



Minutes of a meeting of the **Integration Shadow Board** held on Monday 17 November 2014 at 2.00pm in the Board Room, NHS Borders, Newstead.

Present:

Cllr C Bhatia	Mrs P Alexander
Cllr J Torrance	Mr D Davidson
Cllr F Renton	Dr D Steele
Cllr D Parker	Dr S Mather
Cllr J Mitchell	Dr S Watkin
Cllr S Aitchison	

In Attendance:

Miss I Bishop	Mrs Manion
Mr C Campbell	Mrs T Logan
Mrs C Gillie	Mr D Robertson
Mrs J Davidson	Mrs J McDiarmid
Dr S MacDonald	Mr D Bell
Mrs E Rodger	Mrs E Torrance
Mr B Davies	Mr B Howarth
Mr N Hendry	

1. **Apologies and Announcements**

Apologies had been received from Dr Jonathan Kirk, Dr Eric Bajjal, Mrs Fiona Morrison and Mr Andrew Leitch.

The Chair confirmed the meeting was quorate.

2. **Declarations of Interest**

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

The **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 15 September 2014 were approved.

4. Matters Arising

- 4.1 **Newsletter:** The action was reassigned to Mrs Susan Manion. A draft newsletter was being produced for release.

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

5. Localities

Mrs Susan Manion outlined the expectations and purpose of localities in respect of the strategic plan.

Mr David Davidson sought confirmation that the Melrose Community would be included in the list of natural communities.

During discussion several elements were highlighted including: utilising sub data zones to report against outcomes; local response to high level outcomes and input to develop and design services most appropriate to that locality; work being undertaken in terms of community planning and development across community learning and adult learning; mapping of GP practices within the localities to the natural community zones; factor in the community planning partnership to the strategic plan for health inequalities; identification of natural communities and difficulties in reaching communities that did not access the Area Forums.

Mrs Pat Alexander enquired if the natural communities fitted in with the community councils. Cllr Catriona Bhatia confirmed that all community councils linked to the Area Forums and they fitted in with the localities.

Dr Stephen Mather enquired if there was an opportunity to reduce costs further by moving to a single unitary locality. Mr Calum Campbell advised that any discussion in relation to management units would be a decision for both he and Mrs Tracey Logan to agree. Mrs Tracey Logan commented that service delivery localities were essential in providing better outcomes and more focus for each of the communities.

Cllr Catriona Bhatia advised that children's services were included in the localities.

The **INTEGRATION SHADOW BOARD** agreed five localities for the purposes of strategic planning as part of the integration of Health & Social Care.

The **INTEGRATION SHADOW BOARD** agreed to receive a communications plan in relation to the strategic plan on how to reach communities that did not rely on the Area Forums.

6. Arms Length Organisation Progress Update

Mrs Elaine Torrance advised the Board of the next phase of development of the Scottish Borders Council Arms Length Organisation. She advised that work had progressed in regard to stakeholder engagement and implications for teams. In regard to the Integration Joint

Board Mrs Torrance spoke of strategic commissioning and connections in terms of governance. Mrs Torrance proposed that a member of the Integration Joint Board should be a part of the strategic governance group.

Mrs Torrance also advised that part of the Arms Length Organisation business case included the joint equipment store and direct sales and advice to individuals. Mrs Torrance would submit a paper to the Borders NHS Board in regard to the joint equipment store.

Cllr Catriona Bhatia advised that a working group of Cllrs would meet the following day to oversee the transition of the Limited Liability Partnership (LLP) and both she and Cllr Frances Renton were members of that group.

Several key elements were raised during discussion including: input to quality of service standards; service level agreements; commissioning of services from the Arms Length Organisation by Scottish Borders Council through social work, procurement and contracts team; impact of self directed support choice; and depending on what the LLP delivers by way of its accounts, some of that may be potentially profit sharing or back to Scottish Borders Council for its reserves.

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

The **INTEGRATION SHADOW BOARD** agreed in principle to the proposal that a member of the Integration Joint Board be appointed to the Strategic Governance Group (SGG).

The **INTEGRATION SHADOW BOARD** agreed that the Chief Officer or nominated representative be the commissioning lead on the SGG.

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

7. Programme Highlight Report

Mr James Lamb introduced the report highlighting that good progress was being made and the programme was on track against national and local milestones in terms of the Integration Scheme and Strategic Plan. He reported that the Integration and Governance Group would have delivered by early 2015 and the Strategic Planning Group would become the focus of activity.

Other key elements to the programme included: the publication of regulations; strategic planning standing group; ongoing operational arrangements; engagement stakeholder events; IT performance workstream and looking at requirements in terms of information and technology. Mr Lamb presented a variation on the Gantt chart.

Cllr John Mitchell noted the involvement of the third sector was low and enquired how that would be progressed. Mrs Susan Manion advised that the engagement events had originally been designed to target service users and the third sector, however that approach had been reviewed and there was now a targeted approach being take specifically to engage with service users and care groups in specific localities.

Mrs Jane Davidson enquired of the risks to the current parent organisations or the Integration Joint Board with the strategic plan being delivered in October 2015. Mrs Manion advised that the Integration Joint Board would be live as of 1 April 2015 and the Scottish Government were keen for all strategic plans to be completed by the end of 2015. There was no risk to the process of establishment of the integration arrangements, however there would be a risk of not getting the Strategic Plan right if it was done too quickly ahead of October 2015. The Integration Joint Board would have legal status from 1 April 2015 but would not be fully operational until the Strategic Plan had been approved. In essence the Integration Joint Board would remain as a shadow Board for the 2015 period.

Mrs Davidson requested clarity on the roles of each organization and the Shadow Board during the intervening period.

Mrs Evelyn Rodger enquired if there was a risk register for the programme. Cllr Catriona Bhatia advised that the risks sat with the parent organizations. Mrs Manion confirmed that there was a risk register for the programme that was reviewed by the Integration Programme Board.

Mrs Manion also highlighted that the Community Health and Care Partnership would be formally disbanded as of 31 March 2015 and initial guidance had been received in that regard.

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

The **INTEGRATION SHADOW BOARD** agreed to retain the format of the Gantt chart.

8. Draft Guidance Summary and Draft Consultation Response

Bob Howarth gave an overview of the content of the papers.

The **INTEGRATION SHADOW BOARD** noted the consultation response given the tight deadline for response.

9. The Scottish Borders Autism Strategy

Mr Bryan Davies and Mr Neil Hendry presented the Scottish Borders Autism Strategy detailing the background to the strategy, the challenges for the service and the next steps in taking the strategy forward.

Discussion focused on: funding; analyzing raw data from mapping project; identifying key themes; alignment with national guidance and recording and developing a database.

Mrs Jeanette McDiarmid commented that several actions had a five year timeline to 2019. Mr Davies commented that the document was live and he would be happy to review the timelines.

Cllr Catriona Bhatia noted that some of the actions were ambitious particularly those in regard to structures for delivery. Mr Davies confirmed that a cross agency steering group was leading the work.

Cllr Jim Torrance enquired about levels of diagnosis. Mr Davies advised that data collection was improving however there were many that remained undiagnosed.

Dr Sheena MacDonald commented that the action plan and strategy were aspirational and encompassed significant service developments at considerable cost. She enquired if a more detailed implementation plan would be produced involving mandatory training with multi-disciplinary teams and multi-agencies.

Mrs Jane Davidson clarified that at the Community Health & Care Partnership Planning & Delivery Group it had been agreed that the action plan and delivery plan would be tailored to be kept within existing resources.

The **INTEGRATION SHADOW BOARD** approved the Scottish Borders Autism Strategy as recommended by the CH&CP Planning & Delivery Committee at their meeting on 2 October 2014.

The **INTEGRATION SHADOW BOARD** approved the associated Delivery Plan.

10. Monitoring of the Shadow Integrated Budget 2014/15

Mrs Carol Gillie presented the periodic budget monitoring statements for the Partnership's Integrated Budget based on actual expenditure and income to 30 September 2014 and explanations of the major variances between projected outturn expenditure/income and the current approved budget. She highlighted several key points including: underspend; projection of an overspend at the yearend linked to GP prescribing costs; actions to address the pressures and projected year end overspend of £400k.

Mr David Davidson enquired if there had been an underestimation of costs in relation to care packages given the anticipated increase in demand particularly in the winter period. Mrs Elaine Torrance advised that home care was a cost pressure for the system and action was being taken to review packages and ensure when they were no longer required that they were removed.

Several other issues were raised during discussion including: recruitment to home care services; using staff flexibly; ensuring people have the right package of care for the right period of time; working in partnership with families; resilience communities; working with volunteers; Dovecot initiative; medicines awareness week; 2020 vision in relation to provision of care at home; telehealth/telecare and the technological infrastructure required to support its implementation.

Cllr John Mitchell enquired about the action being taken to address the prescribing costs overspend. Mrs Gillie advised that reductions in prescribing costs were being progressed through engagement with GPs around prescriptions.

Dr Sheena MacDonald advised that work was being progressed in relation to wastage around prescribing and she reminded the Board of the issue of rising costs due to supply issues for certain drugs. She further suggested that GPs would be pivotal in reviewing and discussing their patients prescribing needs.

Dr Doreen Steele enquired about the potential for additional social work monies to cover any shortfall in social care package costs. Mr David Robertson advised that the problem with the budget was the variability of the cost of care packages, highlighting that people would access more than one service. He advised that work was progressing in relation to costing and activity levels and adjustments would be made to budgets as the partnership moved forward.

Cllr Jim Torrance noted that the Board would face difficult decisions in the future in regard to funding care packages and ensuring they were removed when appropriate. He welcomed the medicines awareness week and suggested that some of the home carers could be empowered to advise GPs of prescriptions that were not being utilised in order to assist addressing the overspend on prescribing.

Cllr Sandy Aitchison enquired about the £2m revised budget. Mrs Gillie assured the Board that the £2m was in relation to the change fund and integration transitional fund and was fully committed, however the invoices against it had yet to be received. She reiterated that the funding would be fully utilized.

The **INTEGRATION SHADOW BOARD** approved the budget monitoring reports and notes and projected outturn position to 31 March 2015.

The **INTEGRATION SHADOW BOARD** noted that budget holders/managers would continue to work to deliver planned savings measures and bring forward actions to meet both underlying pressures and those currently projected in the current forecast year end position of £0.4m.

11. Any Other Business

Cllr Jim Torrance reminded the Board of his request that abbreviations not be used within Board papers.

12. Date and Time of next meeting

The Chair confirmed that the next meeting of Integration Shadow Board would take place on Monday 8 December 2014 at 2.00pm in the Council Chamber, Scottish Borders Council.


The meeting concluded at 3.50pm.



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 INTEGRATION SHADOW BOARD requested clarification of the term “service users” to mean patients, carers and service users, be publicised via the next Integration newsletter.	Susan Manion	May	In Progress: To include in next Newsletter. Update 17.11.14: Newsletter drafted for release in December.	


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 INTEGRATION SHADOW BOARD agreed to receive a further Change Fund report at the end of the financial year.	Jane Davidson	November	In Progress: Report will come forward in December. Update 08.12.14: Item deferred to 9 February 2015 meeting.	


Agenda Item: Early Years Collaborative Progress Report

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
7	The INTEGRATION SHADOW BOARD agreed to receive a further update report on progress in six months.	Amanda Cronin/ Mandy Brotherstone	December	In Progress: Update will come forward to 8 th December meeting. Update 08.12.14: Item deferred to 9 February 2015 meeting.	

Integration Shadow Board Action Point Tracker

Meeting held 4 August 2014


Agenda Item: Early Years Collaborative Progress Report August 2014

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
10	The INTEGRATION SHADOW BOARD noted the content of the paper and agreed to receive a progress report in December.	Amanda Cronin/ Mandy Brotherstone	December	In Progress: To come forward to the 8 th December meeting. Update 08.12.14: Item deferred to 9 February 2015 meeting.	


Integration Shadow Board Action Point Tracker

Meeting held 15 September 2014


Agenda Item: Communications and Engagement Framework




Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
6	The INTEGRATION SHADOW BOARD agreed to receive information on the transitional fund spend.	Susan Manion	December		

Agenda Item: Delayed Discharges

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	The INTEGRATION SHADOW BOARD agreed to receive a future presentation on Connected Care.	Jane Davidson	December	In Progress: This subject will be addressed at a future Development session for the Board (to be identified).	

Agenda Item: Finance

Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
14	The INTEGRATION SHADOW BOARD agreed to receive financial exception reports at each meeting and full financial monitoring reports on a quarterly basis.	David Robertson/ Carol Gillie	November	Complete	

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



UPDATE ON STRATEGIC PLAN DELIVERY

Aim

- 1.1 To update the Integration Shadow Board on the Delivery Arrangements for the Strategic Commissioning Plan

Background

- 2.1 The attached paper sets out the Governance arrangements around the development of the Partnership’s Strategic (Commissioning) Plan in line with the legislation and associated published guidance.
- 2.2 The paper also sets out the high level milestones associated with the development and delivery of the Strategic (Commissioning) Plan

Summary

- 3.1 Arrangements are being put in place to develop the Partnership’s Strategic (Commissioning) Planning arrangements. This includes:
 - The Project Board – to manage the development of the arrangements
 - The Project Team – to co-ordinate and deliver the detailed work
 - The Standing Strategic Planning Group – as required under th Integration legislation and associated guidance.
- 3.2 A schedule of key milestones has been set out which sets out the key dates in the development and agreement of the Partnership’s Strategic (Commissioning) Planning arrangements.

Recommendation

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

Policy/Strategy Implications	The programme will result in Joint Working Policies and a 10 year strategic plan for the commissioning and delivery of Health and Social Care services across the Borders.
Consultation	The programme will involve extensive consultation and co-production in the development, delivery, review and renewal of planning and delivery arrangements.
Risk Assessment	A risk management approach applies across the Programme.

Compliance with requirements on Equality and Diversity	Integration arrangements will seek to identify and address equality and diversity issues and will be subject to the appropriate Impact Assessments.
Resource/Staffing Implications	None at this stage, however the Programme will address resource and staffing implications associated with the delivery of the integration arrangements.

Approved by

Name	Designation	Name	Designation
Eric Baijal	Joint Director of Public Health		

Author(s)

Name	Designation	Name	Designation
James Lamb	Programme Manager		

Scottish Borders Health & Social Care Integration Programme

Strategic Planning Governance

1. Purpose

To set out the governance arrangements around the Strategic Planning work stream of the Integration Programme

2. Programme Context

An overview of the Programme Governance arrangements is set out below in Figure 1.

