
**Please find attached the papers in respect of Item 11 on
the agenda for the above meeting**

11.	Health and Social Care Integration Scheme Refresh (Pages 3 - 62) Consider report by Director Health and Social Care. (Copy attached.)	15 mins
-----	---	---------

This page is intentionally left blank



SCHEME OF INTEGRATION REVIEW

Report by : Director of Health & Social Care, Scottish Borders Council

Scottish Borders Council

31 March 2022

1 PURPOSE AND SUMMARY

- 1.1 **This report proposes an updated Scheme of Integration in line with the Scottish Borders Council's obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.**
- 1.2 The Scottish Borders Scheme of Integration is a legally binding agreement between NHS Borders and Scottish Borders Council. The Scheme of Integration defines the scope of the Integration Joint Board, and Health and Social Care Partnership, along with the supporting arrangements to ensure the integrated planning and delivery of certain Social Care, Social Work and Health Services.
- 1.3 In line with the practice for all Local Authorities and Health Boards, the Scottish Borders Council and NHS Borders are legally required to review, revise and publically consult on the Scheme of Integration every 5 years.
- 1.4 Given the current pandemic pressures placed on both social care and health services, and the future national implications of the National Care Service, Local Authorities and Health Boards have been advised by the Scottish Government that a light touch review of their local Scheme of Integration is appropriate. As a result, this approach has been adopted by the Scottish Borders Council and NHS Borders.
- 1.5 In undertaking a light touch review, no major changes to the existing Scheme of Integration were identified. Changes within the scheme relate to updating the content to reflect the current context in each area, as opposed to the context in 2017, in order to ensure that it continues to comply with relevant legislation and policies.
- 1.6 The national development of the National Care Service and the associated Community Health and Social Care Boards is currently 'a known unknown.' As a result, at this time no changes were required to be made to the Scheme of Integration as a result of this. Once there is further clarity on the scope and the local implications, an update to the Council will be provided.

- 1.7 A range of stakeholders were contacted to advise them of the launch of the light touch review consultation and how to access it via Scottish Borders Council's consultation and Survey Hub.

Stakeholder groups include:

- Independent Care Sector Providers Strategic Advisory Group
- Public Involvement Group
- Unpaid Carers
- Borders Carers Centre
- Borders Care Voice
- Area Clinical Forum
- IJB Strategic Planning Group
- Integration Joint Board
- Strategic Leadership Team Scottish Borders Council
- Board Executive Team NHS Borders

- 1.8 We received 30 responses from this consultation, with feedback summarised within the report. All feedback will be acted upon, and all respondents will receive feedback.

- 1.9 Changes to the Scheme of Integration are noted in Appendix 3 (Section 4.7.4 was included in the consultation in error as it did not have any amendments made to it) and the revised Scheme of Integration is included within Appendix 4.

2 RECOMMENDATIONS

I recommend that the Scottish Borders Council :-

2.1 Notes the process undertaken and findings

2.2 Approves the enclosed reviewed and updated Scottish Borders Scheme of Integration

2.3 Agrees that the updated Scheme of Integration be submitted to Scottish Ministers for approval.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires each Health Board and corresponding Local Authority to have an Integration Scheme in place. The 'Scheme' sets out the integration model, the delegated functions, the financial arrangements and budget for the functions. The legislation also requires the Local Authority and Health Board to review the Integration Scheme.
- 3.2 The Scottish Borders Scheme was approved in 2015 and amendments were made in 2017/18 to reflect the implementation of the Carers (Scotland) Act 2016.
- 3.3 Recent Government guidance states that whilst there is no need for Health & Social Care Partnerships to produce a successor Scheme, Health Boards and Local Authorities should ensure that they jointly carry out a review of the existing Scheme and that the review be acknowledged jointly and formally. The guidance stated that even if changes are considered to be minor or 'technical', including changes to tense and tone that these changes must still be consulted on, prior to submission of the revised Scheme to Scottish Ministers for approval (Appendix 1).
- 3.4 The Scottish Borders Integration Scheme has been reviewed. The 'light-touch' review identified no major changes to the existing Scheme of Integration. The changes made relate to updating the existing content to better reflect the current context. The remainder of this paper details the work that has been undertaken and the changes made.

4 SCHEME REVIEW & CONSULTATION

- 4.1 At its September 2021 meeting, the Health & Social Care Integration Joint Board approved the timeline for the review of the Scottish Borders Integration Scheme and agreed that this work be taken forward through the Strategic Planning Group. Scottish ministers expect that the review is completed and returned by 31 March 2022.
- 4.2 The 2014 Act details the consultation requirement for reviewing the Integration Scheme. The views of consultees should be sought on whether changes to the Scheme are necessary or desirable as well as on any proposed changes. Similarly the recent Government guidance stressed the importance of stakeholders being given the opportunity to provide feedback on any issues they wish to raise and not just the proposed changes.
- 4.3 An online consultation on the Scheme was undertaken over a six week period between 18th January - 28th February 2022 (using [Citizenspace](#)).
- 4.4 The consultation responses were collated and a summary report of the responses is included under *Appendix 2*. A summary of the changes made to the Scheme are shown in *Appendix 3*.
- 4.5 In response to the proposed updates made to the Scottish Borders Scheme of Integration, these were generally welcomed and accepted by those who responded. One area of change relating to the Targets and Performance

section received some confliction and comments made would infer that the wording of the refresh to that section were inadequate. All comments and feedback in relation to the review will be addressed and acted upon accordingly.

4.6 Respondents were also invited to comment on the performance of the Scottish Borders Health & Social Care Partnership as noted in *Appendix 2*. Feedback received regarding operational services, ranging from GP practices to Care and Dental Services, have been collated and will be fed back to the services concerned. Communications to respondents regarding feedback received will be made via the appropriate channels and to individuals where contact details were made available as part of the consultation participation.

4.7 The full updated Scottish Borders Integration Scheme is appended in *Appendix 4*.

5 IMPLICATIONS

5.1 Financial

There are no costs attached to any of the recommendations contained in this report.

5.2 Risk and Mitigations

The 2014 Act requires Health Boards and Local Authorities to carry out a review of Integration Schemes. Failure to do so would breach the legislation.

5.3 Integrated Impact Assessment

An integrated impact assessment (IIA) has been completed.

5.4 Sustainable Development Goals

There is no impact on sustainable development goals.

5.5 Climate Change

There is no impact on climate change.

5.6 Rural Proofing

There are no adverse effects arising from the changes.

5.7 Data Protection Impact Statement

There are no personal data implications arising from the proposals contained in this report.

5.8 Changes to Scheme of Administration or Scheme of Delegation

There are no changes to the Scheme of Administration or Scheme of Delegation.

6 CONSULTATION

6.1 In addition to the consultation outlined in section 4, the Scottish Borders Council Strategic Leadership Team has been consulted, with comments incorporated into this document.

6.2 In addition, there has been parallel consultation undertaken within NHS Borders, in accordance with sections 3.1 and 3.3. and in line with the joint responsibility placed on NHS Borders in jointly preparing an integration scheme with Scottish Borders Council under the Public Bodies (Joint Working) (Scotland) Act 2014.

Approved by

Name: Chris Myers
Title: Director of Health and Social Care

Author(s)

Name	Hayley Jacks
	Planning and Performance Officer, Scottish Borders Health and Social Care Partnership Hayley.Jacks@borders.scot.nhs.uk
Name	Iris Bishop
	Board Secretary, Integration Joint Board iris.bishop@borders.scot.nhs.uk

This page is intentionally left blank



Donna Bell
Director, Mental Wellbeing and Social Care Directorate
E: donna.bell@gov.scot

IJB Chief Officers
Health Board Chief Executives
Local Authority Chief Executives

19 August 2021

Dear IJB Chief Officers,
Health Board Chief Executives,
Local Authority Chief Executives,

Review and revision of Integration Schemes

We recently wrote to IJB Chief Officers, asking for updates on Integration Scheme reviews and the creation of revised Schemes.

I would like to thank Chief Officers and their colleagues for taking the time to respond to this request and for all the work that has gone into the various reviews that have recently and are currently taking place. I would also like to thank the areas who have already prepared and submitted a revised Integration Scheme for approval. I am particularly grateful given the significant pressures you all face as we continue to respond and recover from COVID-19.

In light of some of the responses received, I wanted to write to provide an update on the Scottish Government's expectations for the Integration Scheme review and revision process and to ensure understanding across all three partners: IJBs, Health Boards and Local Authorities.

We will be making contact with individual areas directly to have more focussed discussions and to answer specific questions that were raised, but we feel it would be useful to cover the following points with all areas and partners. I would also encourage you to always seek advice from your own legal teams to ensure that your Integration Scheme review and revision processes adhere to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

1. Requirements to review and revise an Integration Scheme

It has been made clear in previous advice to IJB Chief Officers in March 2020 and March 2021 (attached separately) that whilst the 2014 Act does not require Health Boards and Local Authorities to prepare a revised Integration Scheme it does require them to carry out a review and then prepare a revised Scheme if desirable or necessary. This was why we



advised that reviews could be carried out to fulfil the legislative requirements of the 2014 Act with any consequent work being carried out at a later date. This advice was to reflect the tremendous pressures that health and social care services have been under as we have responded to COVID-19, which made it extremely difficult to prioritise this work.

Whilst we still face pressures as we continue to respond and recover from the pandemic, **it is now essential that this further work identified in these reviews is started, or continued, at pace**, whether that means carrying out a further, more comprehensive review and/or preparing a revised Integration Scheme. Whilst amendments to Integration Schemes were made in 2017/18 to reflect the implementation of the Carers (Scotland) Act 2016, many of the Schemes in place have not been comprehensively reviewed with a full consultation since they were first approved in 2015. Reviews need to take place to ensure that Integration Schemes reflect any changes that have occurred since they were last approved and to ensure that stakeholders are involved in determining the arrangements of integrated health and social care services for their areas.

Unless you have recently submitted a revised Integration Scheme for approval or a comprehensive review with a consultation has been carried out since 2015 (and so a review is not due within the next year), **I would ask that each area provide us with a timeline for when they plan to carry out their Integration Scheme reviews, consultations and revisions.** This will allow us to keep track of local plans and progress and will ensure we can provide the necessary support where required. Timelines can be provided to the Scottish Government via Jack.Walker@gov.scot and Jenny.Nolan@gov.scot. I appreciate that some initial work may need to be undertaken before these timelines can be produced, but I would ask that you make every effort to provide them by the end of September 2021.

2. Requirements to consult

The 2014 Act sets out the requirements for carrying out consultations when reviewing and revising Integration Schemes. The views of consultees must always be sought on whether changes to the Integration Scheme are necessary or desirable as well as on any proposed changes, even if changes are not initially deemed necessary. These views must be taken into account along with any other issues consultees wish to raise. Your own legal advisors will no doubt be able to provide you with more detailed advice on these requirements.

It is essential that stakeholders are always given the opportunity to provide feedback on *any* issues they wish to raise with regards to the Integration Scheme and not just the proposed changes. This is to ensure that integrated services can be planned and led locally in a way which is engaged with the community, as per the integration planning and delivery principles. This also ensures that the review and revision of an Integration Scheme is not solely led by the small number of people involved in the IJB, Health Board and Local Authority but rather by the population that will be affected by the Schemes.

The prescribed stakeholders who must be consulted are set out in [The Public Bodies \(Joint Working\) \(Prescribed Consultees\) \(Scotland\) Regulations 2014](#), with detailed guidance on community engagement and participation for NHS Boards, IJBs and Local Authorities being found in [Planning with People](#).

