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A meeting of the **Health & Social Care Integration Joint Board** will be held on **Monday, 17th December, 2018** at **2.00 pm** in Committee Room 2, SBC HQ

AGENDA

Time	No	Lead	Paper
	1	ANNOUNCEMENTS AND APOLOGIES	
	2	DECLARATIONS OF INTEREST Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.	
	3	MINUTES OF PREVIOUS MEETING	(Pages 3 - 8)
	4	MATTERS ARISING Action Tracker	(Pages 9 - 14)
	5	CHIEF OFFICER'S REPORT	(Pages 15 - 18)
	6	FOR DECISION	
	6.1	Chairs Action - Social Care Fund Direction of Funding	(Pages 19 - 20)
	6.2	Chairs Action - Integrated Care Fund Direction of Funding	(Pages 21 - 24)
	6.3	Scheme of Integration	(Pages 25 - 52)
	6.4	2018/19 Financial Plan - Base	

	Budget Approval Papers to follow – Appendix 2018- 54	
6.5	Strategic Planning Group Terms of Reference	(Pages 53 - 58)

7 FOR NOTING

7.1	Eildon Medical Practice	(Pages 59 - 66)
7.2	Monitoring & Forecast of the Health & Social Care Partnership Budget 2018/19 at 31 October 2018 Papers to follow – Appendix 2018- 60	
7.3	Strategic Planning Group Report	(Pages 67 - 68)

8 ANY OTHER BUISNESS

9	DATE AND TIME OF NEXT MEETING Monday 28 January 2019 at 2.00pm in Committee Room 2, Scottish Borders Council.
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Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 22 October 2018 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:

(v) Cllr S Haslam	(v) Dr S Mather (Chair)
(v) Cllr J Greenwell	(v) Mr M Dickson
(v) Cllr T Weatherston	(v) Mrs K Hamilton
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor
Mr S Easingwood	Dr C Sharp
Mr M Porteous	Mrs C Pearce
Mr C McGrath	Mr R McCulloch-Graham
Mrs V McPherson	

In Attendance:

Miss I Bishop	Mrs J Davidson
Dr T Patterson	Mrs S Watters
Mrs S Holmes	Mr E Jackson
Mrs S Elliot	

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Cllr David Parker, Mr David Bell, Mr John McLaren, Mrs Jenny Smith, Mrs Lynn Gallacher, Dr Angus McVean, Mrs Carol Gillie, Mr David Robertson, Mrs Tracey Logan and Mrs Jill Stacey.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Ewan Jackson, Chief Executive Officer, LIVE Borders, Mrs Sarah Watters, Dr Tim Patterson and Ms Sue Elliot to the meeting who would be presenting various items on the agenda.

The Chair welcomed Mrs Vikki MacPherson to the meeting who was deputising for Mr John McLaren.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 17 September 2018 were amended at Item 7, paragraph 2, to read “A robust discussion ensued which included the NHS voting member Mr T Taylor indicating his dissent. Other members joined in the debate, including Mr C McGrath on behalf of the Public Partnership Forum supporting his contention that there was not sufficient time to look at this matter in depth and further discussions needed to take place...” and at paragraph 3, to read “Various points were raised including: purpose of the document; legislative requirements...” and insertion of a new paragraph 4, “During the robust debate in response to Mr Taylor, Mr McCulloch Graham stated that he saw two types of situations, one where the IJB was led by the community and where the IJB could lead public opinion on health. Mr McGrath immediately interjected stating his opposition to that view as it was against the IJB Corporate Governance and the law.” and at paragraph 5 to read “The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to defer a decision until further discussion had taken place.” and at Item 11 insert new paragraph 2 to read “Mr McCulloch-Graham raised the Strategic Plan. Mr McGrath advised the IJB that at their latest meeting in August the Public Partnership Forum did not accept the Strategic Plan as it related to the PPF.” and with those amendments the minutes were approved.

4. Matters Arising

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

5. LIVE BORDERS

Mr Ewan Jackson gave a presentation and introduced LIVE Borders to the Integration Joint Board and spoke about its vision, mission and remit. During his presentation he highlighted several key elements including: targeted outcomes; funding streams and financial commitments; provision of opportunities for children and young people to have healthier futures through physical activity as well as education; monitoring data for active schools; collaborative working with partner agencies; Diabetes classes; developing health and wellbeing; charitable status and a reinvestment of all funds raised.

Various points were raised during discussion including: input of the NHS and Local Councillors at Board level; diabetes outcome figures were attained through interviews held by LIVE Borders; discretionary prices for children as well as benchmarking across the country to ensure the pricing point was as good as it could be; bundling opportunities together to create a more competitive price; use of mosaic profiling and concentrating on promotion and benefit of activity; partnerships with education on activity in schools; welcome any contributions to help scale up for chronic illnesses more quickly; and aspiration to look at cooking and nutrition for all age groups in the future.

The Chair thanked Mr Jackson for his presentation.

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

6. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted: Hospital to Home recruitment; potential need to increase Crawwood bed provision; recruitment to the Chief Officer for Adult Social Care position; the appointment of the new Care Inspectorate Link Inspector; the appointment of Mr Stuart Easingwood as the new Chief Social Work Officer; the report also discussed the Housing contribution to the partnership.

Various points were raised during discussion including: succession planning; and recruitment to hospital to home and the potential for job shares.

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

7. 2017/18 Integration Joint Board Annual Audit Report 2017/18

Mr Mike Porteous gave an overview of the content of the report and highlighted the key messages from the annual audit report, specifically that the 2017/18 Annual Accounts had been given an unqualified report by the auditors.

Cllr Shona Haslam left the meeting.

