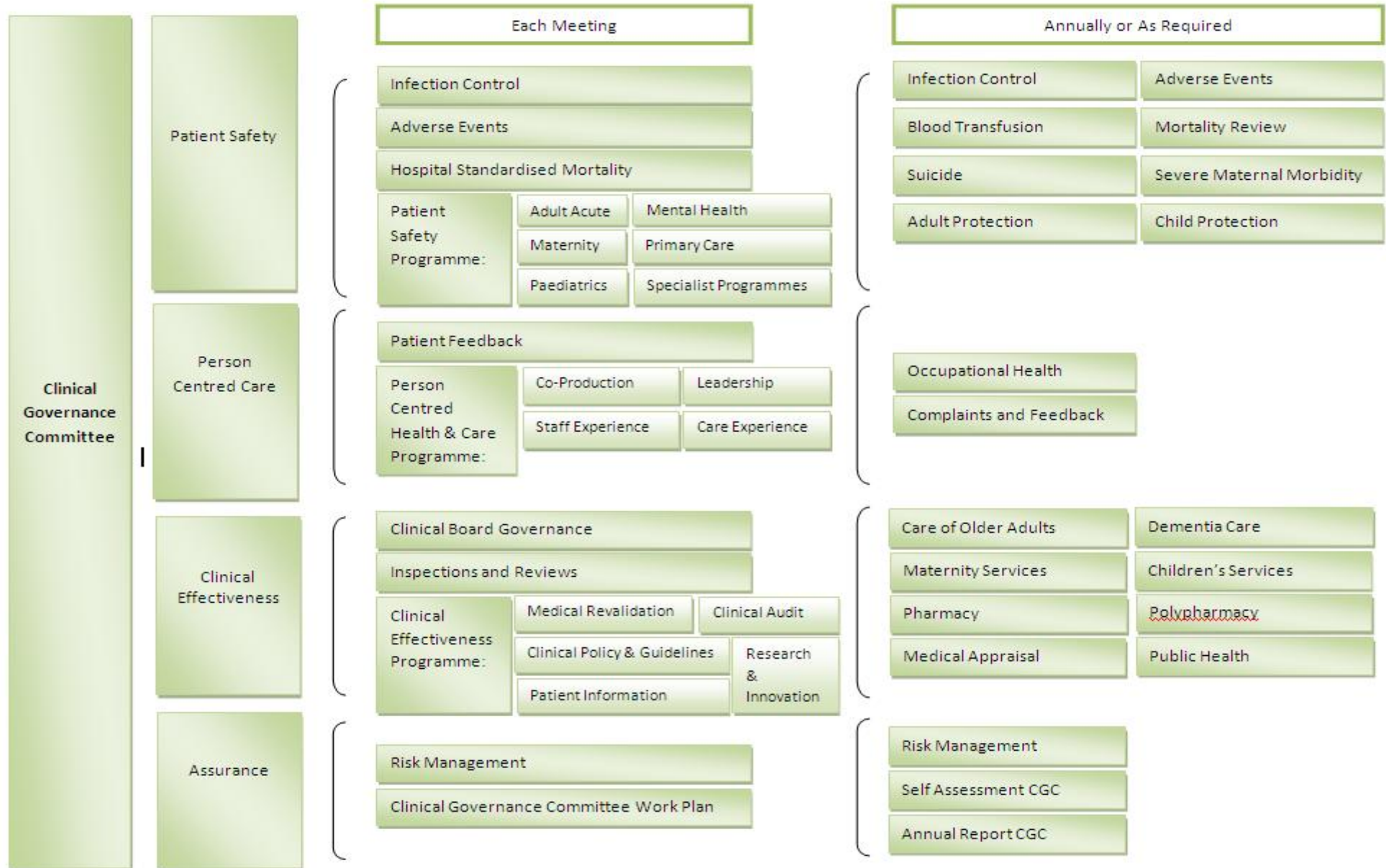
<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Laura Jones	Head of Clinical Governance and Quality	Michael Curran	Service Development Manager