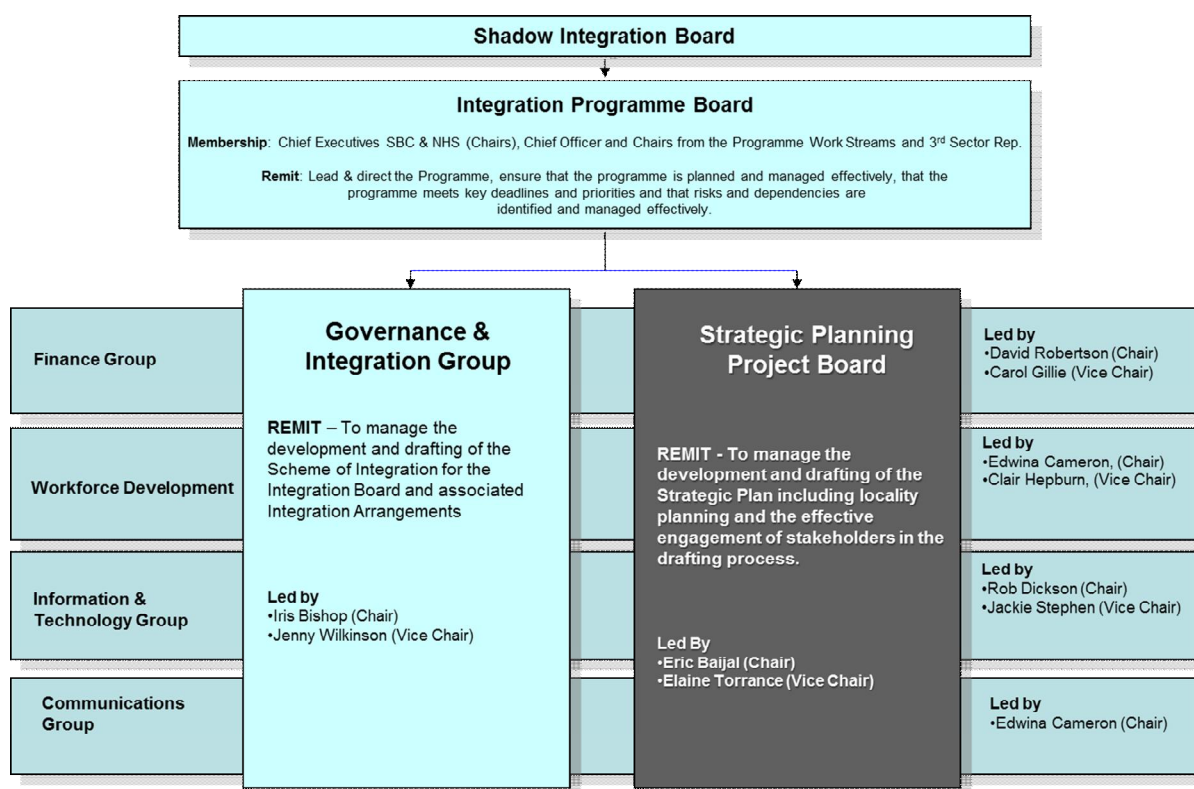


Figure 1 Overall Integration Programme Arrangements

The Strategic Planning work stream is one of 6 work streams under the Integration Programme which are overseen by the Shadow Integration Board and the Integration Programme Board.

The Shadow Integration Board will become the formal Joint Integration Board in April 2015 and will be the standing body responsible for the commissioning and delivery of integrated adult social care and health services through its associated, agreed Strategic (Commissioning) Planning arrangements.

The Strategic Planning work stream is tasked with developing the Strategic (Commissioning) Plan arrangements, (including locality planning and the effective engagement of stakeholders as part of the drafting and agreement of the Strategic Planning arrangements).

3. The Strategic Planning Work Stream Governance - Overview

Figure 2 below summarises the Governance for the Strategic Planning Work Stream which comprises 3 elements - manage, do, review:

1. The Strategic Planning Project Board (**those who manage**) – the formal Project Board
2. The Strategic Planning Project Team (**those who do**) – the team of key officers responsible for delivering and co-ordinating defined packages of work. Each work package is either likely to have a temporary team of people to support the work or be undertaken by one of the other existing programme work streams (see fig 1 above).
3. The Strategic Planning Group (SPG) (**those who review and advise**)– a standing body defined under the Legislation and associated guidance, which will continue to operate beyond the completion of the Programme in October 2015, to support the Joint Integration Board in the development, review and renewal of the Strategic (Commissioning) Plan.

Strictly speaking, as a standing operational element of the Integration arrangements, the SPG is not part of the Programme management arrangements. However, it needs to be in place from March 2015 to enable consultation over the 1st draft of the Strategic (Commissioning) Plan.

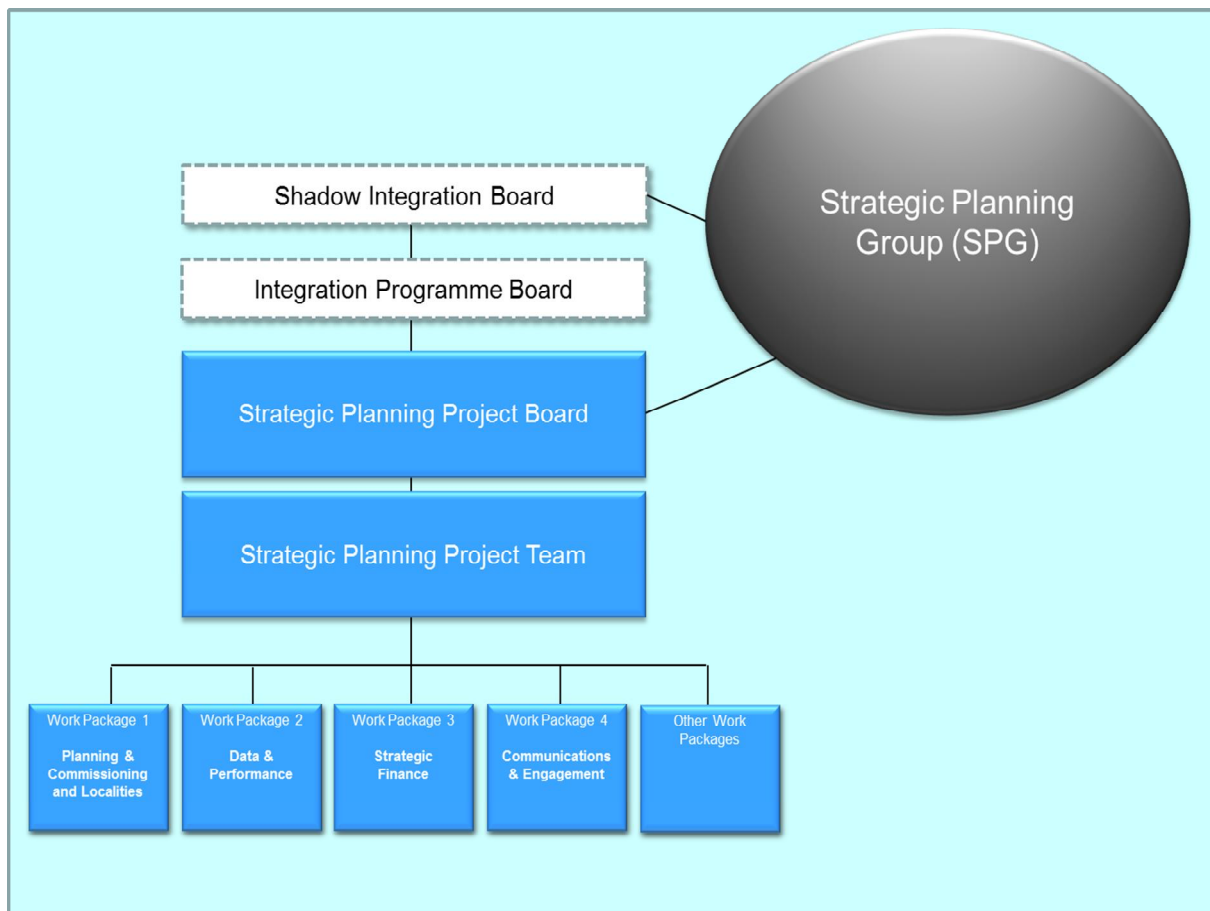


Figure 2 Overview of the Strategic Planning Work Stream Governance

Remits and Terms of Ref for the Board, Project Team and SPG are set out in 4 – 6 below.

4. The Strategic Planning Project Board

4.1 Role and Remit

The Strategic Planning Project Board manages the Work Stream. It is responsible to the Shadow Integration Board through the Integration Programme Board for the delivery of its remit.

The remit of the group is to:

- **manage the preparation of the Partnership’s Strategic (Commissioning) Plan**
- **determine, agree and deliver key priorities and actions as identified from the legislation and associated formal and informal guidance relating to the preparation of the Strategic (Commissioning) Plan**
- **establish and agree an associated performance management framework**
- **establish, develop, and deliver a plan to achieve the above – including establishing and delivering work packages**
- **ensure adequate resources are identified and secured to deliver the above**
- **identify and manage risks and issues relating to the above and to escalate, as appropriate, to the Integration Programme Board.**
- **identify and manage dependencies with other work streams in the wider Programme**

4.2 Membership

The Group comprises senior representatives from the Health Service and Council and includes representatives from the Housing Sector, 3rd Sector, Independent Sector and national organisations.

Group membership has evolved over time and needs to be reviewed – particularly in the light of the establishment of the standing Strategic Planning Group (see 6 below). It is likely that some of the Board membership will migrate to the formal standing Strategic Planning Group.

5. The Strategic Planning Project Team

5.1 Role and Remit

The Project Team comprises key officers involved in delivering work packages (the doers) and is a means of driving the work and making sure dependencies are identified and managed. As such the role of the group is to:

- **Scope, Develop and Deliver Work Packages/Actions**
- **Develop and update the project plan**
- **Manage and monitor delivery**
- **Identify and manage risks, issues and dependencies.**

5.2 Membership of the Project team

The project team will comprise key officers who will have responsibility for work packages and actions within the project plan. As the plan/work progresses the membership of the group may change to reflect the work that is underway at that time. The team will be chaired and led by Bob Howarth as the Lead Officer for the Work Stream.

6. The SPG (Strategic Planning Group)

6.1 Role and Remit

The role and remit is largely determined by the Legislation¹ and associated guidance. The SPG is a standing group – i.e. it has a permanent advisory role in the on-going development, review and renewal of the Strategic (Commissioning) Plan and in support of the Joint Integration Board.

Under the Legislation and associated guidance the remit of the SPG is to support the Integration Joint Board in the development review and renewal of their Strategic Plan and associated integration arrangements.

6.3 Membership

The membership of the SPG is likewise prescribed by the legislation (Section 32) and associated guidance and must include:

- a) health professionals;**
- b) users of health care;**
- c) carers of users of health care;**
- d) commercial providers of health care;**
- e) non-commercial providers of health care;**
- f) social care professionals;**
- g) users of social care;**
- h) carers of users of social care;**
- i) commercial providers of social care;**
- j) non-commercial providers of social care;**
- k) non-commercial providers of social housing; and**
- l) third sector bodies carrying out activities related to health care or social care.**

¹ Public Bodies (Joint Working) (Scotland) Act 2014 – Section 26

In line with the above a work package will be developed to agree:

- the membership of the SPG for the Borders
- the recruitment and process for SPG members – and renewal on a cyclical basis
- a forward programme of activity (as part of the development and publication of the 1st Strategic (Commissioning) Plan by October 2015 and the cyclical (3 yearly) timetable for review and renewal of the Plan
- the induction package to enable members of the SPG to undertake their roles effectively
- Governance arrangements for the SPG.

7. Key Milestones

- February 2015 – Develop Proposals for the establishment, recruitment, induction and support of the standing Strategic Planning Group
 - Proposals to NHS Board on 19th February
 - Proposals to Scottish Borders Council on 19th February
 - **Proposals to Shadow Integration Board on 9th February**
- March 2015 -1st Draft (for Consultation) of the Strategic (Commissioning) Plan to
 - NHS Board on 2nd April
 - Scottish Borders Council on 2nd April
 - **Shadow Integration Board (TBC)**
- March-April –Strategic Planning Group put in place
- **April 2015 – the 1st Draft (for Consultation) presented to the Integrated Joint Board.**
- April–June 2015 – Consultation over the 1st draft of the Strategic (Commissioning) Plan and development of the 2nd draft – via prescribed stakeholders i.e. the Strategic Planning Group.
- June 2015 – 2nd Draft (for wider Consultation) of the Strategic (Commissioning) Plan presented to
 - Integrated Joint Board (TBC)
 - Scottish Borders Council on 25th June 2015
 - NHS Board on 25th June 2015
- July-Sept 2015 – Formal Consultation on the Strategic (Commissioning) Plan
- October 2015 – Strategic Plan agreed by Parent Bodies and Integrated Joint Board
- April 2016 – National deadline for Strategic (Commissioning) Plans to be in place.



PROGRAMME HIGHLIGHT REPORT – October- November 2014

1. Aim

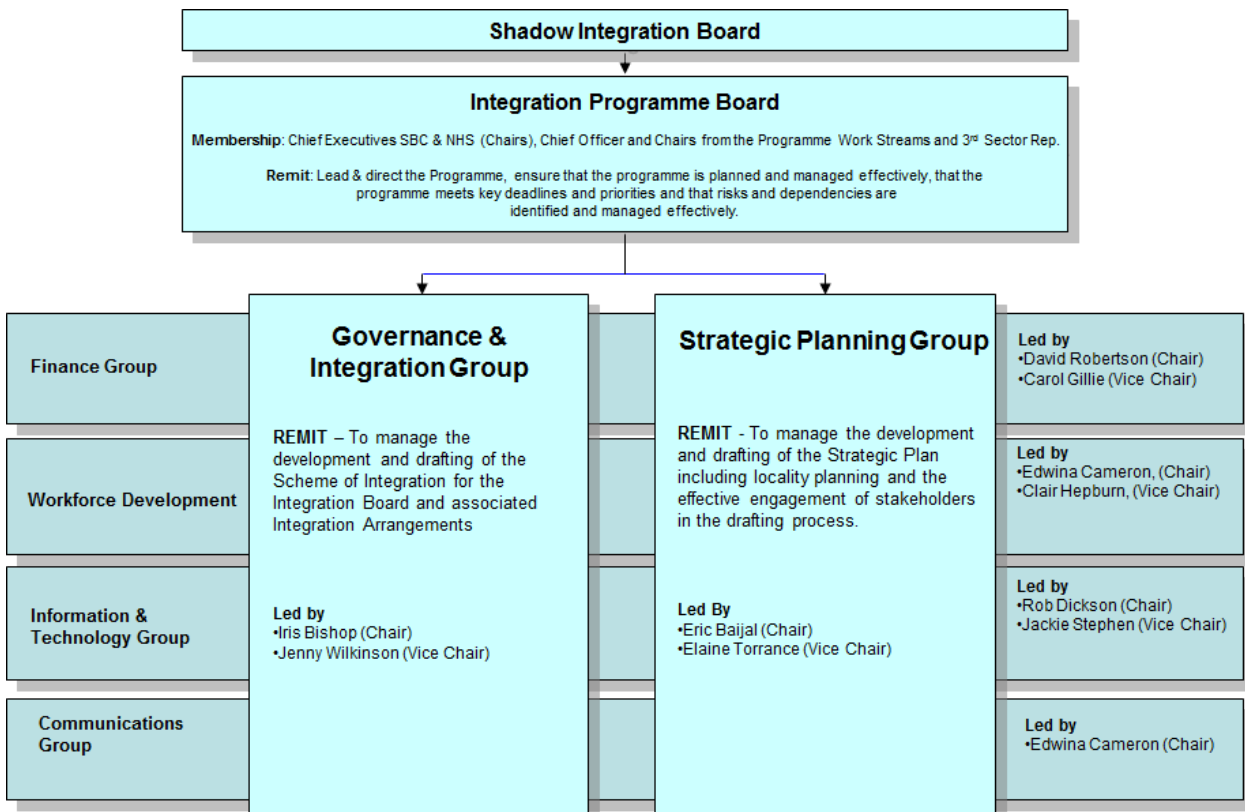
To provide an outline update on progress in the delivery of the Integration Programme.