Various points were raised during discussion including: use of the word maturing; using phrases such as "under performing" instead of "in progress"; the degree to which an external audit can be considered as an effective judgment of governance arrangements; feedback from COSLA event where a presentation by Jeane Freeman MSP on IJBs was given; engagement with the public participation forum; and the risk register.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the independent auditor's 2017/18 Annual Report and the key messages it presented.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the audited Annual Accounts for 2017/18.

8. Alcohol and Drug Partnership Investment Plan 2018 – 2021

Dr Tim Patterson gave an overview of the content of the report and highlighted the £358k investment plan.

Various points were raised during discussion including: working collaboratively through a multi agency approach to assist children living in hidden poverty with drug and alcohol implications; need for further detailed costings and the potential for slippage in the first year; direction of travel in line with the national strategy and planned actions meet the investment criteria; early identification of vulnerable children and proactive interventions; reinvigorated arrest referral scheme and brief interventions being delivered by custody officers; activity of brief interventions matches costs; high level investment plan with proposals still in development and owned by the Alcohol and Drug Partnership (ADP); support for approval in principle as the plan was still being developed.

The IJB had previously funded the ADP when national funding had been removed and was aware of the value of the work of the ADP.

Mrs Jane Davidson left the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the plan in principle and sought an update report in January 2019 with more detail and evidence of funding levels being adequate to fund a redesign of services.

9. Integration Joint Board Business Cycle and Meeting Dates 2019

Mr Robert McCulloch-Graham gave an overview of the content of the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed meeting dates and business cycle for 2019.

10. Quarterly Performance Report

Mrs Sarah Watters gave an overview of the content of the report and the changes that had been previously agreed to the format of the report.

Various points were raised during discussion including: the revised format and that it was easy to scan it for information; a request was made to move to a red, yellow, green rag rating for future reports with arrows inside the colour to denote if there had been movement within that category; presently appears NHS focused; potential for an end of financial year comparator; and measures were in place to ensure people were discharged when they were medically fit and ready to ensure readmissions were minimised.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved the move to a Red, Yellow and Green RAG status for the Performance Report.

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

11. Strategic Planning Group Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted progress against the inspection; overview of the primary care improvement plan and the communications strategy; and carer involvement.

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

12. Monitoring and Forecast of the Health and Social Care Partnership Budget 2018/19 at 31 August 2018

Mr Mike Porteous gave an overview of the content of the report and highlighted the forecast year end position.

Various points were raised during discussion including: potential for Health Boards and Integration Joint Boards to achieve a 3 year breakeven position within a variance of 1%; suggested that NHS Scotland were directing 45% of the budget to Health & Social Care; the IJB had delegated the monitoring of the risk register to the audit committee to monitor and to report to the IJB on an annual basis; and it was felt there was a need for the report to be clearer for the public to understand.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast financial position for the Partnership for the year to 31 March 2018/19 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the Chief Officer and Chief Finance Officer of the IJB in compiling and agreeing a recovery plan with the Directors of Finance for NHS Borders and Scottish Borders Council.

13. Any Other Business

- **Health & Social Care Integration Joint Board Development Session:** 19 November 2018: This is likely to be an all day event.
- **Scottish Government Medium Term Health and Social Care Financial Framework:** Mr Mike Porteous gave a brief update on the item.
- **Director of Nursing, Midwifery & Acute Services:** On behalf of the Board the Chair noted that it was the final meeting of the IJB for Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services who had been successfully appointed to the role of Director of Care Quality and Strategic Development at the Scottish Ambulance Service. The Chair thanked her for her attendance and input to the Board meetings as well as her work behind the scenes.

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 17 December 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.15pm.

Signature:
Chair

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Health & Social Care Integration Joint Board Action Point Tracker

Meeting held 12 February 2018

Agenda Item: Inspection Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
24	6	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted the update and agreed to receive a presentation on the Public Protection Service at a Development session later in the year.	Murray Leys Stuart Easingwood	December 2018	In Progress: Item scheduled for 19 November 2018. Update: Session cancelled. Item to be rescheduled into a Development session in 2019.	A

Meeting held 23 April 2018

Agenda Item: Scottish Borders Health and Social Care Partnership 2017/18 Winter Period Evaluation Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
29	9	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD welcomed the opportunity to receive a report at a future meeting on Quality and Governance from Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services and Dr Angus McVean, GP	Claire Pearce, Nicky Berry, Angus McVean	December 2018	In Progress: Item scheduled for 17 December 2018. Update: Item rescheduled to January 2019 meeting given change in Director.	A

	Clinical Lead.				
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Meeting held 28 May 2018

Agenda Item: Chief Officer's Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
30	6	Mr Murray Leys to provide a presentation to a future Development session on Demographics	Murray Leys Stuart Easingwood	2018	In Progress: Item scheduled for 19 November 2018. Update: Session cancelled. Item to be rescheduled into a Development session in 2019.	

Meeting held 11 June 2018

Agenda Item: Monitoring of the Health and Social Care Partnership Budget 2017/18 at 31 March 2018

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
31	8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of permanent remedial savings to address the recurring resource gap experienced during both 2016/17 and 2017/18 which required additional contributions from partners at the financial year-end.	Carol Gillie Rob McCulloch-Graham	2018	In Progress: Scheduled for 17 September meeting. Update 17.09.18: Mr Robert McCulloch-Graham advised that both actions would remain delayed until a clear position had been achieved by the Health Board. In the meantime it would be referred to in the regular budget monitoring reports.	

Agenda Item: Deliverability of Health & Social Care Partnership Financial Plan Savings for Financial Year 2018/19

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
32	9	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of savings to address the resource gap in year and recurrently.	Carol Gillie Rob McCulloch-Graham	2018	In Progress: Scheduled for 17 September meeting. Update 17.09.18: Mr Robert McCulloch-Graham advised that both actions would remain delayed until a clear position had been achieved by the Health Board. In the meantime it would be referred to in the regular budget monitoring reports. Complete: Action will be picked up as part of Action 31.	