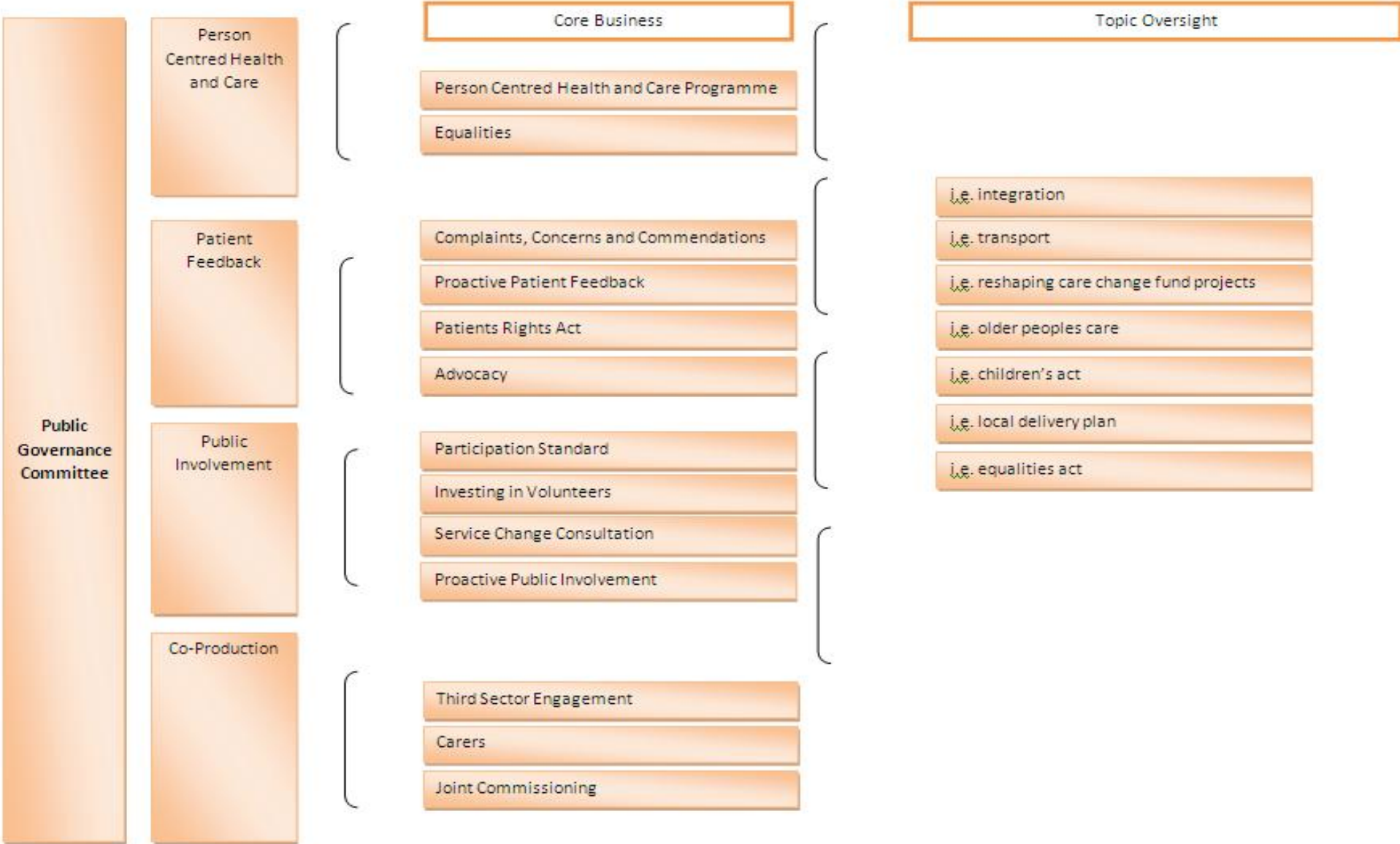


Appendix 1 – NHS Borders – Current Clinical and Care Governance Reporting Arrangements