2. Background and Summary

The Programme aims to deliver:

1. a Scheme of Integration (effectively the governance and operating arrangements for the partnership) by April 2015 in line with national, legislative timescales. Work is **ON TRACK** to achieve the target date.
2. a Strategic Planning Framework for the delivery and commissioning of services under the new integration arrangements. The Strategic Planning Framework needs to be in place by April 2016 at the latest. Our local target is to have this in place by October 2015 and we are currently **ON TRACK** to achieve this.

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



The two main Work Streams are:

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

These 2 work streams are supported by 4 Work Streams

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

Progress across each of these groups is summarised below.

3. Overall Progress in the Reporting Period (November)

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

- Scheme of Integration
- Staff Engagement
- Communications and Engagement Plan
- Further Draft Guidance on the make up of the Strategic Planning Group (SPG)

4. Governance & Integration Group

Work has continued to finalise the first draft of the Scheme of Integration and this is included on the agenda with a copy of the associated engagement and consultation plan.

The plan will be presented to the NHS Board on the 4th December and will be subject to approval by the Council on 18th December.

Once approved, the document will go out for consultation with a view to the final draft being presented to the NHS Board, Council and Shadow Board in March prior to submission to the Scottish Government.

5. Strategic Planning Group

The draft response to the published draft guidance issued in late October. A proposed approach to localities has been developed and is included at item 5.1 of this agenda. Work packages and project teams are being developed and initiated around:

- Data and performance
- Engagement and Communication
- Planning and Commissioning and Localities
- Strategic Finance
- Establishing the standing Strategic Planning Group in line with the published regulations.

The work stream aims to produce a first draft of the Strategic Planning framework to the Shadow Board in April to the first meeting of the Integration Joint Board following agreement by both the NHS Trust and Council.

6. The Finance Group

The key areas of progress have been:

- Continued input to the Scheme of Integration in terms of the completion of the definitions of financial processes and key underlying principles
- Initial scoping of the work package to support the development of the Strategic (Commissioning) Plan

7. The Workforce Development Group

The main areas of progress in this reporting period has been in the continued contribution to the Scheme of Integration

8. The Information, Performance and Technology Group

A review of the IT and Data sharing requirements of both organisations – and those services/functions which will be central to integration is nearing completion. A draft report has been prepared and is currently being reviewed.

The analysis is being worked up into a prioritised set of issues to be addressed with an associated action plan. This will form the next phase of work for this work stream.

Proposals to 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 are being developed.

9. The Communications and Engagement Group

Staff engagement sessions have now been run in all the localities as well as an event at the BGH on 25th November. A further event is being organised at SBC HQ – date to be confirmed.

A Communications and Engagement Plan has been developed along with specific arrangements for consultation over the draft Scheme of Integration. These documents are included on the agenda.

A staff newsletter is currently being produced for circulation this month.

10. Recommendation

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

Policy/Strategy Implications	The programme will result in Joint Working policies and a 10 year Strategic Plan, with a 3 yearly review and renewal cycle, for the commissioning and delivery of integrated adult Health and Social Care services
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	across the borders.
Consultation	The programme will involve extensive consultation over the development, delivery, review and renewal of integrated services as part of an associated Communications and Engagement plan.
Risk Assessment	A risk management approach is applied across the programme.
Compliance with requirements on Equality and Diversity	Integration arrangements will seek to identify and address equality and diversity issues and will be subject to the appropriate Impact Assessments.
Resource/Staffing Implications	None at this stage, however the Programme will address resource and staffing implications via its Workforce Development work stream and through its staff engagement arrangements.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
James Lamb	Programme Manager		

INTEGRATION SHADOW BOARD WORKPLAN/BUSINESS CYCLE

Meeting	Date, Time and Venue	Session Items	What on next session
AH&SC Integration Shadow Board	17 November 2pm Board Room, Newstead	Budget Monitoring Programme Highlight Report/Chief Officer Report ALEO Integrated Care Fund Localities Paper Autism Review	08.12.14 Budget Monitoring Programme Highlight Report/Chief Officer Report Early Years Collaborative (EYC) Progress Draft Scheme of Integration Proposed Consultation Process for Draft Scheme of Integration Engagement Plan
AH&SC Integration Shadow Board	8 December 2pm SBC	Budget Monitoring Programme Highlight Report/Chief Officer Report EYC Progress Draft Integration Scheme for review Proposed Consultation Process for Draft Scheme of Integration Engagement Plan	09.02.15 Programme Highlight Report/Chief Officer Report Budget Monitoring Annual Report Annual Budget Statement Proposal for Establishing the Standing SPG (Strategic Planning Group) Change Fund Report
Shadow Board Development Session	28 th January 2015 (Time?)	Agenda to be confirmed. Connected Care	Delayed Discharges Budgets
AH&SC Integration Shadow Board	9 February 2015 2pm Board Room, Newstead	Programme Highlight Report/Chief Officer Report Budget Monitoring Annual Report Annual Budget Statement Proposal for Establishing the Standing SPG (Strategic Planning Group) Change Fund Report	Programme Highlight Report/Chief Officer Report Budget Monitoring Final Integration Scheme First Draft of the Strategic Planning Framework

Meeting	Date, Time and Venue	Session Items	What on next session
AH&SC Integration Shadow Board	March -TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring Final Integration Scheme First Draft of the Strategic Planning Framework	Programme Highlight Report/Chief Officer Report Budget Monitoring Ratification of the signed-off scheme of integration. First Draft of Strategic Planning Framework consultation.
Integration Joint Board	April - TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring Ratification of the signed-off scheme of integration. First Draft of Strategic Planning Framework consultation.	Programme Highlight Report/Chief Officer Report Budget Monitoring Second Draft of Strategic Planning Framework consultation.
Integration Joint Board Development Session	May - TBC	Delayed Discharges Budgets	IT
Integration Joint Board	June - TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring Second Draft of Strategic Planning Framework consultation.	Programme Highlight Report/Chief Officer Report Budget Monitoring
Integration Joint Board Development Session	July - TBC	IT	Communication
Integration Joint Board	August - TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring	Programme Highlight Report/Chief Officer Report Budget Monitoring Strategic Plan agreed
Integration Joint Board	September - TBC	Communication	

Meeting	Date, Time and Venue	Session Items	What on next session
Development Session			
Integration Joint Board	October – TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring Strategic Plan agreed	Programme Highlight Report/Chief Officer Report Budget Monitoring Workplan and Meeting Dates agreed for 2016
Integration Joint Board	November – TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring Workplan and Meeting Dates agreed for 2016	Programme Highlight Report/Chief Officer Report Budget Monitoring
Integration Joint Board	December - TBC	Programme Highlight Report/Chief Officer Report Budget Monitoring	

Black – Standing Items

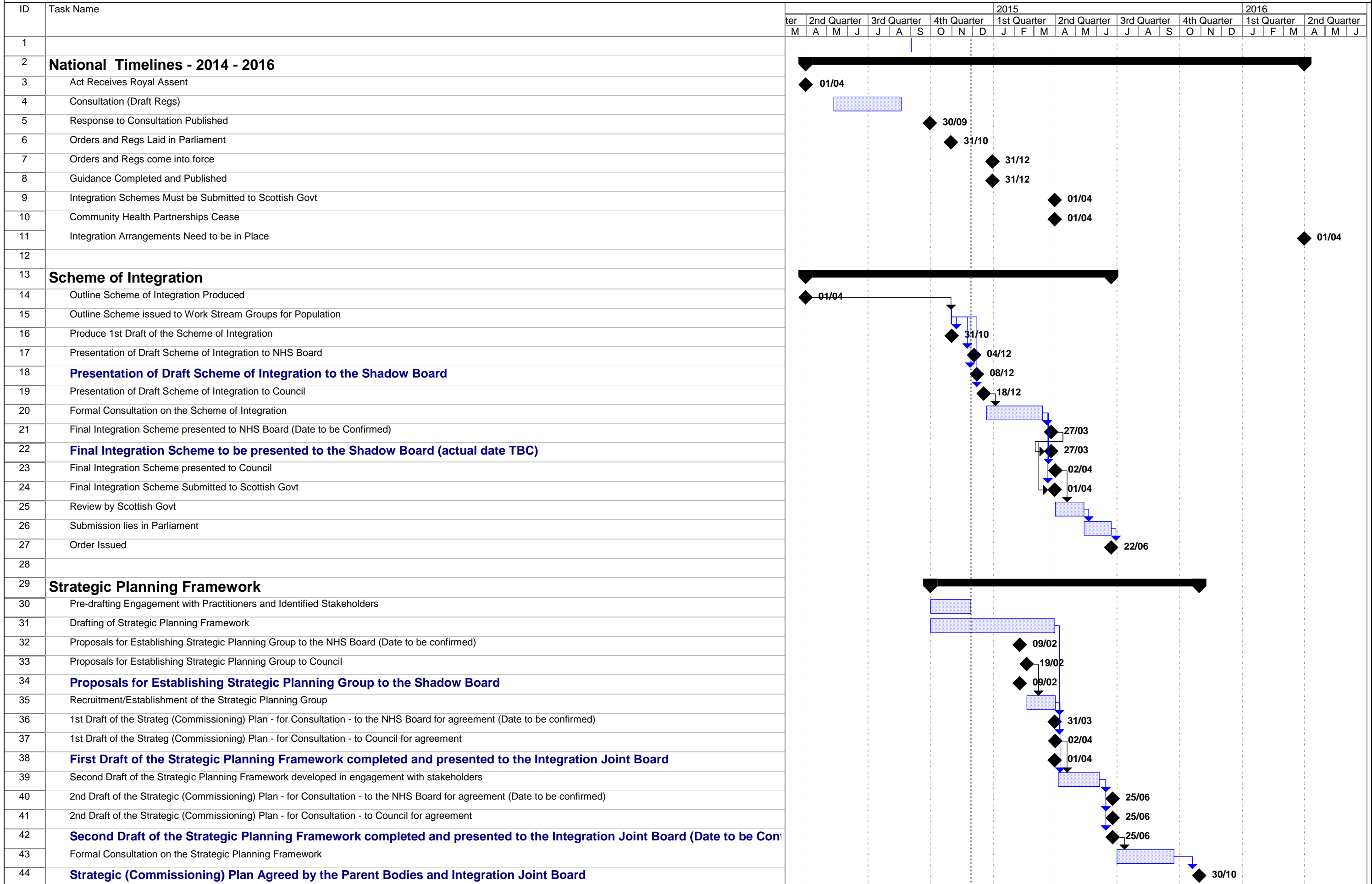
Red – Yearly Items

Mauve – Confirmed additional items

Blue – Tentative item

Green – Potential Items (items and timelines unconfirmed)

Integration Programme - High Level Milestones





THE ESTABLISHMENT OF THE INTEGRATED HEALTH AND SOCIAL CARE PARTNERSHIP ARRANGEMENTS IN THE SCOTTISH BORDERS

Aim

- 1.1 The aim is to clarify how the integrated health and social care arrangements in the Scottish Borders will be established through the Scheme of Integration, the establishment of the Integrated Joint Board and the Strategic Plan.
- 1.2 NHS Borders will be asked to note the process and timescales that will lead to the full Partnership arrangements being established.

Background

- 2.1 The Integration scheme is the document by which the NHS Board and Council will outline how the legislation Public Bodies (Joint Working) Act 2014 is to be complied with. Specifically the Integration Scheme must state which model of integration the Board and the Council have agreed to apply (delegated authority to an Integrated Joint Board or a lead agency model), the functions to be delegated in accordance with that model and the scope agreed.
- 2.2. The Integration scheme is the means by which the Health Board and Council give an assurance that they will meet the legislative requirements.
- 2.3 The agreements in the scheme are legally binding, the only information that is prescribed in the Act or regulations can be included and once agreed any changes will require to be consulted upon and will required to be submitted to Scottish Ministers for approval.
- 2.4 A model Integration scheme outlining how the Integrated Joint Board should operate was issued in early October 2014 and the guide being used by the Scottish Government to review the Integration Scheme was published on the 14th November.

The Integration Scheme

- 3.1 By 31st March 2015 the Integration Scheme will be submitted to Ministers for approval. A body corporate model has been agreed by Scottish Borders Council and NHS Borders and the scope agreed as follows:-

From NHS Borders

- District Nursing
- Addiction services

- Public dental services
- Primary care contractor services
- General Dental Services
- Ophthalmic Services
- Community Pharmacy services
- Palliative care
- Learning Disabilities
- Mental health
- Continence services
- Services provided by health professionals that aim to promote public health

From Scottish Borders Council

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health Services
- Drug and alcohol services
- Community care and assessment teams
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day Services
- Local area coordination
- Respite provision
- Occupational Therapy Services
- Re-ablement services

3.2 The above list of community services are all included in the legislation as those that must be delegated to the Integrated Joint Board.

3.3 The one service the Board and Council have agreed to delegate which is in the 'may' list of services to be delegated locally is the Health Visiting service. They are crucial members of the primary care team and focus on children, but in the context of their family circumstance.

3.4 The services above will all be managed as part of the integrated community health and social care arrangements.

3.5 The following acute based services are in scope and will continue to be managed operationally by the NHS Board Acute management team. They are in the scope of the Partnership, but for strategic planning purposes. This will allow the strategic plan to focus on the planning and delivery of the whole pathway of care, facilitating a shift in resource and capacity to where it is needed most. The following acute services in the scope for planning purposes are:-

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory medicine

- Hospital Palliative care
- GP Out of Hours services

The Integrated Joint Board

- 4.1 Once the Integration Scheme has been approved by Ministers, Orders will be laid in Parliament to establish the Integrated Joint Boards. This is likely to be several weeks after the submission
- 4.2 Once the Integrated Joint Board is established by Parliamentary Order, it can appoint its Chief Officer, Finance Officer and prepare the Strategic Plan. The Strategic Plan will contain the date when the functions and resources are to be delegated to the Integrated Joint Board, by 01 April 2016 at the latest.