3. Defining a revised Integration Scheme

If, following a review and consultation, *any* changes to the Integration Scheme are needed or desirable then a revised Integration Scheme must be formally prepared, consulted on and submitted to Scottish Ministers for approval. This includes changes considered to be 'minor'

or 'technical', including changes to tense and tone. Once a revised Scheme has been prepared and consulted on, it can be submitted to Scottish Ministers for approval via Jack.Walker@gov.scot and Jenny.Nolan@gov.scot. Before submitting the revised Scheme for approval, I would encourage you to always seek advice from your own legal teams on the content of the Scheme to ensure it fulfils the requirements of the 2014 Act.

If no changes are identified within your Integration Scheme then confirmation of the completed review, including relevant consultation, should be forwarded to the Scottish Government for our records via the contacts listed above.

4. Implications of the National Care Service (NCS) and wider reform of social care

Understandably questions have been raised regarding the need to review and revise Integration Schemes given the consultation that has now been published on the establishment of a NCS and potential reform of social care and integrated services. At this stage, we envisage the arrangements for the NCS being in place by the end of this Parliamentary term; equivalent to a full lifetime for an Integration Scheme. It is essential therefore that work begins, or continues, at pace to review and revise Integration Schemes as quickly as practicable. As above, this is not just to adhere to legislative requirements, but also to ensure that where needed, Integration Schemes are updated to reflect the inevitable changes that have occurred since they were last approved and to reflect the changes to the population's needs and preferences.

I hope these points are helpful and offer further clarity on the process that the legislation sets out. As noted above, we will be making contact with individual areas in the near future but, should you have any questions in the meantime, please do get in touch.

With Kind Regards,



Donna Bell



This page is intentionally left blank

Scheme of Integration 2022 Consultation

<https://scotborders.citizenspace.com/social-work-integration/scheme-of-integration-2022-consultation>

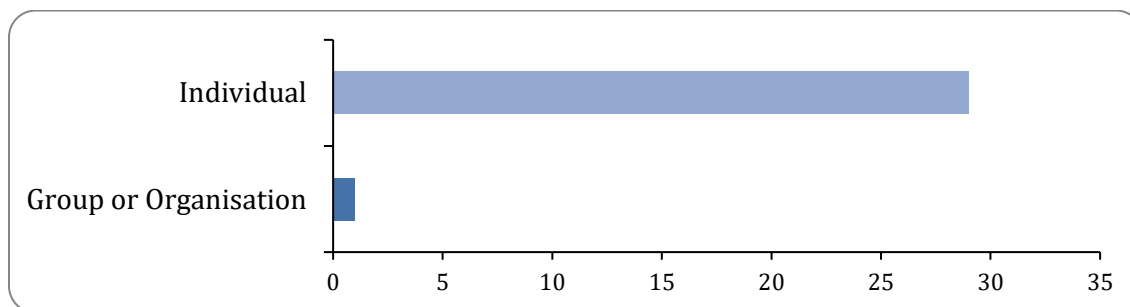
This report was created on Tuesday 01 March 2022 at 11:47

The activity ran from 18/01/2022 to 28/02/2022

Responses to this survey: **30**

How are you responding to this Scheme of Integration consultation?

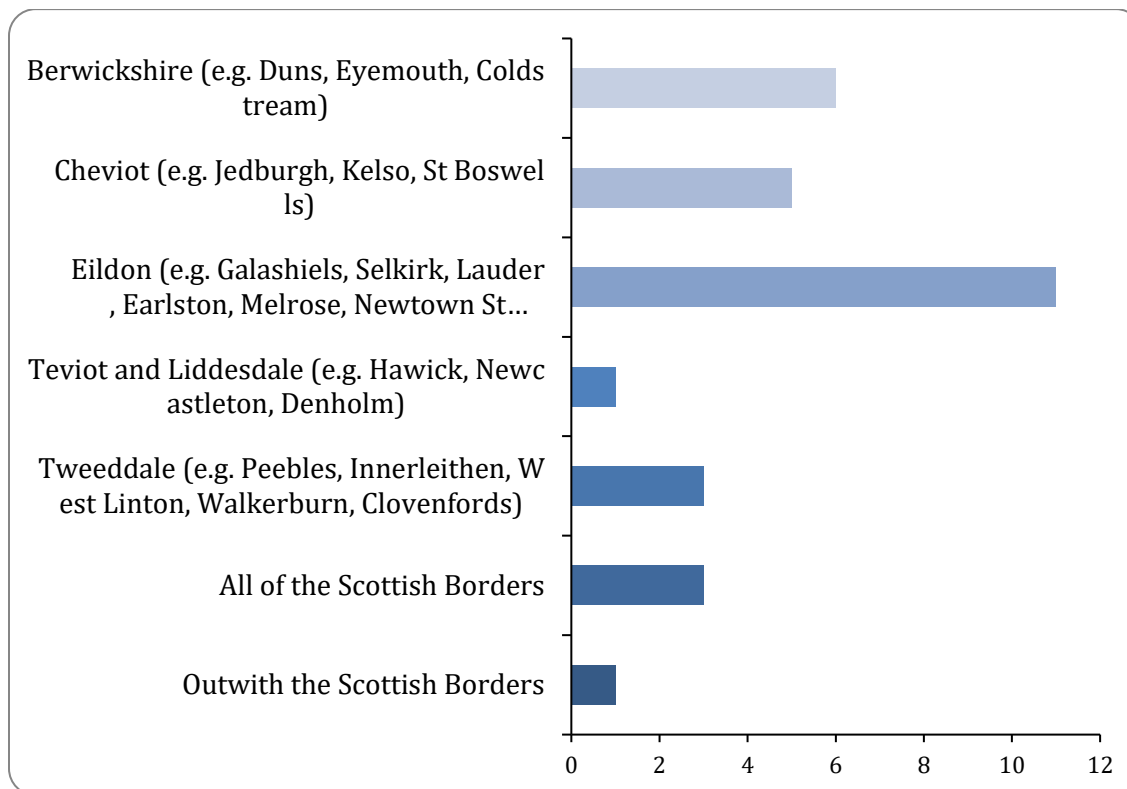
There were 30 responses to this part of the question.



Option	Total	Percent
Individual	29	96.67%
Group or Organisation	1	3.33%
Not Answered	0	0.00%

Which locality in the Scottish Borders are you based?

There were 30 responses to this part of the question.



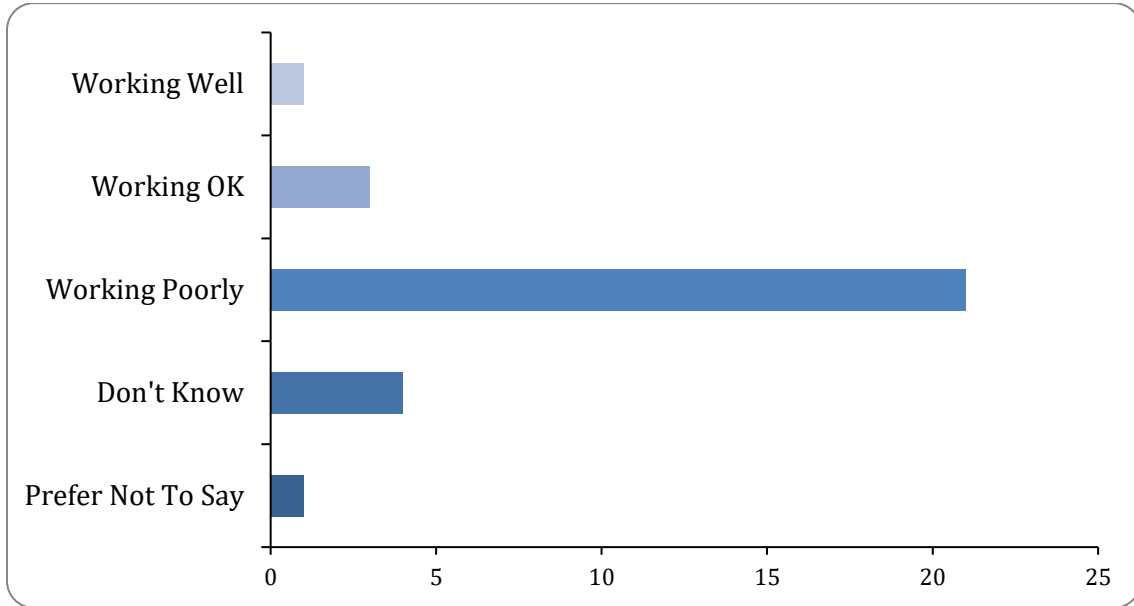
Option	Total	Percent
Berwickshire (e.g. Duns, Eyemouth, Coldstream)	6	20.00%
Cheviot (e.g. Jedburgh, Kelso, St Boswells)	5	16.67%
Eildon (e.g. Galashiels, Selkirk, Lauder, Earlston, Melrose, Newtown St Boswells)	11	36.67%
Teviot and Liddesdale (e.g. Hawick, Newcastleton, Denholm)	1	3.33%
Tweeddale (e.g. Peebles, Innerleithen, West Linton, Walkerburn, Clovenfords)	3	10.00%
More than one locality (please specify below)	0	0.00%
All of the Scottish Borders	3	10.00%
Outwith the Scottish Borders	1	3.33%
Prefer Not to Say	0	0.00%
Not Answered	0	0.00%

If more than 1 locality, please detail.

There were 2 responses to this part of the question.

What do you think of Scottish Borders Health and Social Care?

There were 30 responses to this part of the question.



Option	Total	Percent
Working Well	1	3.33%
Working OK	3	10.00%
Working Poorly	21	70.00%
Don't Know	4	13.33%
Prefer Not To Say	1	3.33%
Not Answered	0	0.00%

Do you have any comments about your experience of Scottish Borders Health and Social Care?

There were 15 responses to this part of the question.