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Meeting held 17 September 2018

Agenda Item: Matters Arising

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
33	4	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted the action tracker and asked that a report be submitted to the next meeting to set out how financial matters would be addressed.	Mike Porteous	2018	In Progress: Following the announcement by Scottish Government in regard to the Medium Term Health and Social Care Financial Framework an update will be provided to the next meeting.	

					Complete: Verbal update provided to the 22 October 2018 meeting.	
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Meeting held 22 October 2018

Agenda Item: Alcohol and Drug Partnership Investment Plan 2018 – 2021

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
34	8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD approved the plan in principle and sought an update report in January 2019 with more detail and evidence of funding levels being adequate to fund a redesign of services.	Tim Patterson	January 2019	In Progress: Item scheduled to 28 January 2019 meeting	

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Agenda Item: Quarterly Performance Review

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
35	10	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted and approved the move to a Red, Yellow and Green RAG status for the Performance Report.	Sarah Watters	January 2019	In Progress: Item scheduled to 28 January 2019 meeting	

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

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 17 December 2018



Report By	Robert McCulloch-Graham, Chief Officer Health & Social Care
Contact	Robert McCulloch-Graham, Chief Officer Health & Social Care
Telephone:	01896 825528

CHIEF OFFICER'S REPORT

Purpose of Report:	To inform the Health & Social Care Integration Joint Board (IJB) of the activity undertaken by the Chief Officer since the last meeting.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) <u>Note</u> the report.
Personnel:	Not Applicable
Carers:	Not Applicable
Equalities:	Not Applicable
Financial:	Not Applicable
Legal:	Not Applicable
Risk Implications:	Not Applicable

Chief Officer Report

Queen's House

I can confirm we have finalised the agreement with Queen's House to secure 7 Specialist Dementia beds in the new Murray House development. Admissions criteria have been agreed and the beds will be available from mid December 2018. This is very welcome in light of the continued pressures on nursing care.

Public Bodies Climate Change Duties Report

We submitted our annual Climate Change Duties Report at the end of November 2018. An analysis report of the collated data will be published by the Sustainable Scotland Network in the New Year.

Mental Health Day of Care Audit Plus

A DoCA+ was undertaken in Mental Health over an afternoon session, on 15 November 2018, in Melburn Lodge, Lindean and Cauldshiel. In undertaking DoCA+, the purpose was to provide an objective criterion based assessment of both the medical appropriateness of each individual patient's admission and subsequent days of care. The findings will support our future bed modelling.

Chief Officer Conference

I, along with colleagues, attended the Health & Social Care Creativity, Culture & Courage Conference on 7 December 2018 in Glasgow. We heard from a variety of speakers including the First Minister and Cabinet Secretary for Health and attended integration in action workshops, showcasing the spirit and principles of integration in a partnership area and what the impact has been for citizens in a transformed health and social care environment. Of particular interest was a workshop from Grampian IJB discussing their "virtual community wards". We hope to explore their appropriateness for the Borders at future meetings.

Group Manager Appointment

I am pleased to report we have successfully appointed Brain Paris as Group Manager for Social Services, who will be starting in post in the New Year. Discussions remain ongoing regarding the appointment of a permanent Chief Officer for Adult Services after the initial round of recruitment was unsuccessful.

Clinical Productivity

It is proposed that the next Meridian Productivity project will be with the Community Nursing Teams, including the 10 Treatment Rooms currently provided by NHS Borders Community Nursing Service and homecare provided by SBCares. The Chief Executives of NHS Borders and Scottish Borders Council have agreed the project can commence early in the New Year. The proposal was presented to the Executive Management Team and approval was given to proceed. Engagement has been underway between Senior Management, including the Management Director and Care Operations Director of SBCares, Executive Directors and Meridian Productivity, with the aim to start the project in early January 2019 with SBCares and the Treatment Rooms in the first instance. Work would then follow with the Community Nursing Teams.

It is expected the programme will run for around 6 months. The work will see us reviewing pathways and processes, as well as working practices for staff, to ensure the success of the service project as a whole. While elements of the project may prove challenging, this is an opportunity to make sure our services and commissioned services are as productive

as possible. It is also an opportunity to ensure we have the right amount of resources in the right place, at the right time to deliver the best possible service to our patients.

Children & Young People – East of Scotland Diabetes Work Shop

As part of the ongoing regional Diabetes work, I have been working closely with Marie Brown (NSS) and Cath Morrison (NHS Lothian) to progress the Children & Young People work stream. We will be holding a scoping workshop on 24 January 2019 with key individuals from partners across the East Region, with prevention and treatment as the main areas of focus.

Rob McCulloch-Graham

December 2018

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 17 December 2018



Report By	Mike Porteous, Chief Finance Officer
Contact	Mike Porteous, Chief Finance Officer
Telephone:	07973981394

SOCIAL CARE FUND – DIRECTION OF FUNDING 2018

Purpose of Report:	The purpose of this report is to provide an update on the allocation of Social Care Funding to date and request the IJB direct the remaining balance to address in year and recurring demographic and capacity pressures.
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) <u>Note</u> the allocation of funding to date b) <u>Approve</u> the direction of the remaining balance of £0.512m of Social Care funding.
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Personnel:	N/A
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Carers:	N/A
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Equalities:	There are no equalities impacts arising from the report.
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Financial:	No resourcing implications beyond the financial resources identified within the report. The report has been reviewed by the Chief Officer and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.
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Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
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Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.
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Background

- 2.1 The Social Care fund was allocated on a recurring basis to Health Boards in 2016/17. This ring fenced funding is delegated to the IJB to support financial pressures in Social Care and create additional capacity within Health and Social Care Partnerships to support IJB's Strategic Planning outcomes.
- 2.2 The allocation to NHS Borders totals £7.397m. A number of directions have been made to date, allocating the funding on both a recurring and non recurring basis in 2016/17 and 2017/18. This paper updates the IJB of the recurring use of the funding to date and seeks approval for the use of the remaining balance.