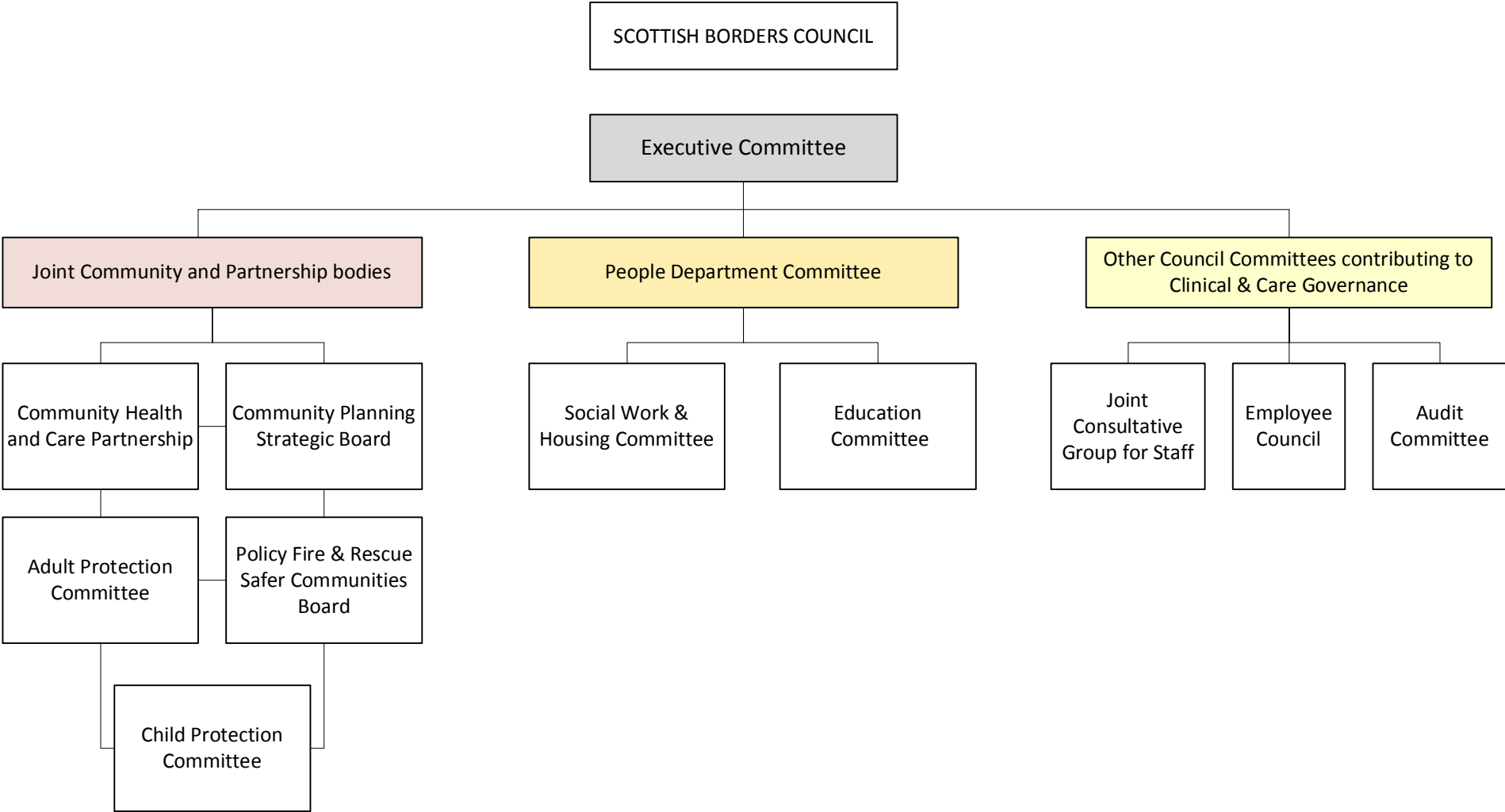








Appendix 2 – Scottish Borders Council – Current Clinical and Care Governance Reporting Arrangements



EXECUTIVE COMMITTEE

Responsibilities

- Identify the requirement for any in-depth policy or practice review
- Review the effectiveness of all the Council’s work and the standards and levels of services provided
- Act as a focus for value for money and service
- Consider the training, development and welfare of all staff

Joint Community and Partnership Bodies

Community Health and Care Partnership

- All governance arrangements relating to services delivered in partnership through the Scottish Borders health and care partnership Board with NHS Borders

Community Planning Strategic Board

- Approve a strategy to achieve the objectives of the Community Planning Partnership
- Consider and make recommendations, if required, on any aspects of Community Planning, in terms of issues or improvements
- Provide effective commitment and leadership and facilitate agreement between partners on the strategic priorities for the area

Police Fire & Rescue and Safer Communities Board

- Assess the adequacy and effectiveness of the Scottish Borders Safer Communities Plan
- Consider statistical reports on complaints on policing, fire and rescue, and safer communities in the Scottish Borders.

