ITEM 10(b)

INTEGRATION OF HEALTH & SOCIAL CARE – SCHEME OF INTEGRATION AND MEMBERSHIP INTEGRATION JOINT BOARD

Report by Depute Chief Executive People

Scottish Borders Council

2 APRIL 2015

1 PURPOSE AND SUMMARY

1.1 **This report updates Members on the progress made in the drafting of the Scheme of Integration and its submission to the Scottish Government. The report also seeks amendments to the Health and Social Care Integration Joint Board within the Scheme of Administration to reflect the Scheme of Integration.**

1.2 The final draft of the Scheme of Integration has now been submitted to Scottish Ministers and is attached at Appendix 1 for information only. The draft will be appraised by the Scottish Government and there is likely to be a period of refinement in the light of feedback received. A final draft will be brought for consideration to Council once agreement has been reached with Scottish Ministers.

1.3 In order to assist the changeover from the Shadow Integration Joint Board to the full Integration Joint Board, it is proposed to amend the current Scheme of Administration to reflect the Scheme of Integration submitted to Scottish Ministers. Detailed in Appendix 2 are the changes proposed to the existing Health and Social Care Shadow Integration Joint Board.

2 RECOMMENDATIONS

2.1 **I recommend that Council**

(a) notes the final Scheme of Integration, detailed in Appendix 1, which was submitted to Scottish Ministers on 31 March 2015;

(b) agrees that the final Scheme of Integration be brought to the earliest Council meeting for ratification, once it has been approved by Scottish Ministers; and

(c) approves the amendments to the Health and Social Care Integration Joint Board within the Scheme of Administration, as detailed in Appendix 2.

3 SCHEME OF INTEGRATION

3.1 At its meeting held on 18 December 2014, Council agreed to:

(a) give approval to proceed to consult on the draft Scheme of Integration;

(b) delegate authority to the Chief Executive (SBC) – in consultation with the Chief Executive (NHS) and the Shadow Integration Board – to approve the final Scheme for submission to Scottish Ministers by 31March 2015; and

(c) ratify the final integration scheme at the Council meeting on 2 April.

3.2 Consultation over the draft Scheme of Integration ("the Scheme") took place between 22 December 2014 and 13 March 2015. This involved a launch of the Scheme with a news release, emailing of identified stakeholders, publishing details on the Council's website and a series of public meetings in the five localities in February 2015. Overall there were 9 responses received and the public meetings attracted just under 70 people.

3.3 The Scheme has been updated over this period by Project Groups and comments from respondents have been incorporated as appropriate. The draft has also been developed with reference to published guidance from the Scottish Government and a copy of the submitted Scheme is attached for information only at this stage.

3.4 The submitted Scheme will now be reviewed by the Scottish Government, a process which is likely to take about 6 weeks. At the end of the review the Partnership will receive feedback on areas where further development and/or clarification is required. This process may be repeated as the Scheme becomes refined. As a result, it is not possible to ratify the Scheme of Integration at this stage

4 HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

4.1 On approval of the Scheme of Integration by Scottish Ministers, Orders will be laid in Parliament to establish the Integration Joint Board. This is anticipated to be in October 2015. The Integration Joint Board must then approve its Strategic Plan before 1 April 2016. The Strategic Plan will contain the date on which functions and resources are to be delegated to the Integration Joint Board, which must be by 1 April 2016 at the latest.

4.2 Although the Integration Joint Board exists as an entity from 1 April 2015, the Council and the Health Board cannot formally delegate their functions to this Joint Board until the Strategic Plan is agreed. Until this happens the Integration Joint Board will in effect act in an advisory capacity to both the Council and the Health Board.

4.3 In order to assist the changeover from the Shadow Integration Joint Board to the full Integration Joint Board, it is proposed to amend the current Scheme of Administration to better reflect the Scheme of Integration submitted to Scottish Ministers. Detailed in Appendix 2 are the changes proposed to the existing Health and Social Care Shadow Integration Joint Board, namely:

(a) remove the word "Shadow" from the title of the Board;
(b) amend the number of Elected Members and NHS Members from 6 to 5 each;
(c) allow the Board to identify the number of non-voting members of the Board; and
(b) reflect the sections contained in the Scheme of Integration in the remit of the Integration Joint Board rather than specific functions which will allow any changes made by Scottish Ministers to be incorporated without the need to make changes to the remit until the Strategic Plan has been approved.