The Strategic Plan

- 5.1 Although the Integrated Joint Board exists as an entity from the 1st April 2015, the Health Board and the Council cannot formally delegate its functions to the Integrated Joint Board until the Strategic Plan is agreed with the resource attached to the functions and scope agreed.
- 5.2 The Strategic Plan will set out how the Integrated Joint Board aim to achieve the nine health and wellbeing national outcomes and will state the date by which the functions will formally be delegated.
- 5.3 Until the functions are delegated formally, the Integrated Joint Board will in effect act in advisory capacity and formal decisions will be taken to the parent bodies for approval. The guidance note on the disestablishment of the CHCPs and arrangements for the Integrated Joint Board from April 2015 was published on the 10th November 2014.
- 5.4 The strategic plan is crucial to ensuring the Integrated Joint board is able to fulfil its functions. The Plan must be agreed by April 2016 and must:-
 - Identify the total resources available across health and social care for each care group and relate this information to the needs of local populations;
 - Agree desired outcomes and link investment to them;
 - Assure sound clinical and care governance is embedded;
 - Use a coherent approach to selecting and prioritising investment and disinvestment decisions; and
 - Reflect closely the needs and plans articulated at locality level.
- 5.5 The intention in the Scottish Borders is to produce a draft Strategic Plan in April 2015, in order to ensure a clear sense of direction and purpose toward the agreed national health and wellbeing outcomes. It proposed the full Strategic Plan will be agreed in October 2015 and will set out the plan for future delivery with the finances to match. It will also set out the date for implementation.
- 5.6 To ensure a clean move to the new integrated arrangements and align the budgets with the service plan, it is proposed that the full date for the legal powers to be transferred to the Integrated Joint Board and the date from which the strategic plan becomes fully operational will be 1st April 2016.

Recommendation

The Integration Shadow Board is asked to **note** the key elements required to be in place to establish the integrated health and social care arrangements in the Scottish Borders and **note** the timescales as outlined.

Policy/Strategy Implications	Legislative requirements
Consultation	Formal Consultation will take place in relation to the Integration Scheme and Strategic Plan
Risk Assessment	Completed as part of the project management arrangements
Compliance with requirements on Equality and Diversity	Will be outlined in the Integration schemes and strategic plan equality impact assessments
Resource/Staffing Implications	Will be detailed in the Strategic Plan

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive	Tracey Logan	Chief Executive

Author(s)

Name	Designation	Name	Designation
Susan Manion	Chief Officer	Iris Bishop	Board Secretary



DRAFT HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR THE SCOTTISH BORDERS

Aim

- 1.1 To share with the Integration Shadow Board the current Draft Integration Scheme that is being submitted to Borders NHS Board (4 December 2014) and Scottish Borders Council (18 December 2014) to seek their approval to proceed to consult on the Draft Integration Scheme in line with Scottish Government requirements.

Background

- 2.1 The Integration scheme is the document by which the Health Board and Local Authority outline how the legislation, Public Bodies (Joint Working) Act 2014, is to be complied with. Specifically the Integration Scheme must state which model of integration the Health Board and the Local Authority have agreed to apply (delegated authority to an Integrated Joint Board or a lead agency model), the functions to be delegated in accordance with that model and the scope agreed.
- 2.2 The Integration Scheme is the means by which the Health Board and Local Authority give an assurance that they will meet the legislative requirements.
- 2.3 It must be noted that the agreements within the scheme are legally binding, the only information that is prescribed in the Act or regulations can be included and once agreed any changes will require to be consulted upon and will require to be submitted to Scottish Ministers for approval.
- 2.4 A model Integration scheme outlining how the Integrated Joint Board should operate was issued in early October 2014 and the first draft guide being used by the Scottish Government to review the Integration Scheme was published on the 14 November.
- 2.5 In order to achieve an agreed Integration Scheme by 31 March 2015 the following plan and timescales are in place:-
 - The Draft Integration Scheme is submitted to Borders NHS Board for approval on 4 December to commence consultation from 22 December 2014.
 - The Draft Integration Scheme is shared with the Shadow Integration Board on 8 December 2014.
 - The Draft Integration Scheme is submitted on 18 December 2014 to Scottish Borders Council for approval to commence consultation from 22 December 2014.
 - The Integration Scheme is submitted to Ministers for approval by the deadline of 31 March 2015.

- On approval of the integration scheme by Ministers, Orders will be laid in Parliament to establish the Integrated Joint Board. This is anticipated as likely to be October 2015.
- Once the Integrated Joint Board is established by Parliamentary Order, it can appoint its Chief Officer, its Finance Officer and before April 2016 must approve its strategic plan. The Strategic Plan will contain the date on which functions and resources are to be delegated to the Integrated Joint Board which must be by 1 April 2016 at the latest.

2.6 Although the Integrated Joint Board exists as an entity from the 1st April 2015, the Health Board and the Local Authority cannot formally delegate their functions to the Integrated Joint Board until the Strategic Plan is agreed with the resources attached to the functions and scope agreed.

2.7 Until the functions are delegated formally, the Integrated Joint Board will in effect act in an advisory capacity and formal decisions will be taken to the parent bodies for approval.

Summary

3.1 Work has been undertaken jointly by the Health Board and Local Authority to develop a Draft Scheme of Integration that is ready for consultation.

3.2 Both the Health Board and the Local Authority are required to undertake a 12 week consultation period on the Draft Integration Scheme. An engagement and communication plan has been formulated and an easy read version of the draft Integration Scheme is being finalised.

3.3 The Shadow Integration Board should be aware that during the consultation period the Draft Integration Scheme may be amended in line with further guidance and regulations that are expected to be issued by Scottish Government.

3.4 Also during the period of consultation the workstreams will develop and describe the detailed operational arrangements which are essential to delivery and governance but will also, as appendices, provide the evidence to support the required legislative arrangements set out in the scheme.

Recommendation

4.1 The Integration Shadow Board is asked to **note** the approval route of the Draft Integration Scheme and the intention to proceed to consult on 22 December 2014.

Policy/Strategy Implications	Legislative requirement.
Consultation	Formal consultation will commence from 22 December 2014.
Risk Assessment	A risk register is kept as part of the overall programme of work.
Compliance with Board Policy	Equality Impact Assessment undertaken.

requirements on Equality and Diversity	
Resource/Staffing Implications	As detailed within the scheme.

Approved by

Name	Designation	Name	Designation
Calum Campbell	Chief Executive	Tracey Logan	Chief Executive

Author(s)

Name	Designation	Name	Designation
Susan Manion	Chief Officer	Iris Bishop	Board Secretary



Health and Social Care Integration Scheme for the Scottish Borders

Consultation Draft November 2014

Consultation Preface

The Public Bodies (Joint Working)(Scotland) Act 2014 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, and children’s health and social care services:

The Act requires that the Local Authority and the Health Board jointly prepare, consult and then agree an integration scheme for the Local Authority Area, prior to them submitting it to Scottish Ministers for final approval. The Act states that the purpose of an integration scheme is to set out:

- which integration model is to apply; and
- the functions that are to be delegated in accordance with that model.

The Act also requires that the Health Board and the Local Authority undertake a joint consultation as part of the preparation of their integration scheme. This draft integration scheme describes how the new Act will be applied within The Scottish Borders.

Individuals and communities in the Scottish Borders have benefited from the integration of designated health and social care services already. This draft integration scheme has been informed by considerable local experience of developing and delivering integration in practice; and also benefitted from a considerable amount of ongoing dialogue and positive interaction with a range of stakeholders over recent years. The Health Board and the Local Authority are committed to continuing that constructive engagement.

Any comments on the following draft integration scheme would be valued – please send to Mrs Susan Manion, Chief Officer, Health & Social Care Integration, C/o Scottish Borders Council, Newtown St Boswells, Roxburghshire, TD6 0SA Email: susan.manion@scotborders.gcsx.gov.uk

1. Introduction

- 1.1 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.
- 1.2 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, or can both delegate to a third body called the Integration Joint Board. 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.
- 1.3 This document uses the model Integration Scheme where the “body corporate” arrangement is used 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.
- 1.4 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.
- 1.5 The Act requires that an Integration Scheme once approved must be re-submitted and follow the consultation process set out in the regulations if it is to be amended. Changes to documents referred to within the Integration Scheme (eg Workforce Plan) do not require the Integration Scheme to go through this process – only changes to the Integration Scheme itself.
- 1.5 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 members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members must 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.
- 1.6 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the integration scheme in Section 4. 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. Vision, Aims and Outcomes of the Integration Scheme

- 2.1 Scottish Borders Council and NHS Borders will build on a history of partnership working. By maximising the opportunities presented through legislation we aim to achieve the highest outcomes for the people of the Scottish Borders. By creating our new integrated arrangements across health and social care we will enhance, strengthen and develop the formerly separate services for the provision of adult health and social care. By integrating service delivery and fulfilling the expectations of our Strategic Plan we seek to enhance and promote the health and wellbeing of the people of the Scottish Borders.
- 2.2 Working with the third and independent sector we will provide a unified approach across the public sector with a common sense of purpose. We will engage with service users, carers, staff and members of the public to empower individuals and communities to be a driving force for how the services will be shaped and developed. In turn we will deliver the best possible services that will be safe, of the highest quality, person centred, efficient and fair.
- 2.3 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 Joint Board will set out within its Strategic Plan how it will deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act namely:
- People are able to look after and improve their own health and wellbeing and live in good health for longer.
 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
 - People who use health and social care services have positive experiences of those services, and have their dignity respected.
 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
 - Health and social care services contribute to reducing health inequalities.
 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
 - People using health and social care services are safe from harm.
 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

- Resources are used effectively and efficiently in the provision of health and social care services.

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Integration Scheme

The parties:

Scottish Borders Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at Newtown St Boswells, Roxburghshire, TD6 OSA (“the 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, Roxburghshire, TD6 9BD (“NHS Borders”) (together referred to as “the Parties”)

1. Definitions and Interpretation

1.1 In this Integration Scheme, the following terms shall have the following meanings:-

- “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “Integration Joint Board” means the Integration Joint Board to be established by Order under section 9 of the Act;
- “Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act
- “The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
- “Integration Joint Board Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014
- “Scheme” means this Integration Scheme;
- “Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.
- “Payment” means the term used in legislation to describe the integrated budget contribution to the Integration Joint Board. This payment does not require a cash transaction to be made. The term is also used to describe the non cash transaction the Integration Joint Board makes to the Health Board and Local Authority for carrying out the directed functions.

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

- In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for Scottish Borders, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme¹ comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

2.1 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 in their area in accordance with the requirements of the Act.

2.2 The regulations of the Integration Joint Boards procedure, business and meetings and that of any committee of the Integration Joint Board will follow the standing orders which will be agreed at its first meeting and which may be amended by the Integration Joint Board.

2.3 Borders Health Board and Scottish Borders Council will positively support, through appropriate/effective communication and interaction, the Integration Joint Board to allow the achievement of its outcomes, vision, philosophy and principles. The Integration Joint Board will similarly support, through appropriate/effective communication and interaction, Borders Health Board and Scottish Borders Council in their delivery of integrated and non integrated services.

2.4 The Integration Joint Board will have a distinct legal personality and the autonomy to manage itself. There is no role for the Scottish Borders Council or Borders Health Board to independently sanction or veto decisions of the Integration Joint Board.

2.5 The Integration Joint Board will create such committees that it requires to assist it with the planning and delivery of services which are within its scope.

2.6 Membership of the Integration Joint Board shall comprise five persons appointed by Borders Health Board, and five persons appointed by Scottish Borders Council plus non-voting representatives drawn from health and social care professionals, staff, the third sector, users, the public and carers. The Chief Officer of the Integration Joint Board and Chief Finance Officer will be non voting members.

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

- (a) for Local Government Councillors, until the day of the next ordinary Elections for Local Government Councillors in Scotland.
- (b) for Borders Health Board nominees, until the day their appointment by Scottish Ministers ceases.

2.8 At the first meeting the Integration Joint Board will elect a Chairperson and Vice Chairperson from the voting membership of the Integration Joint Board. The Chair and Vice–Chair posts shall rotate annually between the Borders Health Board and Scottish Borders Council, with the Chair being from one body and the Vice-Chair from the other.

3. Delegation of Functions

3.1 The functions that are to be delegated by Borders 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 Borders Health Board and which are to be integrated, are set out in Part 2 of Annex 1.

3.2 The functions that are to be delegated by Scottish Borders Council 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 Scottish Borders Council and which are to be integrated, are set out in Part 2 of Annex 2.

4. Local Operational Delivery Arrangements

4.1 The Integration Joint Board will be responsible for the strategic planning and delivery of the services and functions delegated to it.

4.2 The Integration Joint Board will comprise the necessary resources to undertake the functions delegated by Borders Health Board and Scottish Borders Council.

4.3 The Parties have agreed that the Health & Social Care Integration Joint Board will:

- a. Appoint its Chief Officer
- b. Appoint its Chief Finance Officer
- c. Convene a Strategic Planning Group specifically to enable the preparation of Strategic Plans in accordance with section 32 of the Act; inform significant decisions outside Strategic Plan in accordance with section 36 of the Act; and review the effectiveness of the Strategic Plan in accordance with section 37 of the Act, in line with the obligations to meet the engagement and consultation standards.
- d. Prepare, approve and implement a Strategic Plan for all of its delegated services and functions, in accordance with the Act; and supported by an integrated workforce and organisational development plan.

- e. Establish arrangements for locality planning in support of key Outcomes for the agreed localities in the context of the Strategic Plan.
- f. The first Strategic Plan will be presented by the Chief Officer for approval before the integration start date in accordance with the Act.
- g. Establish a Clinical and Care Governance group to oversee clinical and care governance arrangements for the delegated services, including (where necessary) to make recommendations to either or both Parties.
- h. Maintain and routinely review an integrated strategic risk register.
- i. Establish a standing Audit Committee to focus on financial and audit issues, including (where necessary) to make recommendations to either or both Parties.
- j. Establish a Joint Staff Forum to focus on applying the principles of staff governance across services in partnership with trade unions, and where necessary to make recommendations to either or both Parties.
- k. Approve the allocation of resources to deliver the Strategic Plan within the specific revenue and capital budgets as delegated by each Party (in accordance with the standing financial instructions/orders of both Parties), and where necessary to make recommendations to either or both Parties.
- l. Prepare and publish an annual financial statement that sets out the amount that the Integration Joint Board intends to spend in implementation of the Strategic Plan in accordance with the Act.
- m. The Integration Joint Board will deliver an Annual Report to Borders Health Board and Scottish Borders Council. It will inform the Parties by reporting on the performance of the services in the delivery of the strategic planning outcomes.

4.4 Targets and Performance Management

4.4.1 A Performance Management Framework will be developed that meets the obligations set out in legislation and will take account of targets and objectives which are in force at any given time. This framework will clearly show where there is a contribution to the priorities of the Community Planning Partnership and will provide evidence of the impact of our joint working.