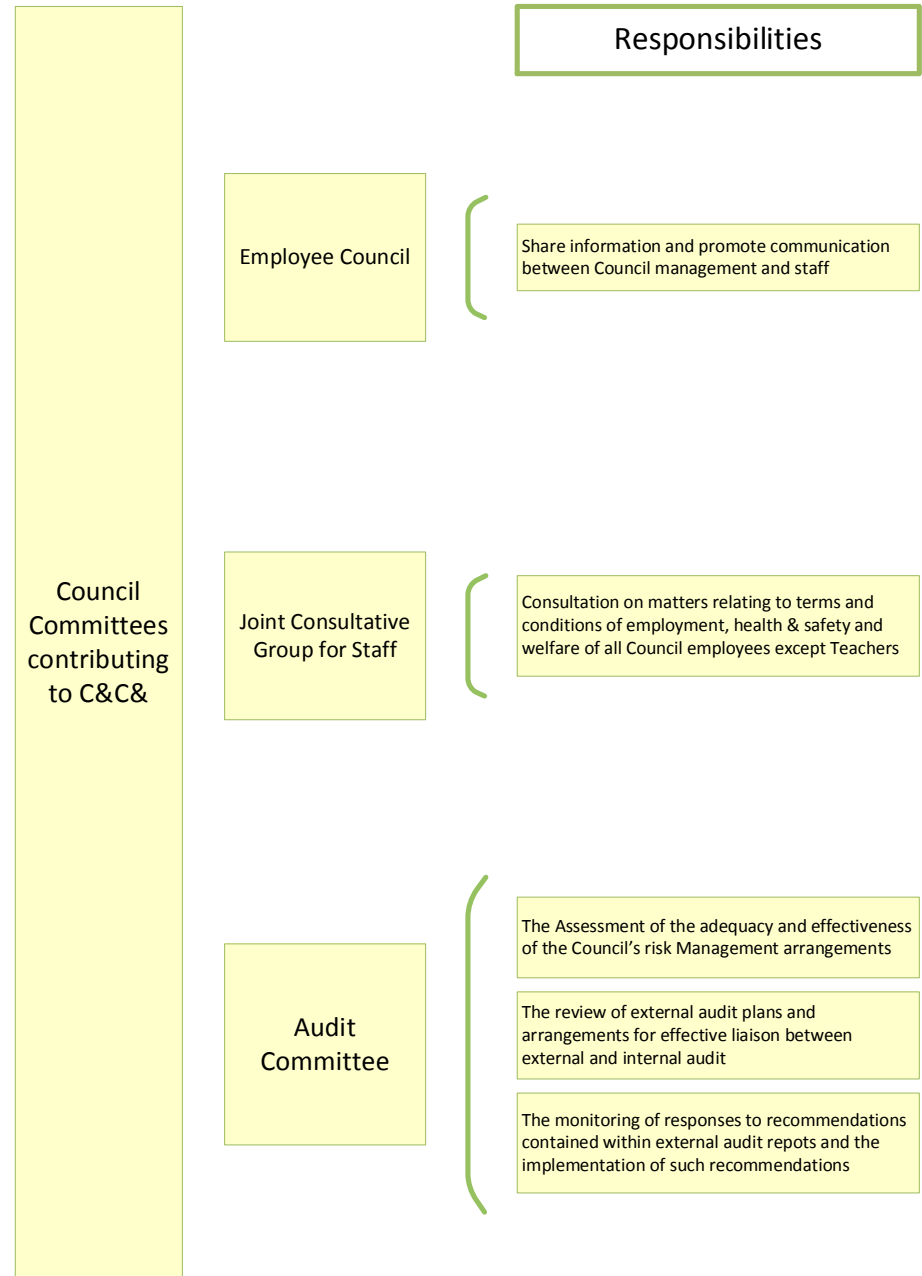