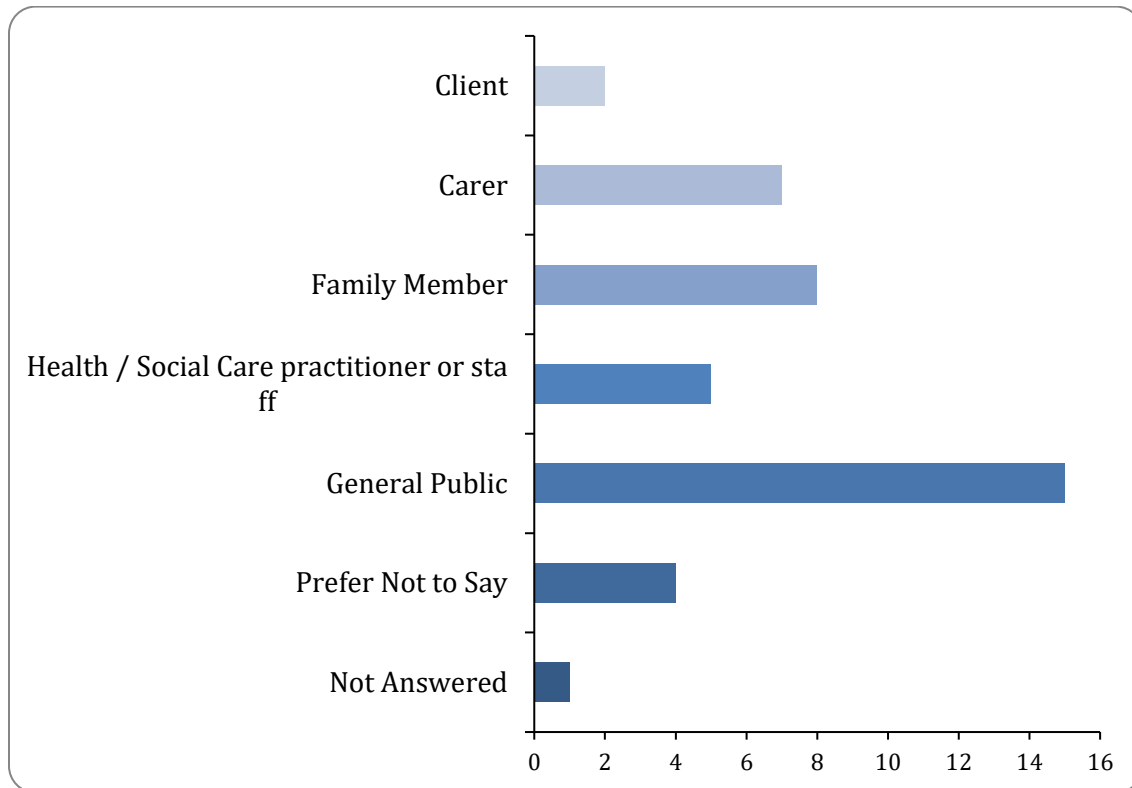
1	At a local level, dealing with local social work, it has been good - social workers understand the issues & needs of their clients. This level of support extends no further than the 'grass roots' though. In my experience, all levels above 'grass roots' have exhibited total unwillingness to listen and change, determinedly and doggedly pressing on with their own agenda, unwilling to accept that their strategy might be wrong, despite input from carers and carers representative groups. Personally & collectively (as part of a support group), I have been stonewalled, misled and patronised over a period of almost 3 years now. There are officers making decisions who it would seem have very little understanding of reality or the predicament of carers and those they care for. Recent changes in personnel at the IJB offer a chink of light but it is early days and in the meantime a significant amount of damage has been inflicted on carers and cared for by bloody minded officials. Change, accountability and a genuine
---	--

	willingness to listen (as opposed to box ticking and lip service) is desperately needed.
2	Continually asking for meetings to try and alleviate the issues with staffing so we can work geographically this has still not happened
3	Day care services for disabled young adults is very limited. As is respite for same. Residential care homes in the Borders are few and far between.
4	During the period of the pandemic the services available have not been as positive as in the past and it is hoped the service level will return as soon as possible but it would seem there re other hurdles to overcome in particular recruitment.
5	Haven't found a National health dentist since we moved her last July! Still using one in Corbridge!
6	it is slow to respond to matters, is 9-5 based and out of hours service lacks depth and range of knowledge needed to respond to emergency support requests
7	Lack of liaison between relevant departments and unawareness of procedures and liminations, and tendency to rely on apologies rather than evidence of real determination to find satisfactory solutions.
8	NHS is under pressure due to lack of social care availability
9	<p>Significant systemic capacity issues in the delivery of social work support for children and families - leading at times to unsafe and unsupported situations for children, YP and parents - difficulty recruiting and retaining social work staff.</p> <p>Cuts to education budget impacting on vulnerable and marginalised children and families.</p> <p>CAMHS completely overwhelmed by demand for a service - with the tariff for support and waiting list times becoming ever higher.</p> <p>School nurses working at above capacity - leading to reduced ability to support and respond to children/YP and families.</p> <p>Mental Health supports for people experiencing chronic difficulties and distress and/or addiction issues programme based and/or time limited interventions - issues being early discharge, relapse and 'behaviour based' programmes - rather than addressing some of the underlying cases of distress - such as poverty unresolved trauma.</p> <p>Gaps in services - particularly in relation to autistic children, YP and adults who are in distress, suicidal/risk of harm. Gaps in services for YP at risk of harming others - particularly in relation to sexual or GBV.</p> <p>Cuts in funding to community based Domestic Abuse services.</p> <p>Lack of clarity in relation to professional practice in supporting children and YP experiencing gender dysphoria.</p>
10	Since covid 19 struck the services have dipped, lots of third sector services have been withdrawn instead of supported, so many people with poor physical and mental health have been let down badly.

11	<p>There has been too much out sourcing of services resulting in difficulties and shortages. There are too few residential care and nursing homes in the borders offering quality care and there are no adequate day services with support for those with high levels needs which further isolates them from society and adds extra pressure onto their family. There is no alternatives to receiving direct payments for young adults with high level Autism and similar, resulting again in isolation for them and their families and lack of care options.</p>
12	<p>Very difficult to speak to a medical professional when calling the GP practice. Especially when during work hours, very limited with only able to make appointments if calling at 8:30am. Told to call only at 8:30am even if non emergency and wishing to schedule appointment in upcoming weeks.</p> <p>Since Coldingham doctors surgery closure, I feel that the pressures on Eyemouth practice are greater and the demand is higher. Services within Eyemouth need improved for the elderly who need to travel there for appointments and for the growing population within the area.</p>
13	<p>Very poor and extremely basic care.</p> <ol style="list-style-type: none"> 1. No appointments available after 4.30pm. We need increase hours as for those who work is very difficult to find an appointment. 2. Very basic care! Paracetamol is the magic pill that sorts any kind of health problem 3. GP they think they can treat anything with pain killers and they are not willing at all to send the patient to further specialist investigations-save money comes first than save the patient. 4. An annual full check-up must be have anybody. I moved here 10 year ago and I never had a full check-up and when I asked the answer was: Why? 😞 Well, it's easier to prevent that to treat!
14	<p>Very short staffed. The staff they have are over worked and stressed due to the lack of support</p>
15	<p>What do they do, some people seem to get everything while others don't.</p>

As an individual, what describes you? (Tick all that apply)

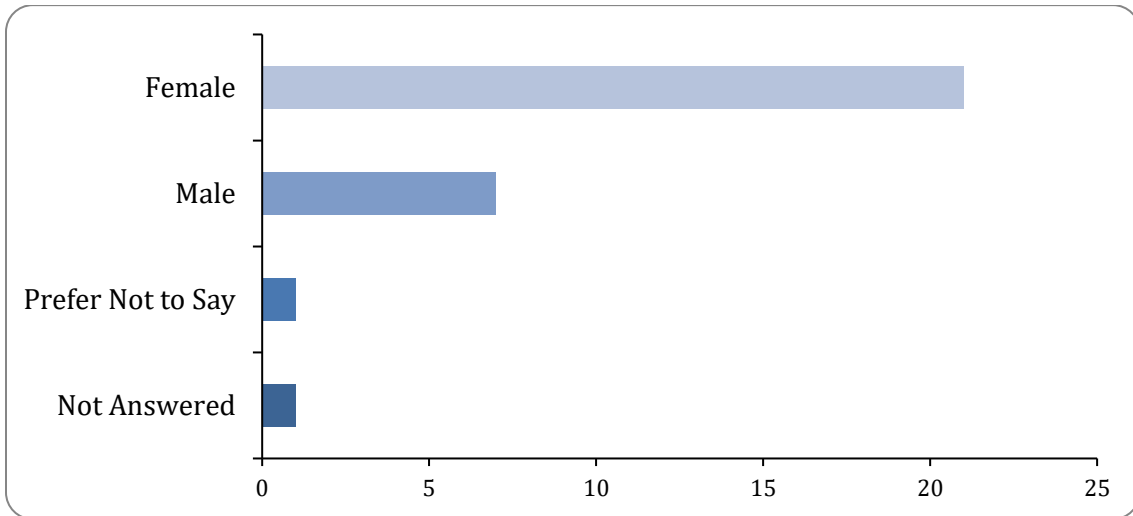
There were 29 responses to this part of the question.



Option	Total	Percent
Client	2	6.67%
Carer	7	23.33%
Family Member	8	26.67%
Health / Social Care practitioner or staff	5	16.67%
General Public	15	50.00%
Prefer Not to Say	4	13.33%
Not Answered	1	3.33%

How do you identify yourself?

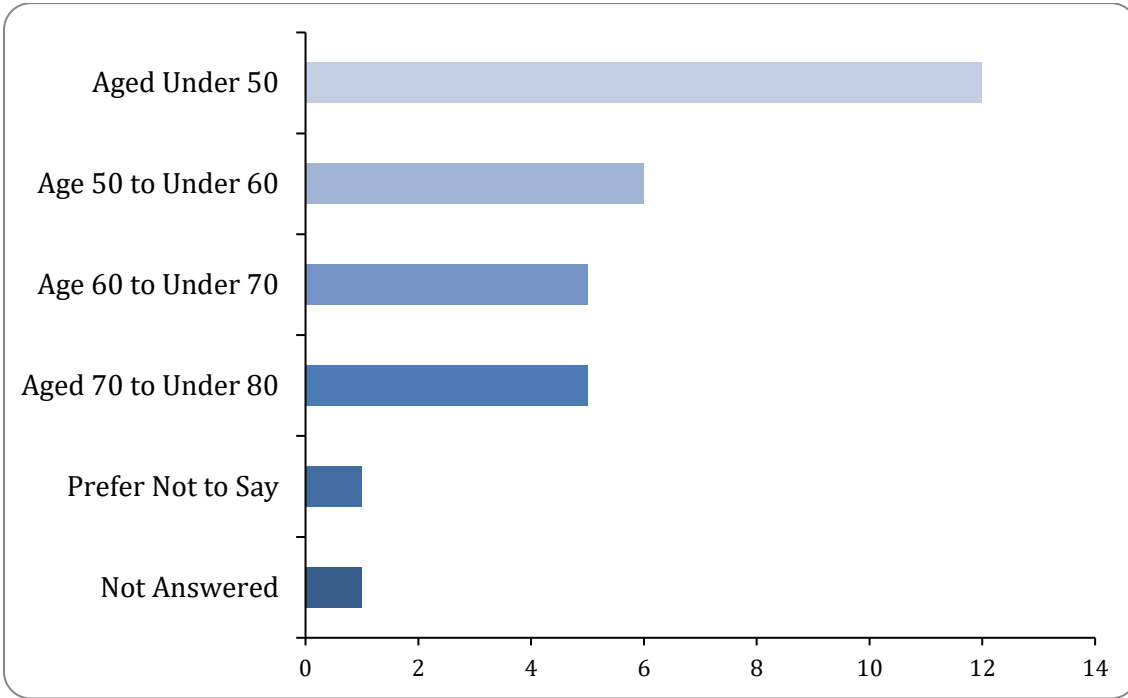
There were 29 responses to this part of the question.



Option	Total	Percent
Female	21	70.00%
Male	7	23.33%
Use Other Term	0	0.00%
Prefer Not to Say	1	3.33%
Not Answered	1	3.33%

How old are you?

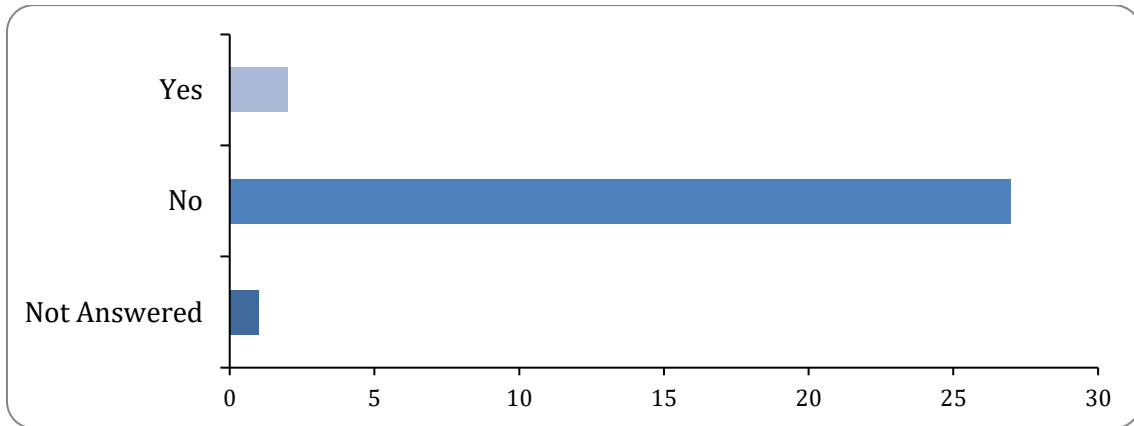
There were 29 responses to this part of the question.