5 IMPLICATIONS

5.1 Financial

There are no specific costs attached to any of the recommendations contained in this report. Group members will be eligible for reasonable expenses and provision for this will be made within the Integration Joint Board budget.

5.2 Risk and Mitigations

There is a risk that, if the proposal is not approved, the Council and NHS Borders will not be able to comply with the legislation or, if delayed, will not be able to meet the agreed timescales in terms of having a Strategic Commissioning Plan in place by end of October this year.

5.3 Equalities

An Equalities Impact Assessments has been carried out on this proposal. It is anticipated that there will be no adverse equality implications.

5.4 Acting Sustainably

There are no adverse effects arising from the proposal.

5.5 Carbon Management

There are no adverse effects arising from the proposal.

5.6 Rural Proofing

There are no adverse effects arising from the proposal.

5.7 Changes to Scheme of Administration or Scheme of Delegation

The changes which are proposed to be made to the Scheme of Administration are detailed in Section 5 of the report and also in Appendix 2.

6 CONSULTATION

6.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Service Director Strategy and Policy, Service Director Capital Projects, the Chief Officer Audit and Risk, the Chief Officer HR, and the Joint Director of Public Health are being consulted and any comments received will be reported at the meeting

Approved by

Jeanette McDiarmid
Depute Chief Executive People **Signature .....**

Author(s)

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Background Papers: Health and Social Care Integration Scheme for the Scottish Borders submitted to Scottish Ministers
Previous Minute Reference: Scottish Borders Council, 18 December 2014

Note – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. James Lamb can also give information on other language translations as well as providing additional copies.

Contact us at Scottish Borders Council, Council Headquarters, Newtown St Boswells, Melrose, Scottish Borders, TD6 0SA tel. 01835 826665 fax. 01835 825431.

Health and Social Care Integration Scheme for the Scottish Borders

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 Integrated Joint Board, offers the opportunity for Councillors and Health Board non-Executive Directors to work together to plan for a future health and care service able to meet the demands of the future. The Integrated 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 Integrated 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 plan, the Integrated Joint Board will ask that the Council and NHS 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.

1. Introduction

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

1.2 The Act requires them to prepare jointly an Integration Scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either delegate .between each other, or can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a "lead agency" arrangement. Delegation to an Integration Joint Board is commonly referred to as a "body corporate" arrangement.

1.3 This document uses the model Integration Scheme where the "body corporate" arrangement is used and sets out the detail as to how the Health Board and Local Authority will integrate services. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an Integration scheme for approval by Scottish Ministers.

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

1.5 The Act requires that an Integration Scheme once approved must be re-submitted and follow the consultation process set out in the regulations if it is to be amended. Changes to documents referred to within the Integration Scheme (eg Workforce Plan) do not require the Integration Scheme to go through this process – only changes to the Integration Scheme itself.

1.6 As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of Councillors, NHS Non-Executive Directors, and other members of the Health Board where there are insufficient NHS Non-Executive Directors. Whilst serving on the Integration Joint Board its members must carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Heath Board or Local Authority.

1.7 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 through the locally agreed operational arrangements set out within the Integration Scheme in Section 4. This scheme covers the health and wellbeing of all adults including older people. It does not include childrens services. Further, the Act gives the Health Board and the Local Authority, acting jointly, the ability to require that the Integration Joint Board replaces their Strategic Plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Vision, Aims and Outcomes of the Integration Scheme

2.1 Scottish Borders Council and Borders Health Borders will build on a history of partnership working. By maximising the opportunities presented through legislation we aim to achieve the highest outcomes for the people of the Scottish Borders. By creating our new integrated arrangements across health and social care we will enhance, strengthen and develop the formerly separate services for the provision of adult health and social care. By integrating service delivery and fulfilling the expectations of our Strategic Plan we seek to enhance and promote the health and wellbeing of the people of the Scottish Borders.

2.2 Working with the Third and Independent Sector we will provide a unified approach across the public sector with a common sense of purpose. We will engage with service users, carers, staff and members of the public to empower individuals and communities to be a driving force for how the services will be shaped and developed. In turn we will deliver the best possible services that will be safe, of the highest quality, person centred, efficient and fair.

2.3 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Joint Board will set out within its Strategic Plan how it will deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5(1) of the Act namely:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.

- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

Integration Scheme

The parties:

Scottish Borders Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at Newtown St Boswells, Melrose, Roxburghshire, TD6 OSA ("the Council");

and

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

1. Definitions and Interpretation

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

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

- "Function" means an activity that is natural to the purpose of a thing or a person i.e. District Nursing is a function and District Nurses provide a service in pursuit of the function.