4.4.2 The Performance Management Framework will, as far as possible, draw on existing data sets and reporting mechanisms. Scottish Borders Council and Borders Health Board have existing performance management processes and the Integration Performance Framework will align with these processes to avoid duplication and streamline reporting.

- 4.4.3 In meeting the requirements of the national Integration Performance Scorecard, consideration will need to be given to any additional resource requirements for collecting and reporting information that is not currently collected, both in operational and support terms.
- 4.4.4 The Integration Performance Scorecard will be provided to the Integration Joint Board, and also to relevant groups within the individual organisations, initially the Borders Health Board Clinical Board and Scottish Borders Council Executive Committee and Corporate Management Team.
- 4.4.5 Should performance monitoring and reporting indicate that the partnership is not delivering its expected outcomes, it will follow the agreed joint response and escalation process.
- 4.4.6 The Chief Officer will be responsible for a) sharing performance management information with the bodies described in paragraph 4 and b) sharing issues that will primarily impact on one of the partners business but have implications for integrated/delegated services by liaising and communicating with both organisations.
- 4.4.7 Scottish Borders Council and Borders Health Board have a duty to report performance publicly and it is presumed that this duty will extend to integration. It will therefore be necessary to select relevant measures from the Scorecard that are of public interest and demonstrate best value to report publicly.
- 4.5 In regard to Corporate Services support there will be a service level agreement for the provision of those services to the Integration Joint Board.
- 4.6 In regard to support for Strategic Planning there will be set out local arrangements for the preparation of the Strategic Plan with local arrangements from Borders Health Board and Scottish Borders Council, taking into account the relevant activity and financial data covering the services, facilities and resources that relate to the Strategic Plan.

5. Clinical and Care Governance

- 5.1 Assurance to the Integration Joint Board and subsequently, Scottish Borders Council and Borders Health Board in respect of the key areas of governance will be achieved through explicit and effective lines of accountability. This accountability begins in the care setting within an agreed clinical and care governance framework established on the basis of existing key principles embedded in the governance and scrutiny arrangements for Borders Health Board and Scottish Borders Council.
- 5.2 The Borders Health Board Medical Director and Director of Nursing and Midwifery share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.

- 5.3 These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through the health and social care integrated services. They, in turn, continue to attend the Borders Health Board Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by Borders Health Board.
- 5.4 The Chief Social Worker will be in attendance at the Integration Joint Board to ensure she/he maintains an overview and can be held to account for the quality of social work services delivered by social work staff through the integrated health and social care services. The Chief Social Work Officer is then held to account by the Executive Committee of Scottish Borders Council for the totality of Social Work.
- 5.5 The Chief Officer is responsible for ensuring the appropriate clinical and care governance oversight arrangements are in place in support of the integrated services and must report to the Integration Joint Board accordingly. The Chief Officer will be supported in this by the appointed clinical and professional leads in both the Scottish Borders Council and Borders Health Board and, as appropriate, senior professional leads in the integrated service.
- 5.6 A Clinical and Care Governance Group will be established to oversee the agreed clinical and care governance arrangements within the integrated services. It will be co-Chaired by a senior member of the social work team and a senior clinician. The group will have membership representation from the range of professional groups who are part of the health and social care partnership arrangements.
- 5.7 The Scottish Borders Council and Borders Health Board will continue to monitor and report on clinical and care governance matters through their existing mechanisms to comply with legislative and policy requirements.
- 5.8 The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Midwifery, Associate Director of Allied Health Professionals and Director of Public Health) will support the Chief Officer and the Integration Joint Board in the manner they support Borders Health Board for the range of their responsibilities. If they are members of the Integration Joint Board, they will give that advice direct to the Integration Joint Board. If they are not members of the Integration Joint Board they should ensure the appropriate arrangements are in place to discharge their responsibilities, ensuring the effective functioning of the service. This will be achieved through health and social care staff who have a professional or corporate accountability to those Board Clinical Director posts.
- 5.9 The Chief Social Work Officer should support the Chief Officer and the Integration Joint Board in the same manner they support the Scottish Borders Council. As a non-voting member of the Integration Joint Board they should provide this directly to the Integration Joint Board. The Chief Social Work Officer should ensure the appropriate arrangements are in place to discharge their responsibilities, ensuring the effective functioning of the service. This will

be achieved through the social care staff who have professional or corporate accountability to the Chief Social Work Officer.

6. Chief Officer

- 6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act.
- 6.2 The Chief Officer is the Accountable Officer for Health and Social Care to the Integration Joint Board.
- 6.3 The Chief Officer will report to the Scottish Borders Council's Chief Executive and the Borders Health Board's Chief Executive or such other delegated officers.
- 6.4 Where there is to be prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Scottish Borders Council's Chief Executive and Borders Health Board's Chief Executive will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair.
- 6.5 Subject to the prior written consent of the other Party and the consent of the Chair and Vice-Chair of the Integration Joint Board, the Chief Executive of either Party may direct the Chief Officer to be managerially responsible for functions or services which are not delegated under this Scheme. The Chief Officer's accountability for such services shall be directly to the Chief Executive of the Party making the direction.
- 6.6 The Chief Officer will be a full member of both the Scottish Borders Council's and Borders Health Board's corporate management teams, as well as a non-voting member of the Integration Joint Board.
- 6.7 The Chief Officer is required to maintain effective relationships with a range of key stakeholders across Borders Health Board, the wider NHS, Scottish Borders Council, the Voluntary and Independent Sectors, service users, carers, the Scottish Government, Trades Unions and professional organisations.

7. Workforce

- 7.1 All staff will remain employed by their existing organisations and subject to the relevant terms and conditions as specified within those contracts (including the adherence to the corporate policies of their employing organisation).
- 7.2 Any future changes in staff arrangements will be promulgated on a planned and coordinated basis in accordance with established policies and procedures
- 7.3 Core HR services will continue to be provided by the appropriate corporate HR functions in Scottish Borders Council and Borders Health Board.

- 7.4 The will be a joint Organisational Development plan involving engagement, leadership and workforce development and training for the integrated workforce. The plan will be developed and reviewed with all relevant stakeholders.
- 7.5 The corporate HR functions in the Scottish Borders Council and Borders Health Board will provide the workforce planning information required to support the integrated services and lead the development, maintenance and review of a workforce plan which will assist the delivery of the service outcomes outlined in the Strategic Plan
- 7.6 There will be a Joint Staff Forum reporting to the Integration Joint Board, ensuring the key principles of staff partnership are embedded in the delivery of the agreed outcomes.
- 7.7 Borders Health Board and Scottish Borders Council professional/clinical supervisions arrangements for professional and clinical staff will continue until superseded by any jointly agreed arrangements.

8. Finance

- 8.1 Borders Health Board and Scottish Borders Council must agree and set out the method of determining –
- (a) Amounts to be paid by Borders Health Board and Scottish Borders Council 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 paragraph (b) applies.
 - (b) Amounts to be made available by Borders Health Board to the Integration Joint Board in respect of each of the functions delegated by Borders Health Board which are:
 - (i) Carried out in a hospital in the area of Borders Health Board and;
 - (ii) Provided for the areas of two or more local authorities. This is not applicable to Borders Health Board as they are co-terminus with Scottish Borders Council.
 - (c) The method by which any variations to the amounts paid or set aside will be determined.
 - (d) The conditions that must be met before a variation to the amounts paid or set aside may be made.
- 8.2 The amounts described in (a) and (b) are not subject to Ministerial approval but are subject to the approval of the Integration Joint Board.
- 8.3 The arrangements in relation to the determination of the amounts paid, or set aside, and their variation, to the Integration Joint Board by Borders Health Board and Scottish Borders Council are:

8.4 Payment in the first year to the Integration Joint Board for delegated functions

8.4.1 The baseline payment will be established by reviewing recent past performance and existing plans for Borders Health Board and Scottish Borders Council for the functions to be delegated, adjusted for material items.

8.4.2 Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to recurring actual expenditure in the previous three years adjusted for any planned changes to ensure they are realistic. There will be an opportunity in the second year of operation to adjust baseline budgets to correct any inaccuracies. An outline of the agreed due diligence procedure is attached at Appendix 2.

8.5 Payment in subsequent years to the Integration Joint Board for delegated functions

8.5.1 In subsequent years the Chief Officer and the Integration Joint Board Chief Finance Officer will develop a case for the Integrated Budget based on the strategic plan. The financial plan will be presented to Borders Health Board and Scottish Borders Council for consideration as part of the annual budget setting process. The case should be evidenced, with full transparency demonstrating the following assumptions:

- Performance against outcomes
- Activity changes
- Cost inflation
- Price changes and the introduction of new drugs/technology
- Agreed service changes
- Legal requirements
- Transfers to/from the amounts made available by Borders Health Board for hospital services to which (b) applies
- Adjustments to address equity of resource allocation

8.5.2 Borders Health Board and Scottish Borders Council should consider the following when reviewing the strategic plan:

- The Local Government Financial Settlement
- The uplift applied to NHS Board funding from Scottish Government
- Efficiencies to be achieved

8.5.3 There must be tri-partite agreement on the strategic plan and related financial plan. Further guidance on the development of the financial plan is shown in Appendix 4.

8.6 Method for determining the amount set aside for hospital services

8.6.1 This should be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board.

8.6.2 The capacity should be given a financial value using the data from the latest Integrated Resources Framework (IRF).

8.6.3 If the strategic plan sets out a change in hospital capacity the resource consequences will be determined through a bottom up process based on;

- Planned changes in activity and case mix due to interventions in the strategic plan.
- Projected activity and case mix changes due to changes in population need.
- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

8.7 In-year variations

8.7.1 Neither Borders Health Board nor Scottish Borders Council may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within the constituent authorities. The express consent of the Integration Joint Board and constituent authorities would be required for any such change.

8.7.2 The Chief Officer of the Integration Joint Board will deliver the agreed outcomes within the total agreed delegated resources. Where there is a forecast outturn overspend against an element of the operational budget the Chief Officer and the Chief Financial Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget with the relevant finance officer of the constituent authority. The recovery plan will need to be approved by the Integration Joint Board.

8.7.3 Should the recovery plan be unsuccessful the Integration Joint Board may request that the payment from Borders Health Board and Scottish Borders Council be adjusted, to take account of any revised assumptions. It will be the responsibility of the authority who originally delegated the budget to make the additional payment to cover the shortfall.

8.7.4 In the case of joint services any additional payment will be agreed pro rata in line with the original budget level.

8.7.5 The Integration Joint Board should make repayment in future years following the same methodology as the additional payment. If the shortfall is related to a recurring issue the Integration Joint Board should include the issue in the strategic plan and financial plan for the following year.

8.7.6 Additional adjustments may be required, for example, when errors in the methodology used to determine the delegated budget are found. In these circumstances the payment for this element should be recalculated using the revised methodology.

- 8.7.7 Where there is a planned underspend in operational budgets arising from specific management action by the Integration Joint Board it will be retained by the Integration Joint Board. This underspend may be used to fund additional capacity in-year or carried forward to fund capacity in subsequent years. . The carry forward will be held in an ear-marked balance within Scottish Borders Council's general reserve. If an underspend arises from a material error in the assumptions made to determine the initial budget, the methodology of the payment may need to be recalculated using the revised assumptions.
- 8.7.8 Any unplanned underspend will be returned to Borders Health Board or Scottish Borders Council by the Integration Joint Board either in the proportion that individual pressures have been funded or based on which service the savings are related to.
- The Integration Joint Board will have financial accountability for the funding received as payments from Borders Health Board and Scottish Borders Council. This financial accountability will not apply to notional funding for Set Aside Budgets included within the strategic plan.
 - The Integration Joint Board follows best practice guidelines for audit. This will involve Internal Audit, External Audit and the establishment of an Audit Committee. Details of this are included in the Appendix 5 – Audit Arrangements.
 - The Integration Joint Board will appoint a Chief Finance Officer, to fulfil the duties outlined in Appendix 6 – Guidance on Role of Chief Finance Officer. This post will be a part time post and funded from existing resources as a secondment from either Borders Health Board or Scottish Borders Council. The initial appointment will be for a period of two years.
 - The Integration Joint Board and their Chief Finance Officer will receive financial management support from Borders Health Board and Scottish Borders Council who will:
 - Record all financial information in respect of the Integration Joint Board in the financial ledger of the party which is delivering services and carrying out related financial transactions on behalf of the Integration Joint Board.
 - Transfer all appropriate financial information to the Integration Joint Board financial ledger on a monthly basis. This will be used to report to the Integration Joint Board.
 - Support the Chief Finance Officer of the Integration Joint Board to allow them to carry out their functions in preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the strategic plan and other reports that may be required.

- Support the Chief Officer and the Chief Finance Officer of the Integration Joint Board to prepare the annual accounts and the financial statement under section 39 of the Act.
- Ensure monthly financial monitoring reports relating to the performance of the Integration Joint Board against the delegated budget will be submitted to the Chief Officer within 15 working days of the month end for reporting to the Integration Joint Board. These reports will also be shared with Borders Health Board and Scottish Borders Council.
- Ensure quarterly reports will be prepared on the financial performance against the strategic plan.
- Provide a schedule of payments to the Integration Joint Board following approval of the strategic plan and its related financial plan. It is intended that this will be a one-off payment made during April/May of each financial year. This payment may be subject to in-year adjustments for material issues.
- In advance of each financial year a timetable of financial reporting will be submitted to the Integration Joint Board for approval.

9. Participation and Engagement

9.1 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.

9.2 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. A strategy sets out a framework for communications within the context of health and social care integration (Appendix 7).

9.3 There are national standards for community engagement and participation which underpin how the Scottish Borders Council and Borders Health Board operate. A framework has been developed to take 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'

10. Information-Sharing and data handling

10.1 The Scottish Borders Council, the Borders Health Board and the Integration Joint Board agree to be bound by the Information Sharing Protocol.

10.2 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance.

10.3 All staff are bound by the data confidentiality policies of their employing organisations and the requirements of the Information Sharing Protocol that is in place.

10.4 With respect to individually identifiable material, data and information will be held in both electronic and paper format and only be accessed by authorised personnel to provide the service user with the appropriate service within the partnership. It may be necessary to share information with external agencies and in that case consent will be sought from the service user if no statutory requirement exists. In order to comply with the Data Protection Act 1998 all parties will always ensure that any personal data that is processed will be handled fairly, lawfully and with justification.

10.5 **Information Sharing and Confidentiality:** Both parties are signatories to the Pan Lothian and Borders Partnership General Protocol for Sharing Information (General Protocol). This protocol describes the key principles the parties must adhere to for information to be shared lawfully, securely and confidentially.