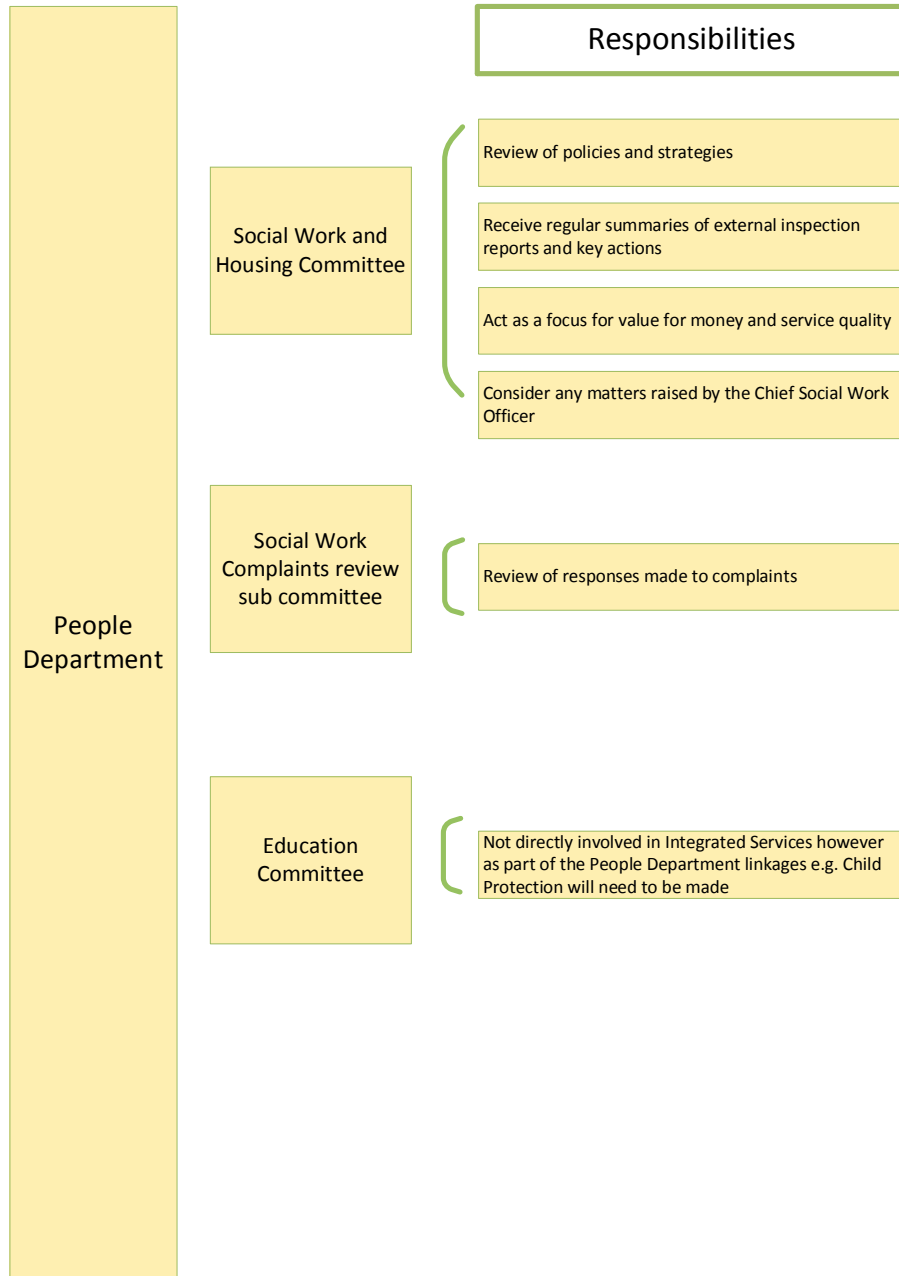
Adult Protection Committee