Option	Total	Percent
Aged Under 50	12	40.00%
Age 50 to Under 60	6	20.00%
Age 60 to Under 70	5	16.67%
Aged 70 to Under 80	5	16.67%
Aged 80 or Older	0	0.00%
Prefer Not to Say	1	3.33%
Not Answered	1	3.33%

Do you consider yourself to have a disability?

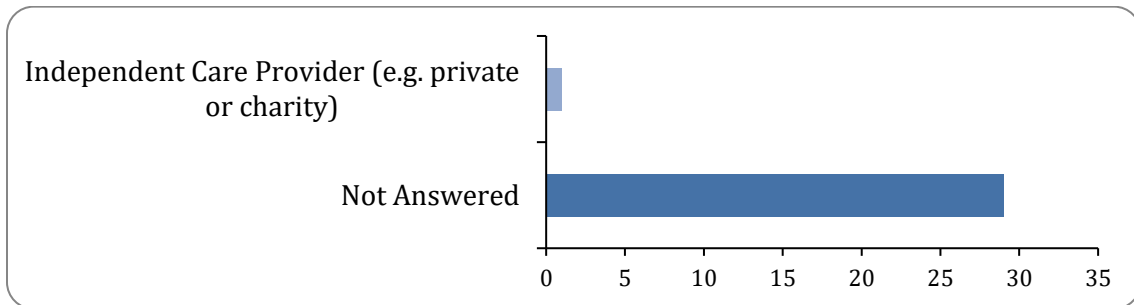
There were 29 responses to this part of the question.



Option	Total	Percent
Yes	2	6.67%
No	27	90.00%
Prefer Not to Say	0	0.00%
Not Answered	1	3.33%

What type of group or organisation are you?

There was 1 response to this part of the question.



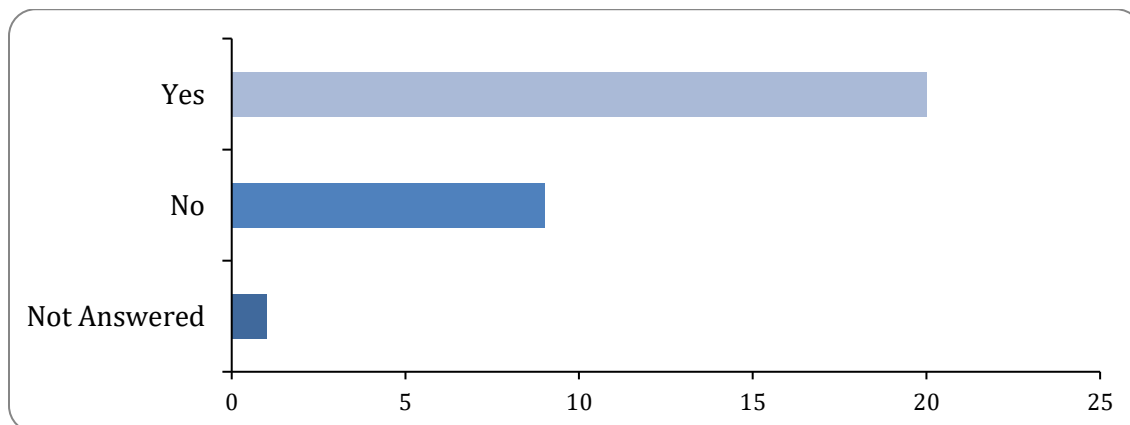
Option	Total	Percent
Client Group	0	0.00%
Public Sector Care Provider	0	0.00%
Independent Care Provider (e.g. private or charity)	1	3.33%
Community Group	0	0.00%
Other Group or Organisation	0	0.00%
Not Answered	29	96.67%

What is your organisation name?

There was 1 response to this part of the question.

Do the changes to Section 2 - Local Governance Arrangements make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	20	66.67%
No	9	30.00%
Not Answered	1	3.33%

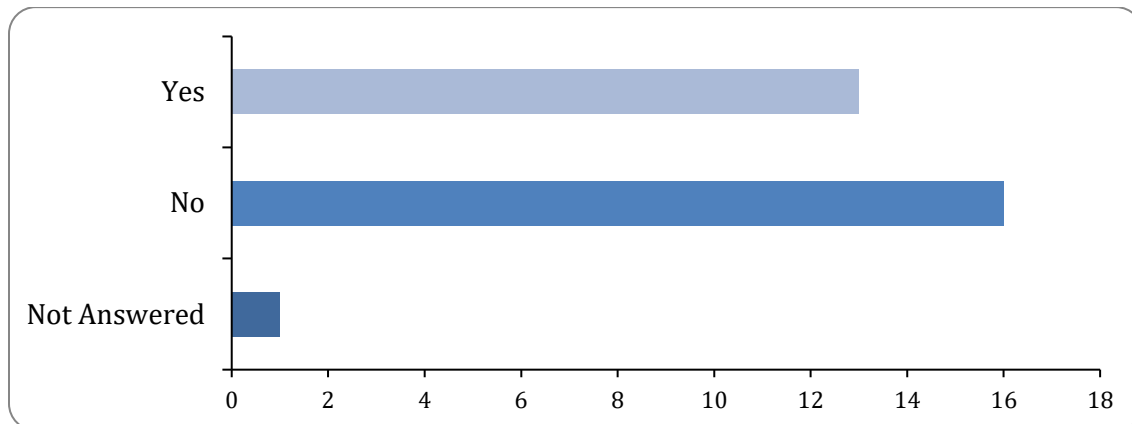
Do you have any comments about the Local Governance Arrangements?

There were 6 responses to this part of the question.

1	Continuity and a longer period of service are essential for accountability.
2	allows more time to embed changes
3	See little change of substance
4	It's the same people who sit on these boards nothing ever changes or improves.
5	?
6	All policy is weighted in favour of how SBC wishes to apply it to individuals

Do the changes in Section 4.6 Targets and Performance make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	13	43.33%
No	16	53.33%
Not Answered	1	3.33%

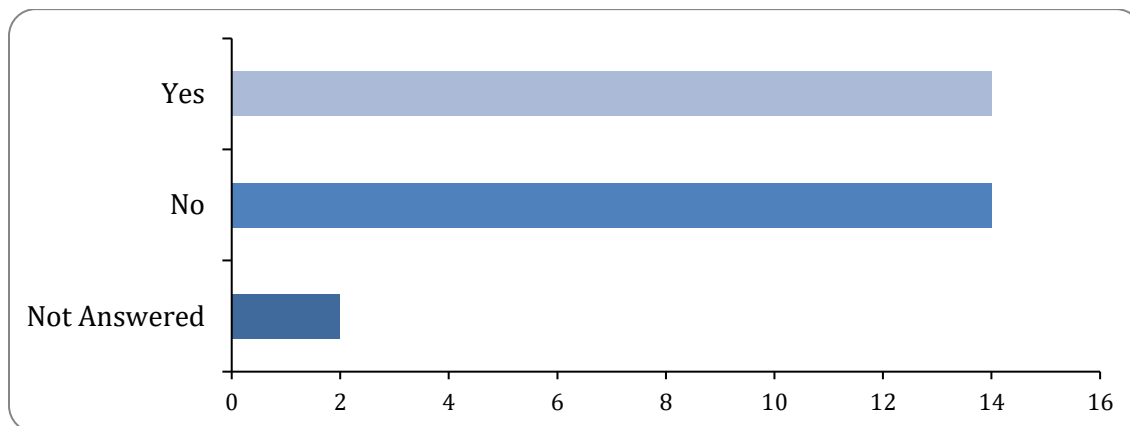
Do you have any comments about the Targets and Performance section?

There were 6 responses to this part of the question.

1	All it says is 'removed'
2	It sounds ideal but will it be put into practice
3	See no change
4	there is no time scale indicated for when it will be in place.
5	Tick boxes which do not give realistic results
6	Why was the performance management removed?

Do the changes to Section 4.7 - Corporate Support Services make sense?

There were 28 responses to this part of the question.



Option	Total	Percent
Yes	14	46.67%
No	14	46.67%
Not Answered	2	6.67%

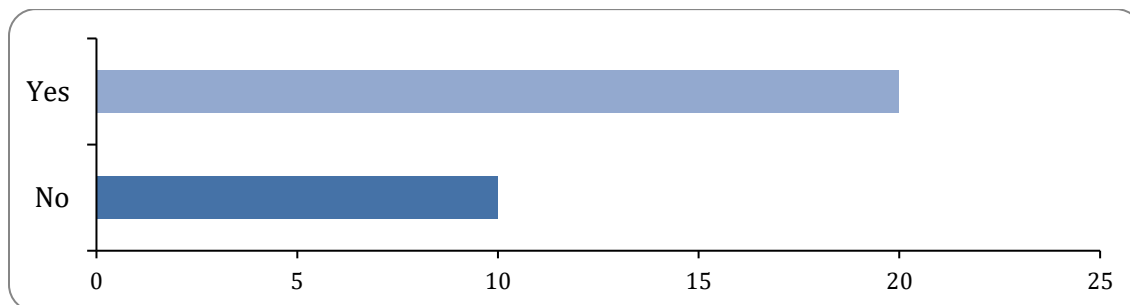
Any comments about the Corporate Support Services section?

There were 6 responses to this part of the question.

1	4.7.4 is the same?
2	Again, dependant on how SBC wish to portray input
3	Have no idea what this means or the outcome which will be achieved
4	See little change
5	Should Procurement be included in 4.7.2?
6	Whilst appreciating the formation of the Integrated Board is a Scottish Government Requirement to "force" the integration then the cost would seem rather high.

Do the changes to Section 5 – Clinical and Care Governance make sense?

There were 30 responses to this part of the question.



Option	Total	Percent
Yes	20	66.67%
No	10	33.33%
Not Answered	0	0.00%

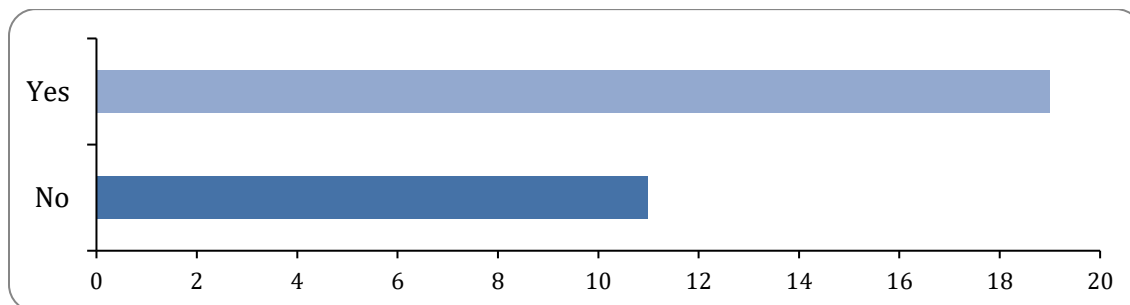
Do you have any comments about the Clinical and Care Governance section?