10.6 Both parties agree to be bound by this Information Sharing Protocol. The national protocol on information sharing – **SASPI** – will be adopted in due course. (Appendix 8)

10.7 **The Public Records (Scotland) Act:** Both parties are scheduled Public Authorities under the Public Records (Scotland) Act and have a duty to create and have approved a records management plan. Reference to information management procedures of the integrated service will be recorded in both plans, including information sharing and other record keeping arrangements and duties that pertain to services contracted out to third party service providers or external agencies will also be included.

10.8 **Record keeping:** The parties will work towards common records and templates that are readily available for staff to use, in particular:

- Data sharing agreement template
 - Consent forms for data sharing
 - A data sharing log (this will be a public document)
 - Data sharing agreement Review form
- 10.9 Responsibility for the maintenance and distribution of joint service templates, logs and Board records sits with the Chief Officer of Integrated Services. File plans and records retention schedules for records created solely by the Integrated Services will be devised and approved by the Integration Joint Board.
- 10.10 Responsibility for records created, retained and disposed by each organisation remains with that organisation. Each party will maintain their existing records according to their own policies and disposal schedule.
- 10.11 The key policies and guidance documents for each party can be found in Appendix 9.
- 10.12 **Security:** The success of information sharing relies on a common understanding of security. The information sharing protocol refers to the expected standard but each party must maintain its own guidance to ensure it meets that standard and that controls to manage the following elements are included:
- Safe storage of documents transported between work and site. Access to electronic and physical records. Use of laptops, memory sticks and other portable data devices when working off site (including at home);
 - Confidential destruction;
 - Security marking on electronic communications when applicable
- 10.13 **Access to information - Freedom of Information (FOI):** Both Borders Health Board and Scottish Borders Council will receive Freedom of Information requests and will manage these requests through their own existing processes. Both parties process involves a central FOI Co-ordinator for each organisation, a 10 day timescale for departments to respond to the FOI Co-ordinator and Service Director sign off prior to the response being returned to the requestor. The Co-ordinators of both organisations will work closely together and communicate regularly in relation to FOI.
- 10.14 Where FOI's relate to a joint service, the receiving organisation will forward the FOI to the relevant Service Manager who will provide the requested information on behalf of both organisations. The receiving organisation will undertake the progress monitoring, responsibility for redacting, quality checking and responding to the applicant. A list of services that are in scope for Integration and their Managers will be developed and shared between the

two organisations. All Fol's that relate to Joint Services will be signed off by the Chief Officer for Integration.

- 10.15 Should one organisation receive a request that also relates to the other, this request will be managed by the receiving organisation by partnership working of both organisations Fol Co-ordinators.
- 10.16 Both organisations will use the same performance measures and report regularly to the Integration Joint Board and to **OSIC**.
- 10.17 FOI requestors will be logged. Requests for review will be administered by the organisation who dealt with the request and will include review panel members from both organisations.
- 10.18 **Subject Access Requests:** The differing charging regimes in each organisation for Subject Access and Access to Medical Records requests prevents a joint approach being adopted for gathering of personal information. Therefore, each party will manage its requests following that organisation's procedures.
- 10.19 If a subject access request refers to the integrated service it may be necessary to send out two responses. The requestor should be informed at the outset that this will happen. There will be no change to the process for managing access to deceased persons records.
- 10.20 **Privacy and confidentiality:** Most of the information the integrated services will handle will be personal and confidential in nature. All staff with access to shared information will
1. receive regular training in handling personal data compliantly;
 2. have access to systems and records removed as soon as they leave the post that allows them to share information;
 3. be subject to appropriate level of vetting by HR. This particularly applies to existing staff that may not have been subject to checks in their current role but require it in their integrated services post.
- 10.21 **Information Governance:** The Information Governance reporting arrangements for each party are as follows:
1. Borders Health Board: The Information Governance Committee reports to the Borders Health Board's Audit Committee.
 2. Scottish Borders Council: Information Management is currently under review at Scottish Borders Council. However, under the proposed structure The Information Governance Group reports to the Corporate Management Team.

11. Complaints

11.1 The Parties agree that complaints by patients/carers/service users will be managed and responded to by the lead organisation (Appendix 10) and agree to the following arrangements in respect of this:

- A framework has been developed that clearly shows the lead organisation for each integrated service and the contact details for those who will be responsible for progressing any complaints received – Appendix 10. The lead organisation will take responsibility for the triage of the complaint, and liaise with the other organisation to develop a joint response where required.
- There are four established processes for a complaint to follow depending on the lead organisation.
 1. Scottish Borders Council Community Health and Care Partnership (CHCP) (Non Statutory Social Work).
 2. Statutory Social Work.
 3. NHS.
 4. Independent Contractors – All Independent Contractors involved with the Partnership, will be required to have a Complaints Procedure in place. Where complaints are received that relate to a service provide by an Independent Contractor, the lead organisation will refer the complainant to the Independent Contractor for resolution of their complaint. This may be done by either provision of contact details or by the lead organisation passing the complaint on, depending on the approach preferred by the complainant.
- Each organisation will have a clearly defined description of what constitutes a complaint contained within their organisations complaints handling documentation.
- Should there be any data sharing requirements in relation to any complaint, the data sharing protocol set out in section 15 of the Scheme of Integration – Data Sharing, will detail how this will be managed.
- All complaints will be signed as per the lead organisations procedure and monitored by the Chief Officer for Health and Social Care.
- Staff shall follow the complaints handling process of their employing organisation. The employing organisation will take responsibility for the triage of the complaint, and liaise with the other organisation where required – appendix 5.
- The current process for gathering service user/patient/carer feedback within NHS and SBC, how it has been used for improvement, and how it is reported will continue – Appendix 11.
- Existing performance information and lessons learned relating to complaints investigations, will be collected and reported to the Integration Joint Board in

line with Section 8 of the Scheme of Integration – Clinical & Care Governance.

- Performance information and lessons learned relating to complaints investigations will be reported to the Integration Joint Board at their next meeting following reporting to the Borders Health Board or Scottish Borders Council.
- The proposed arrangements will be monitored and evaluated annually.

12. Claims Handling, Liability & Indemnity

12.1 At this stage Borders Health Board will continue to follow their **CNORIS** programme for their services and Scottish Borders Council will continue with their current insurance processes. This will be applied to all services managed by the Chief Officer. Any evaluation to move Scottish Borders Council services to be covered by CNORIS can only be undertaken when more information is available to allow this to be progressed. Until this stage steady state will prevail.

13. Risk Management

13.1 The Corporate services in Borders Health Board and Scottish Borders Council will support the Chief Officer and the Integrated Joint Board on the development of a risk monitoring and risk management frame work. There will be regular reviews by The Integrated Joint Board of the strategic risk register which will identify, assess and prioritise risks related to the planning and delivery of delegated functions, particularly any which are likely to affect delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties.

13.2 The Chief Officer is responsible for drawing to the Integration Joint Board's attention any substantive developments that lead to a substantial change to the strategic risk register out with the routine review process.

13.3 The approved integrated risk register will be shared with both of the Parties on a regular basis.

13.4 In terms of Business Continuity the Resilience Officers from each respective organisation work closely together to provide assurance of what will be done for who in the event of a business continuity requirement.

13.5 Both organisations work closely together during cross system events such as severe weather, major road traffic accidents, etc. In terms of resilience for joint services, existing business continuity plans are in place and tested on an annual basis for all services including those that are wholly integrated within both the Borders Health Board and the Scottish Borders Council.

14. Dispute resolution mechanism

- 14.1 Where either of the Parties fails to agree with the other or with the Integration Joint Board on any issue related to this Scheme, then they will follow the process as set out below:²
- (a) The Chief Executives of Borders Health Board and Scottish Borders Council, and the Chief Officer, will meet to resolve the issue;
 - (b) If unresolved, the Borders Health Board, Scottish Borders Council and the Integration Joint Board will each prepare a written note of their position on the issue and exchange it with the others;
 - (c) In the event that the issue remains unresolved, the Chief Executives (or their representatives) of Borders Health Board, Scottish Borders Council and the Chief Officer will proceed to mediation with a view to resolving the issue.
 - (d) The Chief Officer will appoint a professional independent mediator. The mediation process will commence within 28 calendar days of the agreement to proceed.
 - (e) The Mediator shall have the same powers to require any Partner to produce any documents or information to him/her and the other Partner as an arbiter and each Partner shall in any event supply to him such information which it has and is material to the matter to be resolved and which it could be required to produce on discovery; and
 - (f) The fees of the Mediator shall be borne by the Parties in such proportion as shall be determined by the Mediator having regard (amongst other things) to the conduct of the parties.
 - (g) Where the issue remains unresolved after following the processes outlined above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached.
- 14.2 The Chief Officer shall write to Scottish Ministers detailing the unresolved issue, the process followed and findings of the mediator and seek resolution from Scottish Ministers.

Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

SCHEDULE 1 Regulation 3

Functions prescribed for the purposes of section 1(8) of the Act

Column A

Column B

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978

Except functions conferred by or by virtue of—
 section 2(7) (Health Boards);
 section 2CA⁽³⁾ (Functions of Health Boards outside Scotland);
 section 9 (local consultative committees);
 section 17A (NHS Contracts);
 section 17C (personal medical or dental services);
 section 17I⁽⁴⁾ (use of accommodation);
 section 17J (Health Boards' power to enter into general medical services contracts);
 section 28A (remuneration for Part II services);
 section 38⁽⁵⁾ (care of mothers and young children);

⁽³⁾ Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).

⁽⁴⁾ Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

⁽⁵⁾ The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

section 38A⁽⁶⁾ (breastfeeding);

section 39⁽⁷⁾ (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55⁽⁸⁾ (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A⁽⁹⁾ (remission and repayment of charges and payment of travelling expenses);

section 75B⁽¹⁰⁾ (reimbursement of the cost of services provided in another EEA state);

section 75BA⁽¹¹⁾ (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82⁽¹²⁾ (use and administration of certain endowments and other property held by Health Boards);

section 83⁽¹³⁾ (power of Health Boards and local health councils to hold property on trust);

⁽⁶⁾ Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

⁽⁷⁾ Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

⁽⁸⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁹⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽¹⁰⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽¹¹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽¹²⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽¹³⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

section 84A⁽¹⁴⁾ (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98⁽¹⁵⁾ (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989⁽¹⁶⁾;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

⁽¹⁴⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

⁽¹⁵⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽¹⁶⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽¹⁷⁾.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—
section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)⁽¹⁸⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁹⁾;

section 46 (Hospital managers' duties: notification)⁽²⁰⁾;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

⁽¹⁷⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

⁽¹⁸⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁹⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽²⁰⁾ Section 46 is amended by S.S.I. 2005/465.

section 267 (Orders under sections 264 to 266: recall);

section 281⁽²¹⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²²⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽²³⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²⁴⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²⁵⁾.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31 (Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽²⁶⁾.

⁽²¹⁾ Section 281 is amended by S.S.I. 2011/211.

⁽²²⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²³⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁴⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁵⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁶⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Part 2

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

Set out below is the list of services that the minimum list of delegable functions is exercisable in relation to. Further services can be added as they relate to the functions delegated.

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

1. In this schedule—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004⁽²⁷⁾; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

PART 2

2. Accident and Emergency services provided in a hospital.
3. Inpatient hospital services relating to the following branches of medicine—
 - (a) general medicine;
 - (b) geriatric medicine;
 - (c) rehabilitation medicine;
 - (d) respiratory medicine; and
 - (e) psychiatry of learning disability.
4. Palliative care services provided in a hospital.

⁽²⁷⁾ S.S.I. 2004/115.

5. Inpatient hospital services provided by General Medical Practitioners.
6. Services provided in a hospital in relation to an addiction or dependence on any substance.
7. Mental health services provided in a hospital, except secure forensic mental health services.

PART 3

8. District nursing services.
9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
11. The public dental service.
12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978⁽²⁸⁾.
13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁹⁾.
14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽³⁰⁾.
15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978⁽³¹⁾.
16. Services providing primary medical services to patients during the out-of-hours period.
17. Services provided outwith a hospital in relation to geriatric medicine.
18. Palliative care services provided outwith a hospital.
19. Community learning disability services.
20. Mental health services provided outwith a hospital.
21. Continence services provided outwith a hospital.
22. Kidney dialysis services provided outwith a hospital.
23. Services provided by health professionals that aim to promote public health.

⁽²⁸⁾ Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

⁽²⁹⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽³⁰⁾ Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

⁽³¹⁾ Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Annex 2**Part 1****Functions delegated by the Local Authority to the Integration Joint Board**

Set out below is the list of functions that must be delegated by the local authority to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014. Further local authority functions can be delegated as long as they fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014;

SCHEDULE Regulation 2

PART 1

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
National Assistance Act 1948⁽³²⁾	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958⁽³³⁾	
Section 3 (Provision of sheltered employment by local authorities)	

⁽³²⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

⁽³³⁾ 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Social Work (Scotland) Act 1968⁽³⁴⁾	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.

⁽³⁴⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) (“the 1995 Act”), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (“the 2003 Act”), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) (“the 2001 Act”) schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) (“the 2002 Act”), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽³⁵⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	

⁽³⁵⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Disabled Persons (Services, Consultation and Representation) Act 1986⁽³⁶⁾	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000⁽³⁷⁾	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions

⁽³⁶⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

⁽³⁷⁾ 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽³⁸⁾	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002⁽³⁹⁾	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003⁽⁴⁰⁾	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	

⁽³⁸⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁹⁾ 2002 asp 5.

⁽⁴⁰⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006⁽⁴¹⁾	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007⁽⁴²⁾	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽⁴³⁾	

⁽⁴¹⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

⁽⁴²⁾ 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

⁽⁴³⁾ 2013 asp 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

PART 2

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	

Section 4⁽⁴⁴⁾

The functions conferred by Regulation 2 of the
Community Care (Additional Payments)
(Scotland) Regulations 2002⁽⁴⁵⁾

Part 2

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






Scottish Ministers have set out in guidance that the services set out below must be integrated. Further services can be added where they relate to delegated functions;

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

⁽⁴⁴⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

⁽⁴⁵⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

APPENDIX OF DOCUMENTS – DRAFT SCHEME OF INTEGRATION

Appendix No	Document	Date for Revision
1	Integration Joint Board Standing Orders	
2	Delegation of Functions	 APPENDIX 1 Delegation of Functio
3	Due Diligence	 APPENDIX 2 Due Diligence.docx
4	Financial Planning	 APPENDIX 3 Financial Planning.docx
5	Audit Arrangements	 APPENDIX 4 Audit Arrangements.docx
6	Chief Finance Officer Role	 APPENDIX 5 Chief Financial Officer.docx
7	Framework for Communication	
8	Information Sharing Protocol	
9	Data Sharing Policies & Guidance	
10	Complaints Framework	
11	Complaints Information Gathering	



**Health & Social Care
Integration Scheme for the
Scottish Borders –
Consultation Summary**

This Consultation will run from (???) to (???)

Contents

Page

Foreword
.....

Background
.....

Introduction
.....

Health & Social Care Integration Scheme – what it includes
.....

How to give us your views
.....

