

## Strategic Planning Group – Terms of Reference

### 1. Purpose

This paper sets out the proposed terms of reference and role descriptions for the Borders Health and Social Care Partnership's Strategic Planning Group.

### 2. 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.

This means from April 2016, the partnership between NHS Borders and Scottish Borders Council will bring together:

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

From 1 April 2016, Scottish Borders Council and NHS Borders will delegate responsibilities – and associated budgets - to a joint legal body called the 'Integrated Joint Board'. In the meantime, a Shadow Integration Board has been created to oversee the work.

Integration will see NHS, SBC and the voluntary and independent care partners, work as one to deliver services which are integrated around the needs of individuals, their carers and family members.

### 3. Strategic Commissioning Plan

As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board must produce a Strategic Commissioning Plan that sets out how they will plan and deliver services for the Borders over the medium term (three years) and, through this, how they will meet the National Health and Wellbeing Outcomes and achieve the core aims of integration:

- 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; and
- 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.

## 4. Strategic Planning Group (SPG)

### Stakeholder Engagement

All stakeholders must be fully engaged in the preparation, publication and review of the Strategic Commissioning Plan as part of an on-going, cyclical process. To ensure this, the Act requires each Integration Authority to establish a Strategic Planning Group.

### Role

The role of the Strategic Planning Group (SPG) is to support the Integration Joint Board in the cyclical development and finalising of the Plan and the continuing review of the progress in its delivery against the agreed national and local outcomes.

The Strategic Planning Group will be concerned with a series of questions throughout the commissioning process, such as the following, based on work by Audit Scotland:

- How many people will need services and what type will they need?
- What is the current provision, is it the right level, quality and cost?
- How can these services improve people's lives?
- Which Services will best achieve this?
- How do we develop these services at an affordable cost?
- How do we procure and deliver these services to best effect?
- How do we monitor and review these services?

The process itself does not start or end with the publication of the strategic commissioning plan. Engagement with stakeholders and the involvement of the Strategic Planning Group are all part of a continual, iterative cycle.

The role of the Strategic Planning Group is in developing and finalising the strategic commissioning plan and in continuing to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators. The Strategic Commissioning Plan should be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group.

### Localities

The views of localities must be taken into account with the Integration Authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Local flexibility is allowed, so that an individual can represent more than one locality.

## 5. Members Roles

Strategic commissioning is crucially about establishing a mature relationship between different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the population. Providers themselves will bring knowledge and experience of their services and the outcomes they are delivering. Every partner has a role to play in strategic commissioning, and that is why it is important that local arrangements promote mature relationships and constructive dialogue.

Members will be expected to:

- represent their sector or professional area (community of interest) see table 1 below.
- ensure the interests of the agreed localities are represented
- develop and maintain the necessary links and networks with groups and individuals in their community of interest to enable views to be sought and represented over the development, review and renewal of the Strategic Commissioning Plan
- in the first year, to take an active role in the development of the initial draft of the Strategic Commissioning Plan (as well as the subsequent drafts)
- help ensure the Plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations) both across the borders and in the localities

**Table 1 SPG Members and Their Respective Communities of Interest (Will be amended depending upon the chosen model).**

SPG Member	Communities of Interest
a) <b>health professionals;</b>	Area Clinical Forum <ul style="list-style-type: none"> <li>• Allied Health Professionals Advisory Committee</li> <li>• Area Dental Advisory Committee</li> <li>• Area Medical Committee</li> <li>• Area Ophthalmic Committee</li> <li>• Area Pharmaceutical Committee</li> <li>• Borders Area Nursing &amp; Midwifery Advisory Committee</li> <li>• Medical Scientists Advisory Committee</li> <li>• GP Sub Committee</li> </ul>
b) <b>users of health care;</b>	Public Partnership Forum and Public Involvement Group
c) <b>carers of users of health care;</b>	
d) <b>commercial providers of health care;</b>	Identified providers of Health Care
e) <b>non-commercial providers of health care;</b>	
f) <b>social care professionals;</b>	SBC's SW Management Group – which comprises Senior Managers from SW.
g) <b>users of social care;</b>	Borders Voluntary Care Voice (BVCV) and Carers Centre
h) <b>carers of users of social care;</b>	
i) <b>commercial providers of social care;</b>	Provider Groups already exist for those delivering services for Older People, Learning Disabilities, Mental Health along with the Executive Group for the Alcohol and Drug Partnership.
j) <b>non-commercial providers of social care;</b>	
k) <b>non-commercial providers of social housing; and</b>	Housing Forum/Registered Social Landlords
l) <b>third sector bodies carrying out activities related to health care or social care.</b>	Third Sector Interface arrangements are based around Berwickshire Associations of Voluntary Services, The Bridge, Volunteer Centre Borders and the Social Enterprise Chamber.