There were 6 responses to this part of the question.

1	Changes in paper do not result in changes in practice
2	Little material change
3	There needs to be greater clarity on accountability. What does it mean and how will accountability be ensured? Where is the accountability commitment with regard to Social Care?
4	There seems to be a significant and costly amount of report writing keeping all sides informed - it is to be hoped that the reports are read, meaningful and add to the improvement in the service.
5	Why.
6	Working together to improve outcomes will hopefully benefit the ones who most need it

Do the changes to Section 7 – Workforce make sense?

There were 30 responses to this part of the question.



Option	Total	Percent
Yes	19	63.33%
No	11	36.67%
Not Answered	0	0.00%

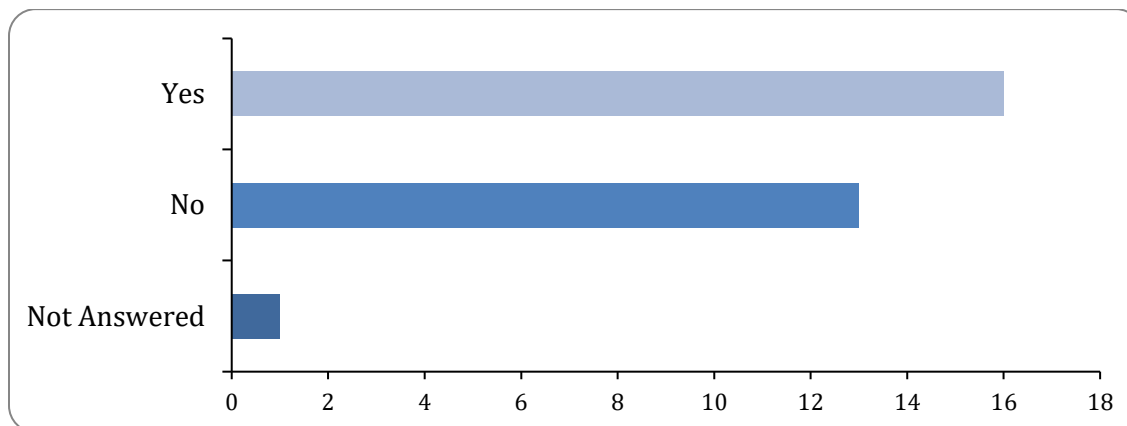
Do you have any comment about the Workforce section?

There were 9 responses to this part of the question.

1	Are the plans not developed yet? By March '16 was a long time ago.
2	Collaborative culture is definitely not happening
3	In order to up skill, train and develop workforce issues around recruitment and retention need to be addressed.
4	Lack of resources and experience needs addressed
5	Long overdue — assuming it delivers improvement
6	Revised could say for period covered and how often the plans will be updated
7	Target date removed?
8	Where is the timescale and regular review period to ensure continued effectiveness?
9	Why

Do the changes to Section 9 – Participation and Engagement make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	16	53.33%
No	13	43.33%
Not Answered	1	3.33%

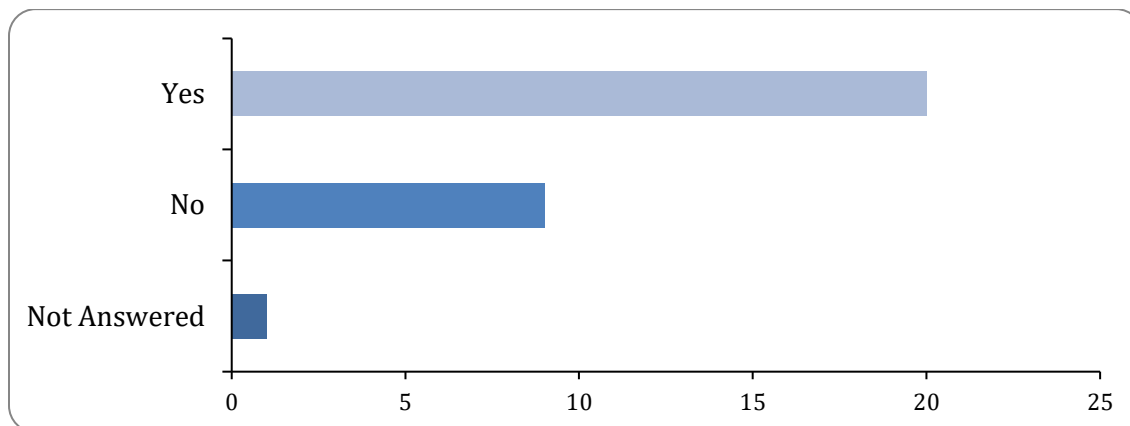
Do you have any comments about the Participation and Engagement section?

There were 10 responses to this part of the question.

1	Again, long overdue, assuming improvements result
2	All dealings are maze like, poorly signposted and confusing
3	Don't understand what difference it will make
4	However, I don't see any timescale commitment or review period to ensure continued effectiveness of any communications and engagement strategy.
5	If 9.2 is removed, the revised 9.3 does not make sense as has no context.
6	not good at communicating updates and plans to the general community. it is up to the individual to seek information. little proactive informing of the public, just on their website. if not IT savvy difficult to find out what is happening
7	Staff and practitioner engagement events should continue to monitor the effectiveness of recent changes in real terms for the staff on the ground and how the changes are working or not working now
8	Timetable?
9	When will the strategy and action plan be developed
10	Why

Do the changes to Section 10 – Information Sharing make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	20	66.67%
No	9	30.00%
Not Answered	1	3.33%

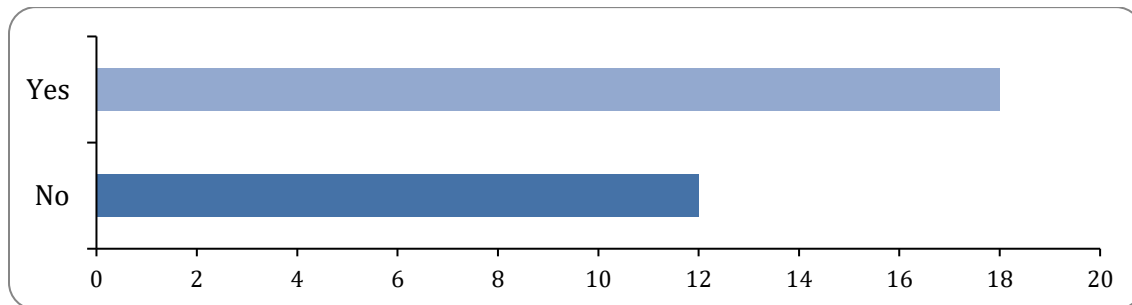
Do you have any comments about the Information Sharing section?

There were 6 responses to this part of the question.

1	Abbreviations such as FOI should be out in full as not all reading this will know this means Freedom of Information.
2	Information requested is dependant on council staff tasked with providing relevant information. Relevant information needs highlighted
3	Information sharing is key to collaborative working.... This is not happening. Even within the NHS there is a lack of relevant information sharing between GP's and other community services which would be beneficial to the treatment of patients
4	Not sure what it will achieve
5	See previous comment
6	Why

Do the changes to Section 13 – Risk Management make sense?

There were 30 responses to this part of the question.



Option	Total	Percent
Yes	18	60.00%
No	12	40.00%
Not Answered	0	0.00%

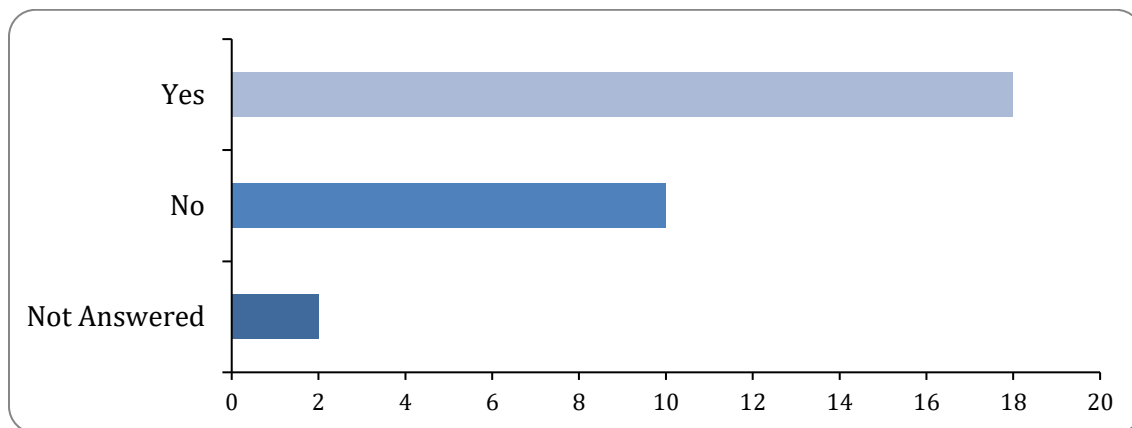
Do you have any comments about the Risk Management section?

There were 6 responses to this part of the question.

1	Again, timescale & review period information is needed.
2	If the strategy 'will include' does that mean there is not one yet? I would hope the 'strategy includes'
3	The register appears to acknowledge risk but not prevent it
4	What on earth does this mean?
5	Where can the risk management be accessed?
6	Why

Do the changes to Appendix 1 - Integration Joint Board Governance Arrangements make sense?

There were 28 responses to this part of the question.



Option	Total	Percent
Yes	18	60.00%
No	10	33.33%
Not Answered	2	6.67%

Do you have any comments about the Integration Joint Board Arrangements?

There were 6 responses to this part of the question.

1	Continuing increase of costs when both senior organisations have Audit Committees
2	Hopefully this will improve the outcomes of vulnerable people
3	Marking one's own homework is contradictory to accountability.
4	Only if outcomes are improved
5	Rubbish
6	You can all have each other's backs

Is there anything else you would like to say about the Scottish Borders Health & Social Care Partnership?

There were 15 responses to this part of the question.

1	Carers are ignored, no one listens to us and no one is prepared to listen to those organisations and charities who plead our cases
2	Do better.
3	Give the over work carers a decent pay rise and give them the support they deserve
4	I am really concerned about various aspects of H&SC provision across the Borders and hope that as part of this consultation these areas will be addressed and improved in terms of service access and provision.
5	Instead of having meetings to talk about improvements, practice what you preach and start doing something positive for the Scottish Borders, too many people are being let down by lack of consistent care, lots of people falling through the net.
6	My experience over almost 3 years has resulted in a huge amount of distrust in officials and decision makers. It will take significant change, action and time to rebuild trust. I know my views are shared by many people so please do not think my views are isolated.
7	no sense of how it is working on the ground and its impact on individuals and communities. information sharing to the public is non-existent, particularly since SBC's newsheet has been scrapped. it is up to the individual to seek out informatio not proactively distributed by the IJB. feels like it is all happening behind closed doors.
8	This format is all very well for those of us who can read and have at least some kind of understanding of what is being said. An Easy Read Version of this would help those with a Learning Disability. It would also give them the opportunity to take part in the feedback should they so wish.
9	This is a paperwork exercise and not an open consultation on the actual difficulties experienced. This information tells me nothing and this survey gathers no relevant information other than if I am capable of reading text. There needs to be equality among the joint working of social and health services (take take take from NHS resources and very little give from social care in return), there needs to be improved communications and actual shared data between the services. Computer systems that are independent of one another do not help. In practice I see no actual joint working in relation to the practicalities of the staff on the front line.
10	To go back to my earlier comments — from the outside there appears to be a fallback position of excuse and limitation. And, very importantly, a confusion about systems and procedures, resulting in often a poor (or even no) outcome for the user.
11	Very, very poor and basic care. For the amount of taxes that we pay, health care delivered is extremely basic .
12	When will we get NHS dentists!
13	Whilst appreciating that Health and Social Care need to work well together it is unclear to me why a third organisation had to be added.
14	Who makes this up.
15	Why are making such an incomprehensible and meaningless consultation ?