Appendices: Integration Scheme document

Summary of questions – Feedback Form

Still to be included:
A Glossary of Terms.....

Extra copies and additional formats

This document is available electronically on the NHS Borders website at: www.nhsborders.org.uk and Scottish Borders Council website at www.scotborders.gov.uk.

Extra copies and alternative formats are available on request, for example, large print, audio, Braille, or in a different language. Please contact (*add tel no & email address for NHS Borders & SBC*).

1. Foreword

NHS Borders and Scottish Borders Council are preparing for the new Health and Social Care Partnership which is to go live in April 2015. The new partnership will see the NHS, Scottish Borders Council and voluntary and private care partners' work as one to deliver services which meet the needs of people living in the Borders. The focus will be to help all adults to live well in the community or at home for as long as possible. NHS Borders and Scottish Borders Council share equal responsibility for this work and will continue to engage with people across the Borders to inform and shape future service delivery.

Individuals and communities in the Scottish Borders have benefited from the integration of health and social care services already. A draft "Scheme of Integration" has been developed which outlines the proposed management and governance arrangements for the way in which NHS Borders and Scottish Borders Council will work together to deliver a new Health and Social Care Partnership for the Borders.

There has already been considerable local experience of developing and delivering integrated services in the Borders which has helped to produce our draft Integration Scheme. Over recent years we have also benefited from ongoing, positive discussions and interaction with a range of stakeholders. NHS Borders and Scottish Borders Council are committed to continuing that constructive engagement.

We are seeking your views on the draft Scheme of Integration. This is your opportunity to help shape the arrangements for managing and governing our Integrated Health & Social Care arrangements in the Borders.

We look forward to working with you to continually develop our joint services across the Scottish Borders.

Chief Executive, NHS Borders
(add photo)

Chief Executive, Scottish Borders Council
(add photo)

2. Background

The “Public Bodies (Joint Working) (Scotland) Act 2014” 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 – this can be additional adult health and social care services beyond the minimum prescribed, and children’s health and social care services.

This Scottish Government Act requires that the Local Authority and the Health Board jointly prepare, consult and then agree an Integration Scheme for the Local Authority Area. This Integration Scheme is to set out how this joint working is to be achieved. Following consultation, the Integration Scheme is to be submitted to Scottish Government Ministers for final approval.

We would like your views please on the proposed Health & Social Care Integration Scheme for the Scottish Borders. The Integration Scheme is attached at the Appendices of this document from page (X).

We are inviting responses to this consultation between *(enter date)* and *(enter date)*. More information on how to respond can be found at the end of this document (X).

What is the “Scheme of Integration”?

This will be a Scottish Borders Partnership Agreement between NHS Borders and Scottish Borders Council. It will set out how we will work together to deliver a new Health and Social Care Partnership for the Borders.

3. Introduction

The Health Board and the Local Authority must undertake a joint consultation as part of the preparation of their Integration Scheme.

The Integration Scheme is to set out how the joint working between NHS Borders and Scottish Borders Council is to be achieved. There is a choice of how this can be done:

- The Health Board and Local Authority can delegate between each other, which is referred to as a “lead agency”.
- The Health Board and Local Authority can both delegate to a third body which will be an Integration Joint Board and this is referred to as a “body corporate” approach.

The draft Scottish Borders Integration Scheme has used the “body corporate” approach.

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. Following the consultation and approval of the Integration Scheme, the Scottish Borders Integration Joint Board will produce a plan which will set out how the partnership will deliver the National Health & Wellbeing Outcomes. The full list of Outcomes are detailed within the Integration Scheme document which can be found at the Appendices of this document at page (X).



We aim to:

- **Help people to stay fit and healthy.**
- **Make sure that people’s care is better and more able to meet their needs.**
- **To provide care to people at home instead of in a Hospital or Care Home.**
- **For Health and Social Care Services to feel “joined up”.**

4. Health & Social Care Integration Scheme – what it includes.....

Here in the Borders we are going for a “body corporate” approach. This means the Council and the NHS will delegate responsibilities to a Health and Social Care Partnership through an Integration Joint Board, to provide joined up adult health and social care services.

4.1 What does the Integration Scheme include

We have summarised below what the Integration Scheme includes:

- **Local Governance Arrangements of the Integration Joint Board**
This refers to the processes of interaction and decision making of the Board.
- **Delegation of Functions to the Integration Joint Board**
This refers to the functions that are to be delegated by the Health Board and the Local Authority to the Integration Joint Board.
- **Local Operational Delivery Arrangements of the Integration Joint Board**
This refers to the arrangements that will be put in place to allow for the Board to deliver its delegated functions.
- **Clinical and Care Governance**
This refers to who will be responsible, and how, for an agreed clinical and care governance framework.
- **Chief Officer of the Integration Joint Board**
This refers to who the Chief Officer of the Board is accountable to.
- **The Workforce**
This refers to the arrangements for staff who work for NHS Borders and Scottish Borders Council under the new integration regulations.
- **Finance**
This refers to how the finances will be managed and how it will be decided what the budget is used for.
- **Participation and Engagement**
This refers to who NHS Borders and Scottish Borders Council must consult with on their Integration Scheme. A requirement of the Act is to have a local Engagement and Consultation Framework, which we already have.
- **Information sharing and data handling**
This refers to the confidentiality arrangements for sharing and handling patient information and data.
- **Complaints**
This refers to how the Partnership will deal with complaints from service users.
- **Claims Handling, Liability & Indemnity**
This refers to the arrangements for the Partnership to deal with claims.

➤ **Risk Management**

This refers to the process which the Partnership will follow in terms of managing any risks. There should be a shared “risk management strategy”.

➤ **Dealing with Disputes**

This refers to the process which NHS Borders and Scottish Borders Council must follow if they fail to agree with the other or the Integration Joint Board on any issues related to the Scheme.

Full details of the above are detailed within the Integration Scheme document which can be found at the Appendices of this document at page (X).

4.2 What services have to be integrated

We want to take this opportunity to make you aware of what services have to be integrated – which the Act tells us we must do.

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

- Accident and Emergency services
- Inpatient hospital services relating to specific medical areas
- Palliative Care services provided in a hospital and outwith hospital
- Inpatient hospital services provided by GPs
- Services provided in a hospital for addiction or dependence on any substance
- Mental Health services provided in hospital and outwith hospital
- District Nursing services
- Services provided by Allied Health Professionals in an outpatient department, clinic, or outwith a hospital
- The public dental service
- Primary medical services provided under a general medical services contract
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Services providing primary medical services during the out-of-hours period
- Services provided outwith a hospital in relation to geriatric medicine (services for older people)
- Community Learning Disability services
- Continence services provided outwith a hospital
- Kidney Dialysis services provided outwith a hospital
- Services provided by health professionals that aim to promote public health

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

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services

- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

Full details of the above are detailed within the Integration Scheme document which can be found at the Appendices of this document at page (X).

5. How to give us your views

We want everyone in the Borders to be aware of the Integration of Health & Social Care in the Scottish Borders.

To give us your views, please complete the Feedback Form which you will find at the end of this document at page (X).

Length of consultation

The consultation runs from *(enter date)* to *(enter date)*.

How to comment

You can give us your feedback by completing the attached Feedback Form and sending to one of the Freepost addresses provided below. Alternatively, you can give us your views by completing the Electronic Feedback Form which you will find on the NHS Borders & Scottish Borders Council website.

Post: **Freepost RTHK-ZGZS-JTZC** ***(Add SBC Freepost address)***
 NHS Borders
 Education Centre
 Borders General Hospital
 MELROSE
 TD6 9BS

Electronic Feedback Form: ***(add link to survey-monkey)***

Please make sure that your comments reach us by no later than *(enter date)*.

How to contact us

If you have questions about this consultation please telephone (enter NHS Borders Planning & Performance tel number) or email planning&performance@borders.scot.nhs.uk or telephone (enter SBC tel number) or email integration@scotborders.gov.uk.

The next steps

Following the consultation we have to submit our draft Scheme of Integration to the Scottish Government Ministers by (enter date) for approval. Following approval the Health and Social Care Partnership is to go live in April 2015. The Integration Joint Board will produce a Strategic Plan to set out how we will deliver our joint services.

6. Appendices

This will include link to the main document – Integration Scheme

7. Health & Social Care Integration Scheme:

Questions – Feedback Form

Please tell us what you think of the Health & Social Care Integration Scheme for the Scottish Borders.

Please return this Feedback Form by *(enter date)* at the latest. If you are able to return your response earlier than this, please do so.

Question 1: *Integration Programme Board to suggest questions please*

Question 2:

Question 3:

How did you find out about this Consultation:
.....

Please return **by *(enter date)* at the latest to:**

Post: Freepost RTHK-ZGZS-JTZC *(Add SBC Freepost address)*
NHS Borders
Education Centre
Borders General Hospital
MELROSE

TD6 9BS

Alternatively, please complete the Electronic Feedback Form which you will find on the NHS Borders & SBC websites: (add link to survey-monkey).

If you wish to let us know who you are (this is optional), please provide your name and address or email address:

Name (Title, first name, surname):
.....

Name of Organisation or Group (if applicable):.....

Postal Address, including post code:.....

.....
.....

.....Post Code:
.....

Email:

Thank you for taking the time to give us your views.



Health and Social Care Integration Programme

Communications and Stakeholder Engagement Plan
November 2014

Originator	
Reviewer/s	
Approval	
Purpose	To set out a framework for communications within the context of Health and Social Care Integration. As part of this, this plan will also outline the plan for consultation on the draft Scheme of Integration which sets out the management and governance arrangements of how this joint working will be achieved.

Revision History

Version	Date	Summary of Changes	Author

Contents

Page 3

Introduction
Background

Page 4

Objectives
Aims
Timescales

Page 6

Key messages

Page 7

Target Audience

Page 8

Methods

Page 10

Action plan

Page 15

Available Communication Channels

DRAFT

Introduction

Scottish Borders Council (SBC) and NHS Borders are preparing for the new Health and Social Care Partnership which is to go live in April 2015. 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. 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 programme and will continue to engage with stakeholders across the Borders to inform and shape future service delivery.

This plan sets out how NHS Borders and SBC will engage with all stakeholders on the project as well as consult on the proposed plan for how the partnership will be managed and governed (Scheme of Integration). The Consultation on the Scheme of Integration runs from December-Feb 2015. The plan will continue to be developed throughout the key stages of the programme.

Background

Integration of Health and Social Care is the Scottish Government's initiative to have a health and social care partnership for every NHS Area in Scotland. This programme of reform aims to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

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. It is the most substantial reform to the country's National Health Services in a generation and will also radically transform the way social care services are provided.

Health Boards and Local Authorities 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.

What services are in scope for integration?

- All community health services
- Adult social care services
- Health visiting
- Community dental services
- Sexual health services
- Unscheduled care

(Please note – this work will run alongside, but should not be confused with the development of the Council’s new Care Company (ALEO) which includes the transfer of Homecare, Extra Care, Residential Care, Bordercare, Day Services and the Borders Ability Equipment Service. A separate plan has been developed for this work but it should be acknowledged that overlaps will be monitored).

Objectives

Accurate identification of stakeholders and the appropriate use of communication and engagement tools and processes are essential to ensuring high quality engagement and communication. Stakeholders need to know what changes are planned, why they are happening and how they can contribute to the decision making process.

Aims

The communication plan aims to make all stakeholders aware of:

- What Integration means
- Why it is happening
- How it will affect them
- The steps towards Integration
- How they can contribute to the Scheme of Integration

Communications activity will be carried out:

- To maintain a high level of awareness and commitment to Integration of Health and Social Care services.
- To ensure consistent messages across NHS Borders, SBC, voluntary and independent organisations and amongst wider stakeholder groups.
- To ensure that staff and the public feel listened to and that their views can influence decisions made in the course of Integration.
- Where difficult decisions are needed, a clear and robust case will be communicated.
- To ensure all stakeholders feel fully engaged with the Integration Agenda.
- To ensure stakeholders have opportunities to be engaged with and involved in the work of the Integration programme.
- To ensure a balanced, co-ordinated approach to delivering Integration communications across the Borders.
- To maximise technology and communications options available to spread the messages of Integration.
- To help promote a sense of public ownership within the organisation and amongst external stakeholders
- To ensure the partnership complies with governmental policy, guidance and best practice in terms of public involvement
- To ensure stakeholders have opportunities to be engaged and involved in the work of the Scheme of Integration

Achieving these objectives will be measured by:

- Increase in positive messages about Health and Social Care Integration
- Increased positive coverage in a wide range of media
- Two-way conversation process is consistent and reflective of feedback at all stages
- Continuing to improve work with core stakeholders
- Expanding our contacts to new stakeholders
- Stakeholders display improved understanding of the Scheme of Integration and issues/outcomes
- Media coverage is more accurate and unsurprising – less corrections or clarifications required. If corrections and clarifications are required, these are issued promptly
- Planned and managed strategies for updates, reports, events and issues (involving pre-emptive thinking and planning; pre-agreed prioritisation and lead-in as far as possible)
- Increased buy-in by services and use of senior clinicians/managers to disseminate information as appropriate

Key messages

A set of key messages have been developed and should be used consistently throughout all communications and engagement activity. Please note – this includes overarching key messages for the programme (1) and messages which explain the Scheme of Integration (2). It is also vital to ensure consistent messages are used with staff affected by this change.

1) Overarching key messages

- The NHS Borders and SBC health and social care integration partnership will go live in April 2015.
- This aim of this new partnership is to work together to deliver the joined-up services that ultimately will be in the best interests of our staff, service users, patients, families and carers.
- The new arrangements will:
 - Be person-centred and deliver positive outcomes for patients, service users and carers.
 - Make best use of resources – staff, money and premises.
 - Improve access to services and provide flexible responses to need.
 - Promote positive choices and risk management.
 - Design services together with all key stakeholders.
- A Shadow Integration Board has been created to oversee the work in the Borders to create this partnership. This Board is being chaired by Councillor Catriona Bhatia, SBC's Executive Member for Health Service.

- Both NHS Borders and SBC are facing significant challenges in terms of respective resources. Not only are there financial pressures, but we face a changing population demographic with more older people, a rising number of people with chronic conditions and an ever increasing demand on our services.
- There is recognition that we can't continue to provide services as we do now. We need to find the most effective way of delivering resources that make the best use of the resources, abilities and skills that we have.
- Integration is an opportunity to provide better, more joined up services for the people we care for, help to prevent unnecessary admissions to hospitals and other health care settings and provide care as close to home as possible.
- By working together across the partnership, we will be able to concentrate our energies on the people who need it the most while seeking new and innovative ways of engaging with local communities.
- More information is available from (can we add a webpage/email address/phone number?)