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 The remit of the Integration Joint Board is to prepare and implement a strategic 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 Boards procedure, business and meetings form the Standing Orders which will be considered at the first meeting of the Integration Joint Board.

2.3 Borders Health Board and Scottish Borders Council will positively support, through appropriate/effective communication and interaction, the Integration Joint Board to allow the achievement of its outcomes, vision, philosophy and principles. The Integration Joint Board will similarly support, through appropriate/effective communication and interaction, Borders Health Board and Scottish Borders Council in their delivery of integrated and non-integrated services. (Appendix 1).

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

2.5 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.

2.6 The Integrated Joint Board shall comprise five NHS Non-Executive Directors appointed by Borders Health Board, and five Elected Councillors appointed by Scottish Borders Council. In addition, there will be non-voting

representatives drawn from health and social care professionals, staff, the third sector, users, the public and carers as identified by the Integration Joint Board. The Chief Officer of the Integration Joint Board, Chief Financial Officer and the Chief Executives of NHS Borders and Scottish Borders Council, and any other senior officers as appropriate, will be non-voting members.

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

(a) for Local Government Councillors, 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.

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

2.9 The terms of office for the Chair and Vice Chair shall be as described in the Integration Joint Board's standing orders.

3. Delegation of Functions

3.1 The functions that are to be delegated by Borders Health Board to the Integration Joint Board, for the purposes of Integration, are set out in Part 3 of Annex 1 (Appendix 2). The services to which these functions relate, which are currently provided by Borders Health Board and which are to be integrated to support improved outcomes, are:-

- District Nursing
- General Medical Services
- Public Dental Services
- General Dental Services
- Ophthalmic Services
- Community Pharmacy Services
- Community Geriatric Services
- Community Palliative Care
- Community Learning Disability Services
- Mental Health Services including child and adolescent mental health services (CAMHS)
- Continence Services

- Kidney Dialysis outwith the hospital
- Services provided by health professionals that aim to promote public health
- Community Addiction services
- Allied Health Professionals services

3.2 Acute services within the scope of the Integration Joint Board from a strategic planning perspective have funding "set aside". The "set aside" (i.e. the financial amounts to be made available for planning purposes by the NHS Board to the Integration Joint Board in respect of these acute services) functions to be delegated by Borders Health Board to the Integrated Joint Board, for the purpose of Integration, are set out in Part 2 of Annex 1 (Appendix 2) and are:

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Psychiatry of Learning Disability
- Palliative Care services
- Inpatient Addiction services

3.3 The functions that are to be delegated by Scottish Borders Council to the Integration Joint Board, for the purposes of Integration, are set out in Part 1 of Annex 2 (Appendix 3). The services to which these functions relate, which are currently provided by Scottish Borders Council and which are to be integrated, are:-

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and Alcohol Services
- Community Care and Assessment Teams
- Care Home Services
- Adult Placement Services
- Health Improvement Services
- Aspects of housing support, including aids and adaptations
- Day Services
- Local Area Co-ordination
- Respite Provision
- Occupational Therapy Services
- Re-ablement Services

3.4 There are a number of functions delegated above at 3.1 and 3.2 that apply to children as well as adults. Those are:-

- District Nursing
- Public Dental Services
- General Dental Services
- Ophthalmic Services
- Community Pharmacy Services
- Community Learning Disability Services
- Mental Health Services including child and adolescent mental health services (CAMHS)
- Kidney Dialysis outwith the hospital
- Community Addiction services
- Allied Health Professionals services

4. Local Operational Delivery Arrangements

4.1 The Integration Joint Board will be 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 Joint 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. The Integration Joint Board will give direction to Borders Health Board and Scottish Borders Council to carry out each function delegated to it.

4.2 The governance arrangements for the operational responsibilities and strategic planning responsibilities will be aligned in relation to the delivery of agreed indicators and outcomes. In this context, the Chief Officer will have an operational management structure which facilitates how the Integration Joint Board's directions (at the centre) translates to locality delivery on the ground.

4.3 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.