This page is intentionally left blank

Appendix 3: Integration Scheme changes (summary)

Section	Ref	Original version	Revised version
Local Governance Arrangements	2.9	At the first meeting of the Integration Joint Board it 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 Borders Health Board and Scottish Borders Council, with the Chair being from one body and the Vice-Chair from the other. The first Chair of the Integration Joint Board will be from Scottish Borders Council.	At the first meeting of the Integration Joint Board it elected a Chairperson and Vice Chairperson from the voting membership of the Integration Joint Board.
Local Governance Arrangements	2.10	The initial appointment of the Chair and Vice Chair will be for a period of 12 months.	The Chair and Vice–Chair posts rotate on a three year basis between Borders Health Board and Scottish Borders Council, with the Chair being from one body and the Vice-Chair from the other.
Local Governance Arrangements	2.11	The terms of office for the Chair and Vice Chair shall rotate on a three year basis.	Removed.
Targets and Performance Management	4.6.7	The performance management framework will be in place by the end of March 2016.	Removed.
Corporate Services Support	4.7.1	With regard to corporate services support, Scottish Borders Council and Borders Health Board will by the end of March 2016, have: <ul style="list-style-type: none"> • identified the corporate resources used to deliver the delegated functions; • agreed the corporate support services required to fully discharge Integration Joint Board duties under the Act. 	With regard to corporate services support, Scottish Borders Council and Borders Health Board have: <ul style="list-style-type: none"> • identified the corporate resources used to deliver the delegated functions; • agreed the corporate support services required to fully discharge Integration Joint Board duties under the Act.
Corporate Services Support	4.7.2	These support services will include, but not be limited to:- <ul style="list-style-type: none"> • Finance (including capital planning) • HR • ICT • Administrative Support • Committee Services • Internal Audit • Performance Management 	These support services include, but are not limited to:- <ul style="list-style-type: none"> • Finance (including capital planning) • HR • ICT • Administrative Support • Committee Services • Internal Audit

Section	Ref	Original version	Revised version
		<ul style="list-style-type: none"> • Risk • Insurance 	<ul style="list-style-type: none"> • Performance Management • Risk • Insurance
Corporate Services Support	4.7.3	By end of March 2016, agreements specifying the associated support services will be in place. These agreements will be kept under review during the initial year and, thereafter, will be reviewed formally (and agreed by all parties) annually.	Arrangements are in place for the provision of appropriate Corporate support and this is kept under on-going assessment and review.
Corporate Services Support	4.7.4	In regard to support for strategic planning there will be set out local arrangements for the preparation of the strategic commissioning plan with support 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 Commissioning Plan. Local arrangements will be reviewed formally on an annual basis taking account of any changes to the Strategic Commissioning Plan.	In regard to support for strategic planning there will be set out local arrangements for the preparation of the strategic commissioning plan with support 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 Commissioning Plan. Local arrangements will be reviewed formally on an annual basis taking account of any changes to the Strategic Commissioning Plan.
Clinical and Care Governance	5.2	The Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Director of Public Health) share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.	The Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing, Midwifery & AHPs and Director of Public Health) share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.
Clinical and Care Governance	5.3	These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through health and social care integrated services. They 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 and	These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through health and social care integrated services. They attend the Borders Health Board Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health

Section	Ref	Original version	Revised version
		which in turn will provide assurance to the Integration Joint Board.	care staff employed by Borders Health Board and which in turn will provide assurance to the Integration Joint Board that it has undertaken its duties in this respect.
Clinical and Care Governance	5.5	The Integration Joint Board, and where required the Strategic Planning Group and Localities, will receive Clinical and Care Governance reports from the parties on matters relating to the delegated functions.	Clinical governance groups operating for services within the Integrated Joint Board will consider a wide range of reports within their annual work programmes relating to clinical and care governance. These groups provide formal assurance through the NHS Borders Board Clinical Governance Committee. Beyond the annual report from the Board Clinical Governance Committee to the Integrated Joint Board specific assurance can be requested on Clinical and Care Governance matters relating to the delegated functions as and when required.
Clinical and Care Governance	5.6	As part of the regular monitoring process the Integration Joint Board may, as required, also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance, including the Adult Protection Committee, Child Protection Committee (for universal children's health services), Area Clinical Forum and Area Drug and Therapeutics Committee.	As part of the regular monitoring process the Integration Joint Board may, as required, also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance, including the Public Protection Committee (which encompasses adult and child protection activity and assurance across the partnership), Area Drug and Therapeutics Committee and Area Clinical Forum (ACF) or specific professional advisory groups under the ACF structure.
Clinical and Care Governance	5.7	The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing 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.	The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing, Midwifery & AHPs and Director of Public Health) will support the Chief Officer and the Integration Joint Board in the manner they support Borders

Section	Ref	Original version	Revised version
			Health Board for the range of their responsibilities.
Workforce	7.1	Borders Health Board and Scottish Borders Council will jointly develop and put in place for their employees delivering integrated services, by the end of March 2016, a Joint Organisational Development Plan (which will cover the learning and development of staff and the development of an effective collaborative culture) and an outline Workforce Plan (to support the implementation of the strategic commissioning plan).	Borders Health Board and Scottish Borders Council will jointly develop and put in place for their employees delivering integrated services, a Joint Organisational Development Plan (which will cover the learning and development of staff and the development of an effective collaborative culture) and an outline Workforce Plan (to support the implementation of the strategic commissioning plan).
Participation and Engagement	9.2	Staff and practitioner events were held from October 2014 to January 2015. Engagement events took place in February 2015 in all 5 localities in Scottish Borders. The consultation over the Scheme of Integration was launched on 22 December 2014 (closing on 13 March 2015 – 12 week statutory consultation period) with a press release and emails to all identified stakeholders. The Draft Scheme of Integration was posted on both the Scottish Borders Council and Borders Health Board websites along with details of how people could respond or provide their comments and feedback. This included electronic forms and an email address as well as telephone and postal address.	Removed.
Participation and Engagement	9.3	Feedback from all of the above has been used to inform the final Scheme of Integration.	Feedback from all of the above has been used to inform the refresh of the Scheme of Integration.
Participation and Engagement	9.4	There are national standards for community engagement and participation which underpin how 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	There are national standards for community engagement and participation which underpin how Scottish Borders Council and Borders Health Board operate.

Section	Ref	Original version	Revised version
		and consulting people in developing health and community care services’.	
Participation and Engagement	9.5	Communication and Engagement is vital to the success of integrated services and the reputation of all partners involved. The Parties will support the Integration Joint Board to develop a Communications and Engagement Plan that incorporates the continuing role of the Strategic Planning Group in the development, review and renewal of the Strategic Commissioning Plan. To do this, the Parties will provide appropriate resources and support to develop both a Communications Strategy and supporting action plan. The Strategy will ensure that Communications and Engagement/co-production is effectively linked to the role of the Strategic Planning Group. The Strategy and first iteration of the Communication and Engagement Plan will be in place by April 2016.	Timely and effective communications and engagement is a key component in the development, review and renewal of the Strategic Commissioning Plan. A communications and engagement strategy and action plan should be developed, in conjunction with the Strategic Planning Group to support this work.
Information Sharing	10.14	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. The Integration Joint Board will become a body under the duties of the Act and will comply with the requirements of the Act. 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.	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. The Integration Joint Board also has a records management plan in compliance with the requirements of the Act. Reference to information management procedures of the integrated service will be recorded in both parties 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.
Information Sharing	10.20	Where an FOI relates to a joint service, the receiving organisation will forward the FOI to the relevant Service Manager who will provide the requested	Where an FOI relates to a joint service, the receiving organisation will forward the FOI to the relevant Service Manager who will

Section	Ref	Original version	Revised version
		<p>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 FOI's that relate to integrated services will be signed off by the Chief Officer.</p>	<p>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 will be shared between the two organisations. All FOI's that relate to integrated services will be signed off by the Chief Officer.</p>
Risk Management	13.1	<p>The Corporate Risk functions in Borders Health Board and Scottish Borders Council will support the Chief Officer to develop a risk management strategy by the end of March 2016. In the context of the risk management strategy the initial list of risks to be reported will be outlined in the first formal meeting of the Integration Joint Board from 1 April 2016.</p>	<p>Removed.</p>
Risk Management	13.2	<p>The risk management strategy will include: risk monitoring and risk management framework; the integrated management risk register; and the strategic risk register.</p>	<p>The risk management strategy will include: risk monitoring, risk management framework and the strategic risk register.</p>
Appendix of Documents	1	<p>Integration Joint Board Governance Arrangements The Integration Joint Board may establish its own Audit Committee. The chairs of all 3 Audit Committees would, in such circumstances, (Borders Health Board, Scottish Borders Council and the Integration Joint Board) be expected to work in an integrated way.</p>	<p>Integration Joint Board Governance Arrangements The Integration Joint Board has established its own Audit Committee.</p>



Health and Social Care Integration Scheme for the Scottish Borders

CONTENTS

Preface

Introduction

Vision, Aims and Outcomes of the Integration Scheme

INTEGRATION SCHEME

The Parties

1. Definitions and Interpretation
2. Local Governance Arrangements
3. Delegation of Functions
4. Local Operational Delivery Arrangements
5. Clinical and Care Governance
6. Chief Officer
7. Workforce
8. Finance
9. Participation and Engagement
10. Information Sharing
11. Complaints
12. Claims Handling, Liability & Indemnity
13. Risk Management
14. Dispute resolution mechanism

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 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 Integration Scheme has been informed by considerable local experience of developing and delivering integration in practice; and also benefitted from a considerable amount of on-going 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.

The legislation supporting Health and Social Care Integration, through the Integration Joint Board, offers the opportunity for Councillors, Health Board Non-Executive Directors, the Third Sector and Independent Sector to work together to plan for a future health and care service able to meet the demands of the future. The Integration Joint Board will plan and commission services to ensure we meet our national and local outcomes all based on providing a more person centred approach with a focus on supporting individuals, families and communities.

In line with the legislation, the Integration Joint Board will not only plan but also oversee the delivery of the integrated services for which it has responsibility. In line with its Strategic Commissioning Plan, the Integration Joint Board will require that the Local Authority and Health Board provide services to match what is required and it will oversee performance and targets to ensure that delivery is in line with the outcomes.

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by Ministers, and children’s health and social care services.

The Act requires them to prepare jointly an Integration Scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either delegate .between each other, 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.

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.

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.

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.

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 consists of Councillors and NHS Non-Executive Directors. Whilst serving on the Integration Joint Board its members will 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.

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of its functions set out within the Integration Scheme in Section 4. This scheme covers the health and wellbeing of all adults including older people and universal children’s health services in accordance with Section 29 of the Act. 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 Commissioning 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.

Vision, Aims and Outcomes of the Integration Scheme

Scottish Borders Council and Borders Health Board 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 Commissioning Plan we seek to enhance and promote the health and wellbeing of the people of the Scottish Borders.

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.

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 Commissioning 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.