- Develop and implementation of an interagency strategy for Adult Protection
- Production, distribution, maintenance and review of agreed interagency procedures, guidelines and codes of practice
- To ensure compliance with current legislation and national policy in relation to Adult Protection
- Reviewing significant cases (including ‘adults at risk’ fatalities)
- Ensuring that interagency training needs are identified and met

Child Protection Committee

- Distributing and ensure compliance with agreed inter-agency procedures, guidelines and codes of practice.
- Provision and dissemination of information on the protection of children and young people to the general public.
- Facilitating co-operation with the review of critical cases
- Ensuring
- Ensuring that inter-agency training needs are identified and met.

Responsibilities









## **INTEGRATED CARE FUND/PROPOSAL FOR MANAGEMENT OF FUND**

### **Aim**

1.1 An Integrated Care Fund of £100m has been established by the Scottish Government to support development of Integrated Services in 2015/6. 10% of the Fund has been earmarked to support Telehealth and Telecare development. Scottish Borders allocation of this fund is £2.13m. Partnerships are required to submit a plan for how the Fund will be allocated by 12<sup>th</sup> December 2014.

### **Background**

2.1 The fund is **not** a continuation of the Change Fund and a new approach to investment needs to taken.

2.2 The fund guidance outlines 6 key principles that the Fund should support;

- **Co-production**
- **Sustainability**
- **Locality**
- **Leverage** – use of the fund to open and redirect the wider resource envelope
- **Involvement**
- **Outcomes**

2.3 The allocation of funds for the Integrated Care Fund needs to be governed by and aligned to the Strategic Plan being developed by the Strategic Planning Group.

### **Summary/Assessment**

3.1 It is proposed to progress the development of an investment plan for the Integrated Care Fund through a remodelled Reshaping Care Board. This has the advantages of;

- Well-established representation of all 4 partners (Health, Local Authority, Voluntary and Independent Sectors)
- Established project and administrative office
- Experience in managing allocation of funds and reporting cycles
- Lessons learned from Change Fund

3.2 Membership of the Reshaping Care Board will need to be amended to reflect the wider remit of the Integrated Care Fund.

3.3 A workshop is planned for 10<sup>th</sup> September to develop the Terms of Reference for a revised group and a process and timelines for developing an investment plan.

Representatives from Mental Health, LD and IM&T have been invited to ensure coverage of all aspects of adult integrated care.

- 3.4 It is suggested that the new Reshaping Care Board would report to the Shadow Board, through the management support group once in place, and would work in close conjunction with the Strategic Planning Group.

**Recommendation**

The Integration Shadow Board is asked to:

- **approve** this approach to management of the Integrated Care Fund

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

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Susan Manion	Chief Officer		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Phillip Lunts	General Manager		

**INTEGRATION SHADOW BOARD WORKPLAN/BUSINESS CYCLE**

Item No. 7.4

Meeting	Date, Time and Venue	Session Items	Whats on next session
AH&SC Integration Shadow Board	28 April 2pm Board Room, Newstead	Care & Clinical Governance AHPs Scope Work Plan Budget Membership Scheme of Delegation Governance Code Chief Officer Appointment Update	30.06.14 Chief Officer Appointment Budget Programme Highlight Report EYC ALEO Change Fund
AH&SC Integration Shadow Board Workshop	2 June 9am Lecture Theatre, BGH	To explore the principles for joint working for the Board To discuss improved key outcomes for people using integrated services To facilitate detailed discussion on the scope of the integrated budget thereby supporting the Shadow Board to agree the position for 14/15 at its meeting in June	
AH&SC Integration Shadow Board	30 June 2pm SBC	Chief Officer Appointment Budget Programme Highlight Report EYC ALEO Change Fund	04.08.14 Budget Monitoring Programme Highlight Report/Chief Officer Report <a href="#">Draft Reg Consultation Response</a>
AH&SC Integration Shadow Board	4 August Board Room, Newstead	Budget Monitoring Programme Highlight Report/Chief Officer Report <a href="#">Draft Reg Consultation Response</a>	15.09.14 Budget Monitoring Programme Highlight Report/Chief Officer Report
<a href="#">AH&amp;SC Integration Shadow Board Workshop</a>	<a href="#">10 September</a>	<a href="#">Self Directed Services</a>	
AH&SC Integration Shadow Board	15 September 2pm SBC	Budget Monitoring Programme Highlight Report/Chief Officer Report	17.11.14 Budget Monitoring Programme Highlight Report/Chief Officer Report <a href="#">ALEO</a>