4.4 The NHS Executives and Local Authority Chief Social Work Officer responsible for the operational management of any services not directly managed by the Chief Officer, but within the scope of the Integration Joint Board, will provide updates on a regular basis to the Integration Joint Board

4.5 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 Plans in accordance with section 32 of the Act; inform significant decisions outside Strategic Plan in accordance with section 36 of the Act; and review the effectiveness of the Strategic Plan in accordance with section 37 of the Act, in line with the obligations to meet the engagement and consultation standards.

d. Prepare, approve and implement a Strategic Plan for all of its delegated functions, in accordance with the Act; and supported by an integrated workforce and organisational development plan.

e. Establish arrangements for locality planning in support of key Outcomes for the agreed localities in the context of the Strategic Plan.

f. The first Strategic Plan will be presented by the Chief Officer for approval before the integration start date in accordance with the Act.

g. Approve the allocation of resources to deliver the Strategic 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 Plan in accordance with the Act.

i. The Integration Joint Board will share an Annual Report with Borders Health Board and Scottish Borders Council.

j. The Integration Joint Board will inform the Parties by reporting on the operational performance of those services outlined in 3.1, 3.2, 3.3 and 3.4 above.

4.6 The Integration Joint Board may wish to consider the following:

a. Establishing a Clinical and Care Governance group to oversee clinical and care governance arrangements for the delegated services, including (where necessary) to make recommendations to either or both Parties.

b. Maintaining and routinely reviewing an integrated strategic risk register.

c. Establishing a standing Audit Committee to focus on financial and audit issues, including (where necessary) to make recommendations to either or both Parties.

d. 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 NHS Borders and Scottish Borders Council.

4.7. Targets and Performance Management

4.7.1 The Integration Joint Board will establish a Performance Management Framework which meets the obligations set out in legislation and takes account of targets, measures and objectives which are in force at any given time. This framework will clearly show where there is a contribution to the priorities of the Community Planning Partnership and provides evidence of the impact of our joint working.

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

4.7.3 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.

4.7.4 National and local performance measures will be provided to the Integration Joint Board. The Integration Joint Board will receive regular reports on the delivery of integrated services and issue directions in response to those reports to ensure improved performance. It will share these performance measures with the relevant parties.

4.7.5 The Chief Officer will provide regular Strategic 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 Board. The Strategic 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 for resources to be used flexibly, to provide services co-designed with local communities, for their benefit.

4.7.6 The national and local performance measures and targets as they relate to the 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 to the Integration Joint Board.

4.7.7 For those partially delegated performance measures and targets, the reporting arrangements will be undertaken by the NHS Executive and Local Authority Chief Social Work Officer responsible for the operational delivery. The mechanism for reporting will be agreed through the Integration Joint Board, Borders Health Board and Scottish Borders Council as appropriate to reflect oversight of operational delivery where appropriate.

4.7.8 The delegated performance measures and targets will be defined and agreed by the Integration Joint Board by March 2016 as part of the performance management framework.

4.8. Corporate Services Support

4.8.1 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.

4.8.2 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

4.8.3 By March 2016, Service Level Agreements specifying the associated support services will be agreed. These Service Level Agreements will be kept under review during the initial year and, thereafter, will be reviewed formally (and agreed by all parties) annually.

4.8.4 In regard to support for Strategic Planning there will be set out local arrangements for the preparation of the Strategic Plan with local arrangements from Borders Health Board and Scottish Borders Council, taking into account the relevant activity and financial data covering the services, facilities and resources that relate to the Strategic Plan.

5. Clinical and Care Governance

5.1 Assurance to the Integration Joint Board and subsequently, Scottish Borders Council and Borders Health Board in respect of the key areas of governance will be achieved through explicit and effective lines of accountability. This accountability begins in the care setting within an agreed clinical and care governance framework established on the basis of existing key principles embedded in the governance and scrutiny arrangements for Borders Health Board and Scottish Borders Council.

5.2 The Borders Health Board, Medical Director, and Director of Nursing and Midwifery, share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.

5.3 These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through health and social care integrated services. They, in turn, continue to attend the Borders Health Board Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by Borders Health Board.

5.4 The Chief Social Worker will be in attendance at the Integration Joint Board to 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 the Executive Committee of Scottish Borders Council for such decisions and ensures that links are made across all Social Work services. The Chief Social Work Officer 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.

5.5 Scottish Borders Council and Borders Health Board will continue to monitor and report on clinical and care governance matters through their existing mechanisms to comply with legislative and policy requirements. Social Work matters will be reported principally through the Scottish Borders Council Executive Committee and Scottish Borders Council. NHS clinical governance matters will be reported into the Borders Health Board Clinical Governance Committee and to Borders Health Board.