INTEGRATION SCHEME

The parties:

Scottish Borders Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at Newtown St Boswells, Melrose, 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 9BS (“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 National 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 Commissioning 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 and universal children’s health services in accordance with section 29 of the Act.
- “Universal children’s health services” refers to the functions exercisable in relation to the health care services set out in paragraphs 11-15 of Appendix 2, Part 2, Section 3, which are delegated in relation to persons of any age.
- “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 Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

2.1 Part of the remit of the Integration Joint Board is to prepare and implement a Strategic Commissioning Plan in relation to the provision of such health and social care services to people in their area in accordance with the requirements of the Act.

2.2 The regulations of the Integration Joint Board's procedure, business and meetings form the Standing Orders which may be considered at the first meeting of the Integration Joint Board.

2.3 Borders Health Board, Scottish Borders Council and the Integration Joint Board are all responsible for the achievement of the outcomes. (Appendix 1). The Integration Joint Board has oversight of the functions delegated to it and of the performance of the services related to those functions. The Chief Officer is responsible for reporting to the Integration Joint Board on performance of those services in the context of a performance framework agreed by the Integration Joint Board via the Chief Officer.

2.4 The Chief Officer will prepare an annual report on performance on delivery of the Strategic Commissioning Plan to the Integration Joint Board and share it with Borders Health Board and Scottish Borders Council.

2.5 The Integration Joint Board will have a distinct legal personality and the autonomy to manage itself. There is no role for Scottish Borders Council or Borders Health Board to, acting separately, sanction or veto decisions of the Integration Joint Board. In the event of a dispute arising between Borders Health Board and Scottish Borders Council the dispute resolution mechanism will be followed as set out at Section 14.

2.6 The Integration Joint Board may create such Committees that it requires to assist it with the planning and oversight of delivery of services which are within its scope. This is provided for in legislation. The Integration Joint Board may establish an Audit Committee, to seek and secure assurance over effective governance.

2.7 As agreed by Borders Health Board and Scottish Borders Council, the Integration Joint Board shall comprise five NHS Non-Executive Directors appointed by Borders Health Board, and five Elected Councillors appointed by Scottish Borders Council. The Integration Joint Board will include non-voting members as prescribed by Regulation 3 of the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014.

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

- (a) for Local Government Councillors, three years, thereafter Scottish Borders Council will identify its replacement Councillor(s) on the Integration Joint Board,
- (b) for Borders Health Board nominees, three years, thereafter Borders Health Board will identify its replacement Non Executive(s) on the Integration Joint Board.

2.9 At the first meeting of the Integration Joint Board it elected a Chairperson and Vice Chairperson from the voting membership of the Integration Joint Board.

2.10 The Chair and Vice–Chair posts rotate on a three year basis between Borders Health Board and Scottish Borders Council, with the Chair being from one body and the Vice-Chair from the other.

2.11 All appointments, including the appointment of the Chair and Vice Chair, will be reviewed every 3 years. Members can be reappointed.

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 Appendix 2. 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 Appendix 2.

3.2 Each function listed in column A of Part 1 of Appendix 2 is delegated subject to the exceptions in column B and only to the extent that:

- (a) There are a number of functions delegated at Section 3 of Part 2 of Appendix 2 which are delegated in relation to persons of any age (universal children’s health services)); and
- (b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed in Section 1 of Part 2 of Appendix 2; or
- (c) The function is exercisable in relation the health and care services listed in Section 2 of Part 1 of Appendix 2.

3.3 The functions that are to be delegated by Scottish Borders Council to the Integration Joint Board are set out in Part 1 of Appendix 3. 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 Appendix 3.

3.4 Each function listed in column A of Part 1 of Appendix 3 is delegated subject to the exceptions in column B and only to the extent that it is exercisable in relation to persons of at least 18 years of age.

4. Local Operational Delivery Arrangements

4.1 The Integration Joint Board is responsible for the strategic planning and oversight of the delivery of the services related to the functions delegated to it. This will be carried out by the development of a Strategic Commissioning Plan as per section 29 of the

Act. This plan will set out the arrangements for carrying out the integration functions and how these will contribute to achieving the nine National Health and Well-Being outcomes. As per Section 26 of the Act, the Integration Joint Board will give direction to Borders Health Board and Scottish Borders Council to carry out each function delegated to it. Assurance to the Integration Joint Board over the performance of services delivered by Borders Health Board and Scottish Borders Council will be provided by regular and frequent monitoring to the Integration Joint Board by the Chief Officer.

- 4.2 The Integration Joint Board will have provided to it, the necessary resources to undertake the functions delegated by Borders Health Board and Scottish Borders Council.
- 4.3 Borders Health Board and Scottish Borders Council Executives responsible for the delivery and management of any services within the scope of the Integration Joint Board, will report on performance on a regular basis to the Integration Joint Board through the Chief Officer.
- 4.4 The Integration Joint Board will:-
 - a. Appoint its Chief Officer.
 - b. Appoint its Chief Financial Officer.
 - c. Convene a Strategic Planning Group specifically to enable the preparation of Strategic Commissioning Plans in accordance with section 32 of the Act; inform significant decisions outside the Strategic Commissioning Plan in accordance with section 36 of the Act; and review the effectiveness of the Strategic Commissioning 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 Commissioning Plan for all of its delegated functions, in accordance with the Act; 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 Commissioning Plan.
 - f. Approve the Strategic Commissioning Plan as presented by the Chief Officer, before the integration start date in accordance with the Act.
 - g. Approve the allocation of resources to deliver the Strategic Commissioning Plan within the specific revenue budget 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.
 - h. 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 Commissioning Plan in accordance with the Act.
 - i. Share an Annual Report with Borders Health Board and Scottish Borders Council.

- j. Have oversight of the performance of all the services referred to in 3.1, 3.2, 3.3 and 3.4 above, through the Chief Officer.

4.5 The Integration Joint Board may consider the following:

- a. Maintaining and routinely reviewing an integrated risk management strategy, including (where necessary) to make recommendations to either or both Parties.
- b. Establishing a standing Audit Committee to focus on financial audit and governance matters, including (where necessary) making recommendations to either or both Parties.
- c. Establishing 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 without impacting or undermining the consultation and bargaining mechanisms for staff employed by Borders Health Board and Scottish Borders Council.

4.6 **Targets and Performance Management**

4.6.1 Borders Health Board and Scottish Borders Council will establish a Performance Management Framework which meets the obligations set out in legislation and will take account of targets, measures and objectives which are in force at any given time for integrated and non integrated functions. The Integration Joint Board will receive frequent and regular monitoring reports on the agreed performance framework in pursuit of the delivery of the Strategic Commissioning Plan, including all delegated and set-aside budgets.

4.6.2 Both parties will develop for the Integration Joint Board a Performance Management Framework with a list of all relevant targets, measures and arrangements which relate to the integration functions and for which responsibility is to transfer, in full or in part, to the Integration Joint Board. Scottish Borders Council and Borders Health Board have existing performance management processes and the Integration Performance Management Framework will align with those processes to avoid duplication and streamline reporting and will as far as possible, draw on existing data sets and reporting mechanisms.

4.6.3 In meeting the delivery requirements of the national health and wellbeing outcomes, 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.

4.6.4 The Integration Joint Board will receive regular reports for the delegated functions from Borders Health Board and Scottish Borders Council on the delivery of integrated services and issue directions in response to those reports to ensure improved performance.

4.6.5 The Chief Officer will provide regular Strategic Commissioning Plan Performance Reports to the Integration Joint Board for members to scrutinise performance and impact against planned outcomes and commissioning priorities. This will culminate in the production of an annual performance report to the Integration Joint Board. The Strategic Commissioning Plan Performance Report will also provide necessary

information on the activity and resources that relate to the planned and actual use of services, including the consumption patterns of health and social care resources by locality. The information will provide the opportunity for the Integration Joint Board resources to be used flexibly, to provide services co-designed with local communities, for their benefit.

4.6.6 The national and local performance measures and targets as they relate to the delegated functions outlined in 3.1, 3.2, 3.3 and 3.4 will be delegated in relation to the oversight of operational delivery arrangements and in relation to the strategic planning outcomes and performance reporting. These performance measures and targets may be fully or partially delegated by both Parties to the Integration Joint Board. Responsibility for financial planning and management of integrated budgets is the responsibility of the Integration Joint Board which is accountable for the delivery of the Strategic Commissioning Plan and associated financial objectives.

4.7 Corporate Services Support

4.7.1 With regard to corporate services support, Scottish Borders Council and Borders Health Board have:-

- identified the corporate resources used to deliver the delegated functions;
- agreed the corporate support services required to fully discharge Integration Joint Board duties under the Act.

4.7.2 These support services include, but are not limited to:-

- Finance (including capital planning)
- HR
- ICT
- Administrative Support
- Committee Services
- Internal Audit
- Performance Management
- Risk
- Insurance

4.7.3 Arrangements are in place for the provision of appropriate Corporate support and this is kept under on-going assessment and review.

4.7.4 In regard to support for strategic planning there will be set out local arrangements for the preparation of the strategic commissioning plan with support 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 Commissioning Plan. Local arrangements will be reviewed formally on an annual basis taking account of any changes to the Strategic Commissioning 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 Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing, Midwifery & AHPs and Director of Public Health) 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 health and social care integrated services. They 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 and which in turn will provide assurance to the Integration Joint Board that it has undertaken its duties in this respect.
- 5.4 As part of the integration arrangements the Chief Social Work Officer will provide oversight and advice to the Integration Joint Board on the quality of social work services delivered by social work staff through health and social care integrated services. The Chief Social Work Officer will continue to provide professional leadership for social work and be accountable for statutory decisions relating to Social Work. The Chief Social Work Officer is then held to account by Scottish Borders Council for such decisions and ensures that links are made across all Social Work services. The Chief Social Work Officer also advises Scottish Borders Council on the delivery of social work services through an annual report which will be made available to the Integration Joint Board for assurance purposes. Scottish Borders Council will in turn provide assurance to the Integration Joint Board via the Chief Social Work Officer.
- 5.5 Clinical governance groups operating for services within the Integrated Joint Board will consider a wide range of reports within their annual work programmes relating to clinical and care governance. These groups provide formal assurance through the NHS Borders Board Clinical Governance Committee. Beyond the annual report from the Board Clinical Governance Committee to the Integrated Joint Board specific assurance can be requested on Clinical and Care Governance matters relating to the delegated functions as and when required.
- 5.6 As part of the regular monitoring process the Integration Joint Board may, as required, also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance, including the Public Protection Committee (which encompasses adult and child protection activity and assurance across the partnership), Area Drug and Therapeutics Committee and Area Clinical Forum (ACF) or specific professional advisory groups under the ACF structure.
- 5.7 The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing, Midwifery & AHPs 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.
- 5.8 The Chief Social Work Officer will support the Chief Officer and the Integration Joint Board in the same manner they support Scottish Borders Council. Appropriate arrangements are in place for the Chief Social Work Officer to discharge their

responsibility to health and social care staff who have a 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 will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Commissioning Plan, including overseeing the operational delivery of delegated services as set out in Appendices 2 and 3.
- 6.3 Where the Chief Officer does not have operational management responsibility for services included in integrated functions, the parties will ensure that appropriate communication and liaison is in place between the Chief Officer and the person/s with that operational management responsibility.
- 6.4 The Chief Officer will be a member of the Parties relevant senior management teams and be accountable to and managed by the Chief Executive's of both Parties.
- 6.5 The Chief Officer is seconded to the Integration Joint Board from the employing body.
- 6.6 Where there is to be a 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 at the request of the Integration Joint Board.