Meeting	Date, Time and Venue	Session Items	Whats on next session
AH&SC Integration Shadow Board	17 November 2pm Board Room, Newstead	Budget Monitoring Programme Highlight Report/Chief Officer Report <b>ALEO</b>	08.12.14 Budget Monitoring Programme Highlight Report/Chief Officer Report <b>Draft Integration Scheme for review</b> <b>EYC Progress</b>
AH&SC Integration Shadow Board	8 December 2pm SBC	Budget Monitoring Programme Highlight Report/Chief Officer Report <b>Draft Integration Scheme for review</b> <b>EYC Progress</b>	09.02.15 Programme Highlight Report/Chief Officer Report Budget Monitoring <b>Annual Report</b> <b>Annual Financial Statement</b> <b>Change Fund Report</b>
AH&SC Integration Shadow Board	9 February 2015 2pm Board Room, Newstead	Programme Highlight Report/Chief Officer Report Budget Monitoring <b>Annual Report</b> <b>Annual Financial Statement</b> <b>Change Fund Report</b>	Date to be arranged <b>Final Integration Scheme for approval</b>
AH&SC Integration Shadow Board	March -TBC	<b>Final Integration Scheme for approval</b>	TBC Ratification of the signed-off scheme of integration. <b>First Draft of the Strategic Planning Framework</b>
Integration Joint Board	April - TBC	<b>Ratification of the signed-off scheme of integration.</b> <b>First Draft of the Strategic Planning Framework</b>	

**Black – Standing Items**

**Red – Yearly Items**

**Mauve – Confirmed additional items**

**Blue – Tentative item**

**Green – Potential Items (items and timelines unconfirmed)**



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

### **Aim**

- 1.1 To provide the Shadow Board with Assurance on the financial position and report, by exception, of any significant pressures within the Partnership's Integrated Budget based on actual expenditure and income to 31 July 2014.
- 1.2 A full financial report will be provided at a future meeting

### **Background**

#### ***Shadow Integrated Budget***

- 2.1 The total Shadow Revised Integrated Budget stands currently at £133.4m. Work is ongoing to identify any additional services areas for integration and their supporting budget, to ensure full compliance with latest draft legislation. At present, it has been identified that Housing Aids and Adaptations requires inclusion within the Integrated Budget which will be factored into future reports to the Board.
- 2.2 Consultation on the Draft Regulations to the Public Bodies (Joint Working) (Scotland) Act 2014 ended during August 2014. Further guidance on exactly which services / budgets must be / should be integrated within partnerships is expected by Autumn 2014 and the services and budgets currently included within the shadow integrated budget for the Scottish Borders will be reviewed and will be subject to further refinement prior to the April 2015.

### **Summary**

- 3.1 The revenue monitoring position reported to the Board is based on the actual income and expenditure to the 31 July 2014. At this point the Partnership is projecting an outturn expenditure position of £133.8m, a small outturn variance is therefore projected at this time.
- 3.2 It should be noted that within integrated service areas, there are areas of projected pressure. To ameliorate this however, management teams have already delivered a range of savings from vacancy management and withdrawal of soft commitments and are working with Finance to identify and implement a range of further remedial actions with a view to delivering a balanced outturn at the 31 March 2015
- 3.3 Any further pressures which may arise in-year will be identified early and reported to the Shadow Board on an ongoing basis during 2014/15. There are a number of areas of key risks to the reported position. These include:

- The short supply of certain drugs is causing volatility in price and impacting adversely on GP prescribing costs
- The actual 2014/15 income position for Residential Care to date may vary from assumed projected levels once all outstanding assessments have been undertaken and invoices issued
- A number of remedial actions put in place to mitigate projected pressures are one-off or temporary and as a result, sustainable permanent solutions still require identification for 2015/16 onwards
- Other factors may yet emerge in-year which will further impact on the Integrated Budget projected position in future reports

**Recommendation**

The Integration Shadow Board is asked to:-

- **Approve** the above reported projected position; and
- **Note** that Budget Holders/Managers will continue to work to deliver planned savings measures and bring forward actions to ensure a breakeven outturn position for 2014/15.

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

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
David Robertson	Chief Financial Officer	Carol Gillie	Director of Finance



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

### **Aim**

- 1.1 To provide the Shadow Board with Assurance on the financial position and report, by exception, of any significant pressures within the Partnership's Integrated Budget based on actual expenditure and income to 31 July 2014.
- 1.2 A full financial report will be provided at a future meeting

### **Background**

#### ***Shadow Integrated Budget***

- 2.1 The total Shadow Revised Integrated Budget stands currently at £133.4m. Work is ongoing to identify any additional services areas for integration and their supporting budget, to ensure full compliance with latest draft legislation. At present, it has been identified that Housing Aids and Adaptations requires inclusion within the Integrated Budget which will be factored into future reports to the Board.
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**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>

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