Allocation of Remaining Funds

- 3.1 The table below sets out the recurring allocations made from the Social Care Fund in 2016/17 and 2017/18 following IJB approval.

Social Cared Fund	£'000	£'000
Total Allocation		7,397
Permanently Directed 2016/17		
Living Wage to £8.25	1,626	
Demographic Demand	2,508	
Community Health Workers	50	
Charging Thresholds	154	
COSLA Care Home Uplift March 2017	261	
Living Wage to £8.45	829	
Night Support Staff sleep-ins	750	
Permanently Directed 2016/17		
Residual Care	407	
Housing with Care	100	
Adults with Learning Disabilities	200	
		6,885
Unallocated Balance		512

- 3.2 The impact of demographic and national wage agreement pressures has driven Social Work spend upwards sharply over the last 2 years. The Scottish Borders Council 2018/19 Financial Plan for Social Care identified a need for increased funding in Older People's services driven by demographic pressures and a requirement for additional funding within Learning / Physical Disabilities services to meet the costs of a large number of clients transitioning from Children's services. Provision was made in the Financial Plan to allocate the remaining Social Care Funding of £0.512m towards these pressures. This paper seeks approval to direct this balance to the Social Care service.

Risk

- 4.1 There is a risk that the funding allocated to address the demographic and capacity pressures is insufficient and these pressures continue to impact on the H&SCP financial position.

Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 17 December 2018



Report By	Mike Porteous, Chief Finance Officer
Contact	Mike Porteous, Chief Finance Officer
Telephone:	07973981394

INTEGRATED CARE FUND – DIRECTION OF FUNDING 2018

Purpose of Report:	The purpose of this report is to provide an update on the allocation of the Integrated Care Fund (ICF) to date and request the IJB direct £100k to fund the expansion of Garden View (formerly Crawwood) over the winter period.
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) <u>Note</u> the allocation of funding to dateb) <u>Approve</u> the direction of the sum of £100k to SBC and NHSB.

Personnel:	N/A
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Carers:	N/A
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Equalities:	There are no equalities impacts arising from the report.
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Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report has been reviewed by the Chief Officer and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.</p>
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Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
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Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.
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Background

- 2.1 The ICF was allocated to Health Boards in 2015/16, 2016/17 and 2017/18 as a ring fenced resource to support the delivery of improved outcomes from health and social care integration, support the shift towards prevention and further strengthen the approach to tackling inequalities.
- 2.2 The allocation of £2.13m was delegated to the IJB in each of these years. A range of projects were approved by the IJB in the first 3 years some of which were planned to run into 2018/19.
- 2.3 The ICF was baselined in 2018/19 and NHS Borders agreed to allocate the same level of funding to the IJB to facilitate new and ongoing change. This enabled 4 new projects to be approved in August 2018. The most recent NHS Board meeting agreed to provide the balance of £2.13m to the IJB on a recurring basis.

Utilisation of Funding

- 3.1 Over the 4 years since the introduction of the ICF the IJB has received £8.52m of funding. A number of projects have been closed as they have reached their conclusion. However 16 projects remain live, some of which will incur costs into 2019/20. The table below summarises the funding committed to date and identifies the uncommitted balance available for use. The commitments comprise spend incurred to the end of October 2018 together with forecast spend to the end date of each project.

Intergated Care Fund	£'000	£'000
Funding Allocated (£2,130 pa)		8,520
Spend @ 30 Oct 2018	4,900	
Committed Spend	<u>2,747</u>	
		7,647
Uncommited Balance		873

- 3.2 The uncommitted balance remains available to fund proposed projects and pieces of work approved by the IJB.

Winter Plan - Garden View Expansion

- 4.1 A review of the 2017/18 NHS Borders Winter Plan identified a number of issues which the 2018/19 plan seeks to address:
- Increased capacity
 - Improved patient flow
 - Fewer delays
 - Access to alternative care settings when acute care criteria are no longer met

Additional beds are being resourced in various facilities and this proposal forms part of the overall bed expansion planned to address these issues.

- 4.2 The Garden View (formerly known as Crawwood) facility is currently operated by SB Cares as a discharge to assess unit. The facility was funded through the ICF in 2017/18 and additional funding was approved at the August IJB to extend the provision of 15 beds to 31 March 2018. The service contributes effectively to the work to reduce delayed discharges and manage patient's length of stay.
- 4.3 This proposal expands the bed capacity in Garden View from 15 to 23 beds for the 3 months of January to March 2019. The estimated cost of the additional 8 beds is £100k. This primarily relates to staffing running costs.

Risk

- 5.1 There is a risk that the actual cost of the additional 8 beds will be higher and the funding requested will be insufficient. The costing provided reflects the existing staffing model in Garden View and considers the use of agency to ensure the requirement is not materially understated. The project will be monitored and reported on in line with all ICF projects.
- 5.2 There is a risk that the requirement for additional beds extends beyond March 2019. If this becomes the case then a further request will be brought to the IJB for approval to extend the funding.