5.6 The Integration Joint Board will receive reports from the parties on Clinical and Care Governance matters relating to the delegated functions.

5.7 The Integration Joint Board may wish to establish a Clinical and Care Governance Group to oversee the clinical and care governance arrangements for integrated services. Such a group would inform and provide assurance in relation to clinical and care governance to the Integration Joint Board, Scottish Borders Council and Borders Health Board as required. The Integration Joint

Board may also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance.

5.8 The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Midwifery and Director of Public Health) will support the Chief Officer and the Integration Joint Board in the manner they support Borders Health Board for the range of their responsibilities. If they are members of the Integration Joint Board, they will give that advice directly to the Integration Joint Board. If they are not members of the Integration Joint Board they should ensure the appropriate arrangements are in place to discharge their responsibilities, ensuring the effective functioning of the service. This will be achieved through health and social care staff who have a professional or corporate accountability to those Board Clinical Director posts.

5.9 The Chief Social Work Officer will support the Chief Officer and the Integration Joint Board in the same manner they support Scottish Borders Council. As a non-voting member of the Integration Joint Board they should provide this directly to the Integration Joint Board. The Chief Social Work Officer will ensure the appropriate arrangements are in place to discharge their professional responsibilities, ensuring the effective functioning of the service. This will be achieved through the social care staff who have professional or corporate accountability to the Chief Social Work Officer.

6. Chief Officer

6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act.

6.2 The Chief Officer's role will be to provide a single senior point of overall strategic and operational advice to the Integration Joint Board. The Chief Officer will be responsible for monitoring the strategic and operational performance of Integrated Services delegated to the Integration Joint Board.

6.3 The NHS Executives responsible for the operational management of services not directly managed by the Chief Officer, but within the scope of the Integration Joint Board, will provide updates on a regular basis to the Integration Joint Board.

6.4 The Chief Officer is accountable to the Integration Joint Board for the delivery of the Strategic Plan and line managed through the Scottish Borders Council's Chief Executive and the Borders Health Board's Chief Executive, or other appropriate senior officers agreed by the partners. The Chief Executives will be accountable for operational decision making.

6.5 The Chief Officer will be a substantive member of the Partners' relevant senior management teams. This will enable the Chief Officer to work with

senior management of both Partners to carry out the functions of the Integration Joint Board.

6.6 The Chief Officer is seconded to the Integration Joint Board from the employing body.

6.7 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.

6.8 Subject to the prior written consent of the other Party and the consent of the Chair and Vice-Chair of the Integration Joint Board, the Chief Executive of either Party may direct the Chief Officer to be managerially responsible for functions or services which are not delegated under this Scheme. The Chief Officer's accountability for such services shall be directly to the Chief Executive of the Party making the direction.

6.9 The Chief Officer will be a member of both the Scottish Borders Council's and Borders Health Board's Senior Management Teams, as well as a non-voting member of the Integration Joint Board.

6.10 The Chief Officer is required to maintain effective relationships with a range of key stakeholders across Borders Health Board, the wider NHS, Scottish Borders Council, the Voluntary and Independent Sectors, Service Users, Carers, the Scottish Government, Trades Unions and Professional Organisations.

7. Workforce

7.1 All staff will remain employed by their existing organisations and subject to the relevant terms and conditions as specified within those contracts (including the adherence to the corporate polices of their employing organisation).

7.2 Any future changes in staff arrangements will be taken forward on a planned and coordinated basis in accordance with established policies and procedures

7.3 Core HR services will continue to be provided by the appropriate corporate HR functions in Scottish Borders Council and Borders Health Board.

7.4 Borders Health Board and Scottish Borders Council will work together to produce a Joint Organisational Development Plan with an emphasis on engagement and leadership. This plan will be delivered to the Integration Joint Board in April 2015 and highlight the strategic visioning and objectives. A more detailed operational Organisational Development Plan will be developed and implemented through the transitional year to March 2016. A baseline for training and development will be used to establish a joint work

force plan which will support the delivery of integrated services. A similar process is being carried out linked to training and development which will also ensure that staff are appropriately trained. This process will be carried out in the context of the Communication and Engagement Plan. A workforce plan will be ready by March 2016.

7.5 In the context of the Organisational Development Plan the Integration Joint Board will ensure that arrangements are in place to build an effective collaborative culture.

7.6 These arrangements will be kept under review by the Integration Joint Board who will share the plans with both Borders Health Board and Scottish Borders Council.