7. Workforce

- 7.1 Borders Health Board and Scottish Borders Council will jointly develop and put in place for their employees delivering integrated services, a Joint Organisational Development Plan (which will cover the learning and development of staff and the development of an effective collaborative culture) and an outline Workforce Plan (to support the implementation of the strategic commissioning plan).
- 7.2 Core HR services will continue to be provided by the appropriate corporate HR functions in Scottish Borders Council and Borders Health Board.
- 7.3 The corporate HR functions in Scottish Borders Council and Borders Health Board will provide the necessary resources to ensure the development and implementation of the joint organisational development plan and the outline workforce plan and will, where appropriate, consult with stakeholders.
- 7.4 Both the joint organisational development plan and the outline workforce plan will be refreshed periodically by the parties and the Integration Joint Board.
- 7.5 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 The Integration Joint Board will seek assurance from Borders Health Board and Scottish Borders Council over the sufficiency of resources to carry out its delegated duties and adjust its performance accordingly, following which it will approve the initial amount delegated to it. This will continue in future years following negotiation with the other parties.

8.2 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 set out below at sections 8.3, 8.4.8.5 and 8.6:-

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

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

8.3.2 Delegated baseline budgets were subject to due diligence and comparison to recurring actual expenditure in the previous three years adjusted for any planned changes to ensure they were realistic. There was an opportunity in the second year of operation to adjust baseline budgets to correct any inaccuracies.

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

8.4.1 In subsequent years the Chief Officer and the Integration Joint Board Chief Financial Officer will develop a case for the Integrated Budget based on the Strategic Commissioning 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
- Adjustments to address equity of resource allocation

8.4.2 Borders Health Board and Scottish Borders Council should consider the following when reviewing the Strategic Commissioning Plan:

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

8.4.3 Whilst the Integration Joint Board will plan, agree and deliver the Strategic Commissioning Plan and related Financial Plan, this will follow a process of joint discussion and planning with the other parties.

8.5 **Method for determining the amount set aside for hospital services**

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

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

8.5.3 It will be the responsibility of the Council Section 95 Officer and the NHS Board Accountable Officer to comply with the agreed reporting timetable and to make available to the Integration Joint Board Chief Financial Officer the relevant financial information required for timely financial reporting to the Integration Joint Board. This will include such details as may be required to inform financial planning of revenue expenditure. The Integration Joint Board's Chief Financial Officer will manage the respective financial plan so as to deliver the agreed outcomes within the Joint Strategic Commissioning Plan viewed as a whole. Monitoring arrangements will include the impact of activity on set aside budgets.

8.6 **In-year variations**

8.6.1 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, without the express consent of the Integration Joint Board and constituent authorities for any such change. Where appropriate supplementary resources are identified or received by Borders Health Board or Scottish Borders Council e.g. as a result of RSG redetermination, these will be passed on to the Integration Joint Board through increasing the level of budgets delegated to it.

8.6.2 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.

8.6.3 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.

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

8.6.5 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 Commissioning Plan and financial plan for the following year.

- 8.6.6 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.
- 8.6.7 Where there is a planned underspend in operational budgets arising from specific 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, with agreement with the partner organisations, 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.
- 8.6.8 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 Commissioning Plan.
 - The Integration Joint Board will follow best practice guidelines for audit;
 - The Integration Joint Board and their Chief Financial 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 an integrated database, and use this information as the basis for preparing regular, comprehensive reports to the Integration Joint Board.
 - Support the Chief Financial 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 Commissioning Plan and other reports that may be required.
 - 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.
 - Ensure regular reports will be prepared on the financial performance against the Strategic Commissioning Plan.
 - Provide a schedule of payments to the Integration Joint Board following approval of the Strategic Commissioning 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.

- In advance of each financial year a timetable of financial reporting will be submitted to the Integration Joint Board for approval.

8.7 Capital Assets:

- 8.7.1 The Integration Joint Board will not own any capital assets but will have use of such assets which will continue to be owned by Borders Health Board and Scottish Borders Council who will have access to sources of funding for capital expenditure. In line with guidance, the Integration Joint Board will not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure.
- 8.7.2 The Chief Officer will consult with Borders Health Board and Scottish Borders Council to identify need for asset improvement owned by either party and where investment is identified, will submit a business case to the appropriate party which will be considered as part of each party's existing capital planning and asset management arrangements.

8.8 Year-end balances:

- 8.8.1 In line with guidance, a process for jointly agreeing, reporting and carrying forward any unused balances at the end of the financial year will operate.

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 have consulted 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 Feedback from all of the above has been used to inform the refresh of the Scheme of Integration.

- 9.3 There are national standards for community engagement and participation which underpin how Scottish Borders Council and Borders Health Board operate.

- 9.4 Timely and effective communications and engagement is a key component in the development, review and renewal of the Strategic Commissioning Plan. A

communications and engagement strategy and action plan should be developed, in conjunction with the Strategic Planning Group to support this work.

10. Information-Sharing

- 10.1 The PAN Lothian and Borders General Information Sharing Protocol update was agreed by the Pan Lothian and Borders Data Sharing Partnership December 2014.
- 10.2 Scottish Borders Council, the Borders Health Board and the Integration Joint Board agree to be bound by the Information Sharing Protocol
- 10.3 This protocol describes the key principles the parties must adhere to for information to be shared lawfully, securely and confidentially. Other signatories will be added as appropriate.
- 10.4 Procedures for sharing information between Scottish Borders Council, Borders Health Board, and, where applicable, the Integration Joint Board will be drafted as Information Sharing Agreements and procedure documents, as required. This will be undertaken by a sub group (the Borders Data Sharing Partnership) on behalf of the PAN Lothian and Borders Data Sharing Partnership, and will detail the more granular purposes, requirements, procedures and agreements for the Integration Joint Board and their delegated function.
- 10.5 The national protocol on information sharing – Scottish Accord for the Sharing of Personal Information (SASPI) – will be adopted in due course.
- 10.6 **Information-Sharing and Confidentiality** 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.
- 10.7 **Information Sharing and data handling** With respect to person identifiable material, data and information will be held in both electronic and paper format and only be accessed by authorised personnel in order 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 to share information 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.
- 10.8 Scottish Borders Council and Borders Health Board will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The Integration Joint Board may require to be Data Controller for personal data where it is not held by either Scottish Borders Council or Borders Health Board.
- 10.9 Roles and responsibilities for Third party organisations will be detailed in contracts with respective commissioning bodies, and access to shared records agreed in advance.
- 10.10 Procedures will be based on a single point of governance model through the Data Sharing Partnership. This allows data and resources to be shared, with governance standards, and their implementation, the separate responsibility of each partner.

Shared datasets governance will be agreed by all contributing partners prior to access.

10.11 Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of Borders Health Board and Scottish Borders Council and the Integration Joint Board.

10.12 Once established, Agreements and Procedures will be reviewed every two years by the Borders Data Sharing Partnership, or more frequently if required.

10.13 **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. The Integration Joint Board also has a records management plan in compliance with the requirements of the Act. Reference to information management procedures of the integrated service will be recorded in both parties 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.

10.14 **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

10.15 Responsibility for the maintenance and distribution of joint service templates, logs and Borders Health Board and Scottish Borders Council records sits with the Chief Officer. File plans and records retention schedules for records created solely by the Integrated Services will be devised and approved by the Integration Joint Board.

10.16 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.

10.17 **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

10.18 **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.

- 10.19 Where an FOI relates 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 will be shared between the two organisations. All FOI's that relate to integrated services will be signed off by the Chief Officer.
- 10.20 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' FOI Co-ordinators.
- 10.21 Both organisations will use the same performance measures and report regularly to the Integration Joint Board and to the Office of the Scottish Information Commissioner (OSIC).
- 10.22 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.
- 10.23 **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.
- 10.24 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.
- 10.25 **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.
- 10.26 **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: The Information Governance Group reports to the Corporate Management Team.

11. Complaints

11.1 The Parties agree that complaints in relation to the delegated functions as set out in Part 2 Appendix 2, and Part 2 Appendix 3, will be received, managed and responded to by the appropriate lead organisation and agree to the following arrangements in respect of this:-

- Complaints in relation to integrated services or Scottish Borders Council services can be made to Scottish Borders Council, Headquarters.
- Complaints in relation to integrated services or Borders Health Board services can be made to NHS Borders, Borders General Hospital.
- Each organisation will have a clearly defined description of what constitutes a complaint contained within their organisations complaints handling documentation.
- 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. 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.
- Where the complaint is multi-faceted and has a multi-agency dimension to it, the Chief Officer will designate one of the existing processes to take the lead for investigating and coordinating a response. The Chief Officer will have an overview of complaints related to integrated services and will provide a commitment to joint working, wherever necessary, between the parties when dealing with complaints about integrated services.
- If a complaint remains unresolved through the defined complaints-handling procedure, complainants will be informed of their right to go either to the Scottish Public Services Ombudsman for services provided by Borders Health Board, or to the Social Work Complaints Review Committee following which, if their complaint remains unresolved, they have the right to go to the Scottish Public Services Ombudsman for services provided by Scottish Borders Council.
- There will be three established processes for a complaint to follow depending on the lead organisation.
 1. Statutory Social Work.
 2. NHS.
 3. Independent Contractors – All Independent Contractors involved with the Integration Joint Board, will be required to have a Complaints Procedure in place. Where complaints are received that relate to a service provided 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.

- The current process for gathering service user/patient/carer feedback within Borders Health Board and Scottish Borders Council, how it has been used for improvement, and how it is reported will continue.

12. Claims Handling, Liability & Indemnity

- 12.1 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 integrated services.
- 12.2 Where there is a shared liability negotiations will take place as to the proportionality of each parties liability on a claim by claim basis.

13. Risk Management

- 13.1 The risk management strategy will include: risk monitoring, risk management framework and the strategic risk register.
- 13.2 As part of the risk management strategy the Chief Officer will be responsible for drawing to the attention of the Integration Joint Board any new or escalating risks and associated mitigations to ensure appropriate oversight and action.
- 13.3 Business Continuity plans will be in place and tested on a regular basis for the integrated services.

14. Dispute resolution mechanism

- 14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the process as set out below:
- (a) The Chief Executives of Borders Health Board and Scottish Borders Council, will meet to resolve the issue;
 - (b) If unresolved, the Borders Health Board, and Scottish Borders Council will each prepare a written note of their position on the issue and exchange it with the others;
 - (c) In the event that the issue remains unresolved, the Chief Executives (or their representatives) of Borders Health Board and Scottish Borders Council will proceed to mediation with a view to resolving the issue.
 - (d) A professional independent mediator will be appointed. The mediation process will commence within 28 calendar days of the agreement to proceed.
 - (e) The Mediator shall have the same powers to require any Partner to produce any documents or information to him/her and the other Partner as an arbiter and each Partner shall in any event supply to him such information which it has and is





material to the matter to be resolved and which it could be required to produce on discovery; and

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

14.2 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.

14.3 The Chief Executives shall write to Scottish Ministers detailing the unresolved issue, the process followed and findings of the mediator and seek resolution from Scottish Ministers.

APPENDIX OF DOCUMENTS – HEALTH AND SOCIAL CARE SCHEME OF INTEGRATION

Appendix No	Document
 HSC Integration 1 Scheme 151215 diagr	Integration Joint Board Governance Arrangements The Integration Joint Board has established its own Audit Committee.
2  APPENDIX 2 Functions Delegated I	Functions delegated by the Health Board to the Integration Joint Board
 APPENDIX 3 3 Functions Delegated I	Functions delegated by the Local Authority to the Integration Joint Board
 Appendix 4 Carers 4 Act.docx	Functions delegated by the Health Board and Local Authority to the Integration Joint Board in respect of the Carers Act.