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Health and Social Care Integration Scheme for the Scottish Borders

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Preface

Introduction

Vision, Aims and Outcomes of the Integration Scheme

INTEGRATION SCHEME

The Parties

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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 0SA (“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 will elect a Chairperson and Vice Chairperson from the voting membership of the Integration Joint Board. The Chair and Vice-Chair posts shall rotate every three years 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.
- 2.10 The initial appointment of the Chair and Vice Chair will be for a period of 3 years.
- 2.11 The terms of office for the Chair and Vice Chair shall rotate on a 3 yearly basis.
- 2.12 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.
- 4.6.7 The performance management framework will be in place by the end of March 2016.

4.7 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:-
 - 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 will include, but not be limited to:-
 - Finance (including capital planning)
 - HR
 - ICT

- Administrative Support
- Committee Services
- Internal Audit
- Performance Management
- Risk
- Insurance

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.

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 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.

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 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.
- 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 childrens health services), Area Clinical Forum and Area Drug and Therapeutics Committee.
- 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.
- 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, 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).
- 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 will be established by reviewing recent past performance and existing plans for Borders Health Board and Scottish Borders Council for the functions to be delegated, adjusted for material items.
 - 8.3.2 Delegated baseline budgets will be subject to due diligence and comparison to recurring actual expenditure in the previous three years adjusted for any planned changes to ensure they are realistic. There will be an opportunity in the second year of operation to adjust baseline budgets to correct any inaccuracies.

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 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.

- 9.3 Feedback from all of the above has been used to inform the final Scheme of Integration.

- 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 and consulting people in developing health and community care services'

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.

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 Borders Integration Joint Board Information Sharing Agreements and procedures will be agreed by end of March 2016.
- 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.
- 10.15 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
- 10.16 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.
 - 10.17 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.

10.18 **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

10.19 **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.

10.20 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 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.

10.21 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.

10.22 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).

10.23 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.

10.24 **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.

10.25 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.

10.26 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.

10.27 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 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.
- 13.2 The risk management strategy will include: risk monitoring and risk management framework; the integrated management risk register; and the strategic risk register.

- 13.3 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.
- 13.4 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.

15. New duties in Carers (Scotland) Act 2016

As required by legislation the functions delegated by the Health Board and Local Authority to the Integration Joint Board in respect of the Carers Act are set out at Appendix 4.

APPENDIX OF DOCUMENTS – HEALTH AND SOCIAL CARE SCHEME OF INTEGRATION

Appendix No	Document
1  HSC Integration Scheme 151215 diagr	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.
2  APPENDIX 2 Functions Delegated I	Functions delegated by the Health Board to the Integration Joint Board
3  APPENDIX 3 Functions Delegated I	Functions delegated by the Local Authority to the Integration Joint Board
4  Appendix 4 Carers Act.docx	Functions delegated by the Health Board and Local Authority to the Integration Joint Board in respect of the Carers Act.

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 17 December 2018



Report By	<i>Rob McCulloch-Graham, Chief Officer Health & Social Care</i>
Contact	<i>Iris Bishop, Board Secretary</i>
Telephone:	<i>01896 825525</i>

SCHEME OF INTEGRATION

Purpose of Report:	To seek approval for the extension of the term of office for the Integration Joint Board Chair from a two to three year term of office and to update the Scheme of Integration in regard to the requirements of the Carers Act 2016
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Approve the term of office extension b) Approve the amendments to the Scheme of Integration in regard to the Carers Act 2016 and the term of office extension
Personnel:	N/A
Carers:	As required by legislation the functions delegated by the Health Board and Local Authority to the Integration Joint Board in respect of the Carers Act 2016 are listed at Appendix 4 of the document.
Equalities:	N/A
Financial:	N/A
Legal:	Compliance with Carers Act 2016 requirements.
Risk Implications:	None compliance with legislation.

Summary

The Scheme of Integration (attached) advised that the Chair and Vice Chair appointments of the IJB rotate on a 2 year cycle. It is proposed that the Scheme of Integration be amended to enable the term of office of the IJB Chair and Vice Chair to rotate on a three year cycle, on the basis of continuity of leadership and retention of experience to progress the partnership.

The proposition is supported by the IJB Vice Chair, Health Board Chair, Health Board Chief Executive and Council Chief Executive.

It is also proposed that in line with legislation Appendix 4 be included in the Scheme of Integration to show compliance with the Carers Act 2016 requirements.

Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 19 November 2018



Report By	<i>Rob McCulloch-Graham, Chief Officer Health & Social Care</i>
Contact	<i>Iris Bishop, Board Secretary</i>
Telephone:	<i>01896 825525</i>

STRATEGIC PLANNING GROUP – TERMS OF REFERENCE

Purpose of Report:	To seek formal approval of the revised Strategic Planning Group Terms of Reference (attached).
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) <i>Approve the revised Terms of Reference for the Strategic Planning Group.</i>
Personnel:	N/A
Carers:	N/A
Equalities:	N/A
Financial:	N/A
Legal:	N/A
Risk Implications:	N/A

Summary

The Strategic Planning Group was established in 2015 and acts as an advisory committee to the Integration Joint Board. It provides a forum for initial consultation and community engagement.

The Statutory Guidance on Strategic Planning, provides local flexibility on the size and composition of the Strategic Planning Group. However, the Integration Authority is required to involve a range of relevant stakeholders. These groups **must** include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest. These are:

- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Health professionals
- 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
- Third sector bodies carrying out activities related to health or social care

The role of the Strategic Planning Group over the past 3 years has been to develop and finalise the strategic commissioning plan and the Group continue to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators. The Strategic Commissioning Plan will be revised as necessary (and at least every three years), by the Strategic Planning Group.

The Strategic Planning Group have been consulted on the revised Terms of Reference for the Group (Attached).