2) Scheme of Integration consultation – key messages

- A draft Scheme of Integration has been developed which outlines the proposed management and governance arrangements for the way in which NHS Borders and Scottish Borders Council will work together to deliver a new health and social care partnership for the Borders.
- We are seeking your views on this draft Scheme of Integration. It is vital you have your say to make sure we get it right for the future
- This is your opportunity to help shape the arrangements for managing and governing our Integrated Health Care arrangements in the Borders

3) Internal - Key Messages

- Staff are key to successfully transforming services for the future. Your knowledge, experience and expertise can help shape the way we deliver services into the future.
- 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.
- All staff will remain with their current employer, terms and conditions will stay the same and there will be no change to pension status.
- Change will happen gradually 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 – you can find out the latest updates and information by visiting (webpage) or speaking to your line-manager.
- A regular newsletter will be distributed.

Overarching Timescales

There are two main key areas of work under this programme:

- 1 – The Scheme of Integration – which outlines how we will work together
- 2 – The Strategic Commissioning Plan – how we will deliver and commission services

- **November/December 2014** – Complete Draft Scheme of Integration presented to NHS Board, Scottish Borders Council and the Shadow Integration Board
- **December 14–Feb 15 2015** – Formally consult on the draft Scheme of Integration
- **Feb/March 2015** – present proposals to SBC, NHS Board and the Shadow Integration Board for the establishment of the Strategic Planning Group (SPG) in line with published regulations
- **March 2015** – Final Scheme of Integration to be presented for agreement by NHS Board, SBC, the Shadow Integration Board
- **March 2015** – submit final Scheme of Integration to the Scottish Government
- **April 2015** - Final agreed Scheme of Integration presented to first meeting of Integrated Joint Board
- **April 2015** - First draft of the Strategic Commissioning Plan presented to NHS Board, Scottish Borders Council and Integrated Joint Board
- **April–June 2015** - Second draft of the Strategic Commissioning Plan developed in engagement with all prescribed stakeholders, nationally, regionally and in localities
- **July–Sept 2015** – Formal consultation on Strategic Commissioning Plan
- **October 2015** – Strategic plan agreed by the Integrated Joint Board.

The timescales above will inform the communications activities as outlined on page 9.

Target audience

Those who have an interest in the delivery or receipt of health care must be consulted. These have been identified as the following:

- 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.

We must also seek feedback from the following groups:

- SBC Elected Members
- Community planning partners
- Community councils
- Area Forums
- Other Health Boards and special boards
- NHS Borders Board, Advisory Committees and Non-Executives Directors
- Independent contractors
- Participation Network - including public partnership forum and public reference group
- Scottish Government
- Scottish Health Council
- MPs MSPs
- Media
- Third Sector (voluntary groups/organisations)
- Commissioned service providers
- Joint service providers
- Public Governance Committee
- Cross Borders patient flows/neighbour Boards
- Equality Forum
- Children & Young People

Communication methods

Full use will be made of all standard SBC and NHS Borders communication channels to deliver key messages and encourage engagement. A list of communication channels can be seen in Appendix 1. Attention will be given to finding the most effective way of communicating with harder to reach groups in particular staff who are not online. It is likely that easy read or other alternative format documents will be required for service users/carers.

Where possible however, 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.

Brand identity for the new integrated service

A new brand identity will also be developed as part of this work to differentiate the new integrated service as a joined up service. This brand should take into account the link between both organisations.

Communications principles and standards

- Communications will be in Plain English and available in a range of formats.
- Communications will be consistent, regular and accessible.
- Communications will be publicised widely so that people know they exist.
- People know how and to whom they can give feedback.
- Communications will be monitored and evaluated for their effectiveness.

Other considerations

- The partnership have a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.
- Scottish Government Guidance on Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services: 2010 http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf
- Equality Impact Assessment guidance: The consultation aims to take into account the views of local individuals, groups and communities including those with protected characteristics. The strategy is, in itself, an inclusive method of ensuring that all views are heard, all impacts are considered and it takes account of our ageing population and changing demographic profile, among other important Equality & Diversity considerations.

Overarching Communications Action Plan

Dates	Activity	What	Lead	Other	Comments	Notes/status
Nov-14	Update websites, intranet sites	Key messages (1)				
Nov-14	Article in SBC staff magazine, SBScene	Key messages (1)			SBScene is distributed to all SBC staff	Complete but NOT APPROVED
Oct-Nov-14	Staff engagement events	Key messages (1)				Underway
Dec-14	Scheme of Integration Consultation document to be completed, printed and made available online and in public areas. It will also be available on request.	Key messages (1,2 and 3)			Document to be available with online feedback form to provide feedback. Hard copies should also be made available in community patient waiting areas, all GP Practices, all Libraries, SBC contact centres	
Dec-14	Consultation launch – press release/photo/event? - Website updates - social media posts - intranet update -PC desktop ‘post-it’ reminder visible from all NHS staff PCs -Plasma screens - staff updates – briefings, email, newsletter -SBUpdate	Key messages (1, 2 and 3)				
Dec-14	Issue ‘Integration Update’ newsletter - Email and intranet	Key messages – all	SBC & NHS staff			

Feb-14	SBConnect article	Key messages (1 and 2)			Deadline 4 Feb 2014	
Feb 2015	Issue 'Integration Update' newsletter detailing final steps	Key messages 1, 2 and 3				
March-15	Publish summary of feedback from consultation Scheme of Integration published <i>-press release</i> <i>-websites</i> <i>-social media</i>	-				
April 2015	New arrangements in place Launch event?	-				
April 2015	Publish strategic plan draft for input/engagement with service users	-				
April-June 2015	Engagement activities on Strategic plan	-				
July-Sept 2015	Formal consultation on strategic plan	-				

Scheme of Integration

The Act requires Health Boards and Local Authorities across Scotland 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 1) delegate between each other, or 2) can both delegate to a third body called the Integration Joint Board. 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.

Here in the Borders we are going for a body corporate model which means the Council and the NHS will delegate responsibilities to a health and social care partnership through an Integrated Joint Board to provide joined up adult health and social care and community health services.

Scheme of Integration Communications Action Plan

Public / External Groups to receive presentation and/or consultation document for Scheme of Integration				
Date	Group to be consulted	Method	Lead -TBC	Comment
TBC	Public Partnership Forum.	Consultation Document & Presentation		
TBC	BGH Participation Group.	Consultation Document & Presentation		
TBC	NHS Borders Participation Network	Launch Press Release with link to Consultation Document sent to the Network		
TBC	Teviot & Liddesdale Area Forum (evening meeting)	Consultation Document & Presentation		
TBC	Friends of BGH	Consultation Document		
TBC	Eildon Area Forum (evening meeting)	Consultation Document & Presentation		
TBC	Carers Support Group - Kelso	Consultation Document & Presentation		
TBC	Tweeddale Area Forum (evening meeting)	Consultation Document & Presentation		
TBC	Deaf & Hard of Hearing Network,	Consultation Document		
TBC	Public Reference Group	Consultation Document & Presentation		
TBC	User Carer Working Group, Borders Voluntary Care Voice.	Consultation Document & Presentation		

TBC	Parent/Carers Working Group, Borders Voluntary Care Voice	Consultation Document & Presentation		
TBC	Elder Voice	Consultation Document & Presentation		
TBC	Learning Disabilities Citizens Panels	Consultation Document		
TBC	Scottish Borders "Youth Voice"	Consultation Document		
TBC	Physical Disabilities Strategy Group,	Consultation Document		
TBC	Equality Forum	Consultation Document		
TBC	LGBT Forum	Consultation Document		
TBC	The blind / visually impaired – registered to receive "Talking Newspaper"	Consultation Document read & recorded for blind/visually impaired		
TBC	For all – public / staff	Public Drop-in Session held in central Borders		
TBC	Carers Support Group - Peebles	Consultation Document & Presentation		
TBC	Carers Support Group - Eyemouth	Consultation Document & Presentation		
TBC	Cheviot Area Forum (evening meeting)	Consultation Document & Presentation		
TBC	Berwickshire Area Forum (evening meeting)	Consultation Document & Presentation		
TBC	Carers Support Group - Hawick	Consultation Document & Presentation		
Internal / Staff Group Meetings				
TBC	Medicines Resource Group	Consultation Document		
TBC	Area Clinical Forum	Consultation Document		
TBC	NHS Borders Volunteering Steering Group for sharing with all NHS Borders volunteers	Launch Press Release with link to Consultation Document sent to the Volunteering Steering Group		
TBC	GP Sub Committee	Consultation Document & Presentation		
TBC	Senior Charge Nurses Group	Consultation Document & Presentation		

TBC	Children & Young People's Planning Partnership	Consultation Document & Presentation		
TBC	Mental Health Professional Nurses Forum	Consultation Document		
TBC	Children & Young People's Health Network Steering Group	Consultation Document & Presentation		
TBC	Staff	Staff Drop-in session Hawick Community Hospital		
TBC	Area Partnership Forum	Consultation Document & Presentation		
TBC	Senior Medical Staff Committee	Consultation Document & Presentation		
TBC	Staff	Staff Drop-in session Haylodge Community Hospital		
TBC	Staff	Staff Drop-in session at BGH		
TBC	Joint Staff Forum	Consultation Document		
TBC	Staff	Drop-in session Knoll Community Hospital		
TBC	Primary & Community Services Clinical Board	Consultation Document & Presentation		
TBC	Learning Disabilities Core Management Team	Consultation Document & Presentation		
TBC	Joint Health Improvement Team	Consultation Document & Presentation		
TBC	BGH Clinical Board	Consultation Document & Presentation		
TBC	Staff	Staff Drop-in session Kelso Community Hospital		
TBC	Public Governance Committee	Consultation Document		
TBC	Mental Health Board	Consultation Document & Presentation		
TBC	NHS Borders Board Advisory Committees (AC): AHP AC; Area Dental AC; Area Medical	Consultation Document & Presentation		

	Committee; Area Ophthalmic Committee; Area Pharmaceutical Committee; BANMAC; Medical Scientists - joint session for all Board Advisory Committees			
Partnership Groups				
TBC	Scottish Borders Social Enterprise (Third Sector) - consultation document sent to Chair & Chief Executive of SBSE for sharing & they attended public drop-in session 02.06.14	Consultation Document & Presentation		
TBC	The Bridge Members (Third Sector) – consultation document sent to Executive Officer of the Bridge who shared with Third Sector contacts.	Consultation Document		
TBC	Borders Voluntary Care Voice (Third Sector) – consultation document shared with BVCV Co-ordinator for circulation & added to BVCV website	Consultation Document		
TBC	Community Council Partners (Consultation document circulated to Community Planning Partnership & Community Councils & attended Area Forum meetings)	Consultation Document & Presentation		
TBC	Community Planning Partnership Joint Delivery Team (Third Sector Partners in attendance, e.g. The Bridge).	Consultation Document & Presentation		
TBC	Volunteer Centre Borders	Consultation Document		

Appendix I

Available communication channels

Press | (press release/photo, media briefing, media query response, drawer statement)

- Reactive media service offering direct contact with the media
- Proactive media service offering direct contact with the media - Identification of positive stories to be fed proactively to all media or specifically targeted to one media outlet. Interview, feature or comment articles placed proactively where appropriate
- Briefing/interview sessions (in person or by telephone)
- Photocalls/press releases/conferences as appropriate
- Advertising/advertorials

Online | internet, social media and intranet

- SBC website: www.scotborders.gov.uk. Use short form url for promotional materials i.e. www.scotborders.gov.uk/integration
- SBC social media channels: Twitter twitter.com/scotborders | Facebook www.facebook.com/#!/sbcouncil | YouTube www.youtube.com/ScotBordersCouncil.
- NHS Borders social media channels:
- NHS Borders website
- SBC and NHS Borders Intranet sites

Print | promotional materials, corporate newspaper, newsletters, briefing sheets, letter

- SBConnect – corporate newspaper distributed three times a year to 50,000+/- Borders households.
- *Promotional materials commissioned through Graphic Design Services e.g. leaflet, poster, flyers, vehicle livery, pop-up/exhibition stand. Distribution could include: libraries, contact centres, local offices, schools, doctors/dentists surgeries, hospitals, CAB offices, RSL offices, voluntary sector premises, supermarkets, post offices, community centres, job centres.
- *Newsletters and bulletins – articles in quarterly corporate SBC staff newsletter (SBScene), fortnightly e-bulletin (SBUpdate) and those of any key partner agencies
- Letter, email

Advertising | SBC vehicles, bus rears, radio, local magazines/press

- SBC – contact centre plasma screens
- NHS Borders – plasma screens
- *Local press – Southern Reporter, Berwickshire News, Berwick Advertiser, Hawick News, Selkirk Weekend Advertiser, Border Telegraph, Peeblesshire News
- *Community and local town magazines/websites: www.borderevents.com, Gala Life, Hawick Life, Jed Eye.
- *Radio Borders: www.radioborders.com

Consultation, direct contact with target audience

- Consultation, survey, questionnaire. Also: www.scotborders.gov.uk/consultations
- *External: event, roadshow, information day/session, focus group, presentation, meeting, community council meeting.
- SBC Area Forums – held regularly alongside community council meetings: www.scotborders.gov.uk/areaforums

- Internal: supervision meetings, 1:1s, team meetings

**Denotes items where there may be cost implications which will need to be met by the project. SBC no longer charges for design services but printing costs may still apply.*

DRAFT



MONITORING OF THE SHADOW INTEGRATED BUDGET 2014/15

Aim

To provide the Shadow Board with a report, by exception, of any significant pressures within the Partnership's Integrated Budget based on actual expenditure and income to 31 October 2014.

Background

The total Shadow Revised Integrated Budget stands currently at £133.38m.

Updated guidance on the services to be included in the integrated budget has now been received and this will be discussed at a development session in January. Any changes to the services included in the integrated budget as a result of this updated guidance will be included in the budget from April 2015.

It was agreed that in the shadow year the integrated budget should be on an aligned basis. Therefore any cost pressures remain the responsibility of the partner organisations during 2014/15.

Key Issues

The revenue monitoring position reported to the Board is based on the actual income and expenditure to the 31 October 2014. At this point the Partnership is projecting an outturn expenditure position of £133.78m, a projected overspend position of £400k on the revised budget for the year.

This projected pressure is principally within the GP Prescribing budget and is based on five months actual financial information and volumes to the end of September projected to the year end. The overspend trend has continued in the month and relates to both in month volume and ongoing price increases. Volatility in price continues to be an issue due to shortages of certain drugs. The Medicines Resource Group is working to address the underlying reasons for this change and where clinically appropriate propose alternative solutions.

There are a number of key areas within the integrated budget which continue to experience financial pressure. However this pressure is being managed through management teams taking a range of remedial actions and further plans are in place to continue to contain these pressures

The Board will be informed of any further pressures arising and any management action being taken to mitigate the pressure. The next full financial report will be presented to

the Shadow Board for the quarter ending December.

Recommendation

It is recommended that the Shadow Board:

Approves the above reported projected position of £400k pressure at 31st October 2014

Notes that Budget Holders/Managers will continue to work to deliver planned savings measures and bring forward actions to mitigate any projected overspends

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

Approved by

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

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