Strategic Planning Group

Terms of Reference

Background

The Integration of Health and Social Care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Underpinned by the Public Bodies (Joint Working) (Scotland) Act 2014, it aims to ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

Integration will see NHS Borders, Scottish Borders Council and the Third and Independent sectors work together to deliver services which focus around the needs of the person, their Carers and family members. The key aims of integration are:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so;
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Strategic Planning Group

The Strategic Planning Group (SPG) acts as an advisory committee to the Integration Joint Board (IJB). The role of the SPG is to identify and raise issues that may impact on the delivery of the local objectives set out in the Strategic Plan and against the agreed national outcomes. The group provides a forum for initial consultation and community engagement.

Members will be expected to:

- Act in an advisory capacity to the IJB;
- Represent their sector or professional area;
- Comment on and contribute to Partnership change programmes;
- Ensure the interests of the five localities are represented;
- Contribute to any formal updates of the Strategic Plan.

Membership

The membership of the SPG is given in Appendix 1. Should the group identify that other stakeholders or partners would add value then appropriate representatives will be invited to attend. Attendees are there to support the Strategic Planning Group.

Frequency of Meetings

Meetings will be aligned to Integration Joint Board meetings and are expected to take place on a quarterly basis.

Quorum

No business shall be transacted at a Strategic Planning Group meeting unless there are present the Chair and at least 6 Members of the Strategic Planning Group.

Appendix 1

Members of the Strategic Planning Group

Prescribed Group/Title	Role	Name & Deputy
Health Professional	General Manager, Primary & Community Services	Kenny Mitchell Deputy: Tbc
GP	GP Sub-Committee Representative	Tim Young Deputy: No deputy available
User of Health Care	Representative from NHS Public Participation Network	Caroline Green Deputy: No deputy available
Carers of Users of Health & Social Care	Manager, Borders Carers Centre	Lynn Gallacher Deputy: Linda Jackson
Social Care Professional	Chief Social Work Officer	Stuart Easingwood Deputy: Gwyneth Lennox
Users of Social Care	Co-ordinator, Borders Voluntary Care Voice	Jenny Smith Deputy: Kathleen Travers
Commercial Providers of Social Care	TBC	TBC
Statutory Housing Authority	Housing Strategy Manager	Gerry Begg Deputy: Donna Bogdanovic
Non-Commercial Social Housing Providers	Director of Housing and Care Services, Eildon Housing Association	Amanda Miller Deputy: No deputy available
Third Sector Bodies whose activities relate to Health and Social Care	Executive Officer, The Bridge	Morag Walker Deputy: No deputy available
Staff Representative, SBC	Staff Officer	David Bell Deputy: No deputy available
Staff Representative, NHS Borders	Mental Health and Learning Disability Services Partnership Chair	Shirley Burrell Deputy: No deputy available
Non-Commercial/Not for Profit Providers of Health Care	Marie Curie	Elizabeth Baines Deputy: Jess English
Non-Commercial Providers of Social Care	SBCares Operations Director	Lynne Crombie Deputy: Leanne Baird
Chair of SPG	Integration Joint Board (IJB) Member	Councillor David Parker Deputy: No deputy available
Vice Chair SPG	Chief Officer for Health & Social Care	Robert McCulloch Graham Deputy: No deputy available
Strategic Planning & Development Manager	Locality Co-ordinators' Manager	Jane Robertson Deputy: No deputy available
Community Council Network	Community Councillor	Colin McGrath Deputy: No deputy available

In attendance

Tim Patterson	Joint Director of Public Health
Mike Porteous	Chief Financial Officer for IJB
Stephanie Errington	Head of Performance and Planning, NHS Borders
Sarah Watters	Policy, Performance and Planning Manager, SBC

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 17 December 2018



Report By	<i>Rob McCulloch-Graham</i>
Contact	<i>Karen Shakespeare, Planning and Performance Manager</i>
Telephone:	<i>01896 828295</i>

EILDON MEDICAL PRACTICE

Purpose of Report:	<p>To provide the Integrated Joint Board (IJB) with an update on the outcome of the option appraisal process for the future of Eildon Medical Practice sites.</p> <p>Background</p> <p>In November 2017 the Partners of Eildon Medical Practice informed NHS Borders of their intention to sell their Newtown St Boswells practice building by October 2019. Eildon Medical Practice currently operates from two surgery buildings; Melrose Health Centre (GMS premises) and Newtown St Boswells (building owned by the Partners).</p> <p>A scoping group was established in February 2018 and recommended that a formal option appraisal exercise be undertaken to look at future options for the Eildon Medical Practice Sites at both Melrose and Newtown St Boswells.</p> <p>A steering group was subsequently established representing all identified stakeholders, partnership, unions and public. The group has been meeting since April 2018 to look at future options for the Eildon Medical Practice sites at both Melrose and Newtown St Boswells in line with NHS Borders Option Appraisal Process. The steps in an Option Appraisal process are outlined in Appendix 1.</p> <p>The process has been carried out with full engagement with patients and the wider community and we have worked in partnership with the Scottish Health Council to ensure due process is followed.</p> <p>Key Issues</p> <p>A total of 52 people attended a Non Financial Option Appraisal on 29th August 2018 to assess the shortlisted options. Based on Scottish Health Council recommendations over a third of the</p>
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	<p>invited delegates were patient / public representatives, and 43 of the attendees participated in the scoring exercise. The attendees were split into 7 impartially facilitated groups and each group scored each option. The scores from each group were combined and averaged to give an overall score and ranking for the options.</p> <p>Following the Option Appraisal Event on the 29th August 2018 a commitment was made to the Public to share with them the outcome of the process following presentation of the recommendation to the NHSB Clinical Executive Strategy Group in October 2018.</p> <p>A high level financial appraisal was subsequently completed on each shortlisted option considered for the provision of primary care services by the Eildon Medical Practice. However, this appraisal has been heavily caveated due to the level of information available at this time for each option. Without more detailed information it is entirely feasible that there could be a significant movement in costs which would subsequently change the outcome of the appraisal and the ranking of the options.</p> <p>To establish a preferred option in line with the Scottish Government's Capital Investment Manual, the non financial scoring exercise and the financial appraisal are combined to enable a ranking of the options to be calculated with the identification of the preferred option.</p> <p>Given that a comprehensive financial assessment has not been possible at this time, it provides only a high level indication of ranking whilst outlining a level of uncertainty and risk across a number of factors. It is therefore considered prudent to continue to develop the first 3 ranked options, working to define more accurate costs per option.</p> <p>The three ranked options following the initial option appraisal exercise are:</p> <ul style="list-style-type: none"> 1st - Option 4 - Sell existing Newtown St Boswells Site and rebuild Health Centre in alternative site in Newtown St Boswells whilst also retaining existing Melrose site 2nd - Option 3 – The practice sell Newtown St Boswells site and consolidate practice on refurbished existing Melrose Site 3rd - Option 5 - Sell both Newtown St Boswells and Melrose sites and Build one New Health Centre on a site which serves both populations and consolidate all practice patients and partnership working at the new build site <p>The two options discounted at this stage were the Status Quo (no change) and Melrose and Newtown site retained (latter purchased by NHS Borders) and planned refurbishment of</p>
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	<p>Melrose site would go ahead.</p> <p>The detailed development work that will be undertaken to enable a fuller option appraisal will include but not be limited to:</p> <ul style="list-style-type: none"> • agreeing a scope of services to be provided by the Eildon Medical Practice • assessment of the accommodation footprint which would support the scope of services • discussion with SBC on the feasibility of scale of further building work which would be permitted on the existing Melrose site (option 3) • discussion with SBC to enable the identification of suitable available land and feasibility for planning permission for build on that land in the Newtown area (Option 4) • discussion with SBC to enable the identification of suitable available land and feasibility for planning permission for build on that land for the consolidated new build option for all services (Option 5). <p>The plan will be updated in relation to the financial appraisal on an ongoing basis as further certainty to costs is established. It is estimated this will take approximately 3 months (dates to be confirmed by NHS Borders Finance). The required development work will require significant input from key stakeholders to establish the required accommodation for the Eildon Medical Practice and wider health service teams. Finalisation of accommodation requirements will enable robust costs to be finalised for each option. This detailed work is required before a final preferred option can be proposed.</p> <p>The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessments have not yet been completed, as they are usually undertaken for the preferred option. Due to the requirement for continued development and more detail specification around the first three ranked options, the Steering Group will now undertake these assessments for the first three ranked options in parallel.</p> <p>Cliff Sharp, NHS Borders Medical Director, was presented with a petition from the Patients of Eildon Medical Practice after the IJB meeting on the 22nd October 2018.</p> <p>Whilst we knew that a petition was being compiled we had not been informed that it was going to be presented at the IJB meeting. Therefore health board governance around the acceptance of petitions had not been followed.</p> <p>Eildon Medical Practice steering group were advised of receipt of the petition at their meeting on 2nd November 2018 and NHS Borders Board Secretary is now receipt of the petition and has duly noted it on the Petitions Register.</p>
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	<p>The petition comprises of 386 signed letters stating that as a patient of Eildon Medical Practice that they would like to support the call for a new purpose build medical centre in Newtown St Boswells.</p> <p>The next step for the petition will be when a paper goes to the NHSB Board with a recommendation.</p> <p>Once a preferred option is known the recommendation will be presented to the IJB for approval to proceed.</p> <p>Summary</p> <p>An option appraisal exercise has been undertaken to consider the future options of the Eildon Medical Practice Sites, following NHS Borders Option Appraisal Process. Initial outputs from this have concluded it would be prudent to undertake more detailed work and analysis regarding the first 3 ranked options given the high level of uncertainty and risk across a number of factors which could potentially change the outcome of the appraisal and the ranking of the options.</p> <p>The three ranked options following the initial option appraisal exercise are:</p> <ul style="list-style-type: none"> 1st - Option 4 - Sell existing Newtown St Boswells Site and rebuild Health Centre in alternative site in Newtown St Boswells whilst also retaining existing Melrose site 2nd - Option 3 – The practice sell Newtown St Boswells site and consolidate practice on refurbished existing Melrose Site 3rd - Option 5 - Sell both Newtown St Boswells and Melrose sites and Build one New Health Centre on a site which serves both populations and consolidate all practice patients and partnership working at the new build site <p>The two options discounted at this stage were the Status Quo (no change) and Melrose and Newtown site retained (latter purchased by NHS Borders) and planned refurbishment of Melrose site would go ahead.</p> <p>The plan and recommendation will be updated in relation to the financial appraisal on an ongoing basis as further certainty to costs are established as part of the development work which is estimated to take approximately 3 months.</p> <p>The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles</p>
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	<p>assessments will be undertaken for the first three ranked options.</p> <p>Following the Option Appraisal Event on the 29th August 2018 a commitment was made to the Public to share with them the outcome of the process.</p> <p>The public were updated on the outcome of the appraisal process on 1st November advising them that further work on the top three ranked options is currently underway in order to identify a preferred recommendation option.</p> <p>A petition comprising of 386 signed letters stating that as a patient of Eildon Medical Practice that they would like to support the call for a new purpose build medical centre in Newtown St Boswells has been received and duly noted on NHS Borders petition register and the next step for the petition will be when a paper goes to the NHSB Board with a recommendation.</p> <p>Once a preferred option is known the recommendation will be presented to the IJB for approval to proceed.</p>
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) <u>Note</u> the work undertaken to date and b) <u>Note</u> the further development of the financial appraisal to determine a final preferred option c) <u>Note</u> receipt of the Petition
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Personnel:	Dependent upon identified preferred option
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Carers:	Will be confirmed following completion of Health Inequalities Impact Assessment and identification of preferred option
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Equalities:	<p>The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessments will be completed on 26th November. They are usually undertaken for the preferred option but due to the requirement for continued development of the first three ranked options by Finance, the Steering Group will now undertake these assessments for the first three ranked options in parallel.</p>
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Financial:	<p>The level of detail of the information available on the options at this stage means it is entirely feasible that there would be a significant move in costs, which would change the outcome of the appraisal and the ranking of the options and at present it is considered prudent to continue to develop the first 3 ranked options.</p> <p>The plan and recommendation will be updated in relation to the</p>
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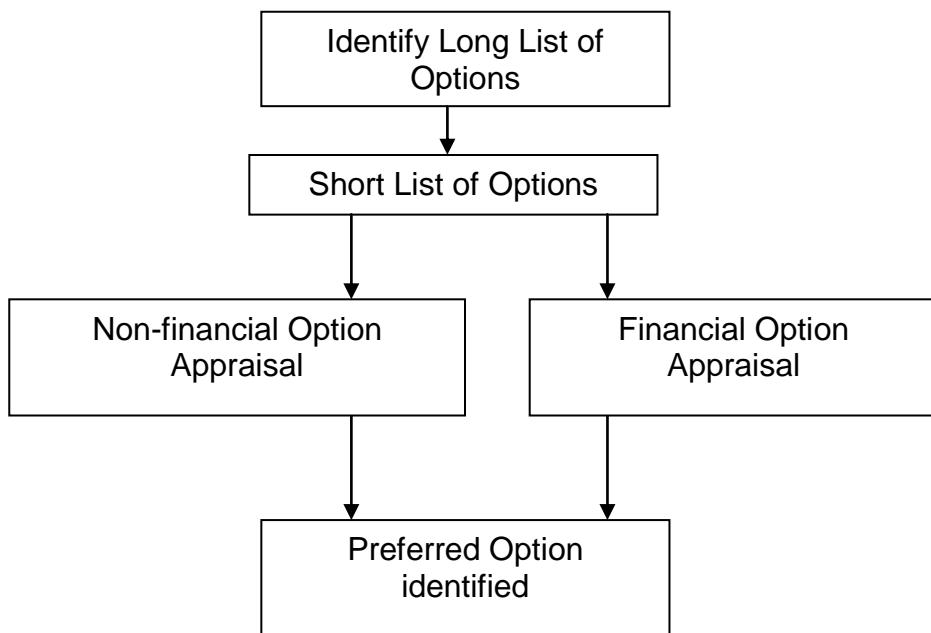
	<p>financial appraisal on an ongoing basis as further certainty to costs are established as part of the development work which was estimated to take approximately a further 3 months (dates to be confirmed by NHSB Finance).</p> <p>Capital funding will be required for all first 3 ranked options.</p>
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Legal:	Nothing noted at this stage
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Risk Implications:	<p>Risk Assessment will be undertaken once preferred option identified.</p> <p>The level of detail of the information available on the options at this stage means it is entirely feasible that there would be a significant move in costs, which would change the outcome of the appraisal and the ranking of the options and at present it is considered prudent to continue to develop the first 3 ranked options.</p> <p>The Partners of Eildon Medical Practice intend to sell their Newtown St Boswells practice building by October 2019.</p>
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Appendix 1 – Option Appraisal Process

An option appraisal is a standard tool utilised in the decision making process for setting objectives, creating and reviewing options and analysing their relative costs and benefits. Following an option appraisal process gives stakeholders' assurance that the strengths, weaknesses, risks and issues of a range of different options have been fully considered to identify a "preferred option". The option identification and appraisal process is as described below and the diagram.



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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 17 December 2018



Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Louise Ramage, PA to Chief Officer Health & Social Care
Telephone:	01896 825571 / 01835 826685

STRATEGIC PLANNING GROUP REPORT

Purpose of Report:	To update the Integration Joint Board on the work of the Strategic Planning Group.
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Note this report
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Personnel:	N/A
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Carers:	N/A
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Equalities:	N/A
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Financial:	N/A
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Legal:	N/A
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Risk Implications:	N/A
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Purpose

The purpose of this report is to update the Integration Joint Board (IJB) on any key actions and issues arising from the Strategic Planning Group (SPG) meeting held Wednesday 7 November 2018.

SPG Key Actions & Issues

Locality Working Groups

A further update from the last meeting was given, acknowledging the concerns raised regarding the merge of the Locality Working Groups (LWGs) and Area Partnerships were valid. A seminar will be set up the in New Year with LWG members, focusing on restarting and reshaping the LWGs.

A proposal will be brought to the January SPG for additional administration support for the LWGs, through the Integrated Care Fund (ICF) which has been recently confirmed as a recurring fund for the IJB.

Healthy Lives Week

A presentation was given on the events and activities available during the public awareness #yourpart partnership campaign, showcased to partners in the first week of October 2018. This aided in pushing key messages out to the public to promote keeping active and healthy.

A debrief will be undertaken to evaluate the campaign and plan for next year.

Carers: Living Well in the Scottish Borders

Approval was given for the Carers: Living Well in the Scottish Borders strategy to go out for a period of consultation between mid November 2018 and February 2019. The finalised strategy will be published by 1 April 2019.

Short Breaks Statement

The draft Short Breaks Statement was presented and approved; set to be published at the end of December 2018 in line with the Carer's (Scotland) Act 2016.