7.7 The corporate HR functions in Scottish Borders Council and Borders Health Board will provide the workforce planning information required to support the integrated services and lead the development, maintenance and review of a workforce plan which will assist the delivery of the service outcomes outlined in the Strategic Plan

7.8 The Integrated Joint Board may establish a Joint Staff Forum reporting to the Integration Joint Board, ensuring the key principles of staff partnership are embedded in the delivery of the agreed outcomes.

7.9 Borders Health Board and Scottish Borders Council professional/clinical supervisions arrangements for professional and clinical staff will continue until superseded by any jointly agreed arrangements.

8. Finance

8.1 Borders Health Board and Scottish Borders Council will agree and set out the method of determining:–

(a) the delegated integrated budget – amounts to be paid by Borders Health Board and Scottish Borders Council to the Integration Joint Board in respect of each of the functions delegated by them to the Integration Joint Board other than those to which paragraph (b) applies.

(b) the set aside budget – amounts to be made available by Borders Health Board to the Integration Joint Board in respect of each of the functions delegated by Borders Health Board which are:

(i) Carried out in a hospital in the area of Borders Health Board and;
(ii) Provided for the areas of two or more local authorities. This is not applicable to Borders Health Board as they are co-terminus with Scottish Borders Council.

(c) The method by which any variations to the amounts paid or set aside will be determined.

(d) The conditions that must be met before a variation to the amounts paid or set aside may be made.

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

8.3 The arrangements in relation to the determination of the amounts paid, or set aside, and their variation, to the Integration Joint Board by Borders Health Board and Scottish Borders Council are:-

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

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

8.4.2 Delegated baseline budgets for 2015/16 (Appendix 4) will be subject to due diligence and comparison to recurring actual expenditure in the previous three years adjusted for any planned changes to ensure they are realistic. There will be an opportunity in the second year of operation to adjust baseline budgets to correct any inaccuracies. An outline of the agreed due diligence procedure is attached at Appendix 5.

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

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

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

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

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

8.5.3 There must be tri-partite agreement on the strategic plan and related financial plan. Further guidance on the development of the financial plan is shown in Appendix 6.

8.6 Method for determining the amount set aside for hospital services

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

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

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

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

8.7 In-year variations

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

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

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

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

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

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

8.7.7 Where there is a planned underspend in operational budgets arising from specific 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.

8.7.8 Any unplanned underspend will be returned to Borders Health Board or Scottish Borders Council by the Integration Joint Board either in the proportion that individual pressures have been funded or based on which service the savings are related to.

- The Integration Joint Board will have financial accountability for the funding received as payments from Borders Health Board and Scottish Borders Council. This financial accountability will not apply to notional funding for Set Aside Budgets included within the strategic plan.

- The Integration Joint Board follows best practice guidelines for audit. This will involve Internal Audit, External Audit and the establishment of an Audit Committee. Details of this are included in the Appendix 7 – Audit Arrangements.

- The Integration Joint Board will appoint a Chief Financial Officer, to fulfil the duties outlined in Appendix 8 – Guidance on Role of Chief Financial Officer. This post will be a part time post and funded from existing resources as a secondment from either Borders Health Board or

Scottish Borders Council. The initial appointment will be for a period of two years.

- The Integration Joint Board and their Chief 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.

- This information will be used as the basis of 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 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 quarterly reports will be prepared on the financial performance against the strategic plan.

- Provide a schedule of payments to the Integration Joint Board following approval of the strategic plan and its related financial plan. It is intended that this will be a one-off payment made during April/May of each financial year. This payment may be subject to in-year adjustments for material issues.

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

9. Participation and Engagement

9.1 Section 6(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to prepare an Integration Scheme. Before submitting the Integration Scheme to Scottish Ministers for approval, the Local Authority and Health Boards 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 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 and data handling

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

10.2 The Audit Committee will ensure appropriate arrangements are in place in respect of information governance.

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

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

10.5 **Information Sharing and Confidentiality:** Both parties are signatories to the Pan Lothian and Borders Partnership General Protocol for Sharing Information (General Protocol). This protocol describes the key principles the parties must adhere to for information to be shared lawfully, securely and confidentially. This will build on and develop existing joint project management arrangements. Other signatories will be added as appropriate.

10.6 A joint data and information sharing group will be established. This will encompass children's services which are not wholly within the scope of the Integration Joint Board's remit. The group will apply the above mentioned general protocol. The group will review existing procedures and ensure they are fit for purpose under the new joint arrangements. These arrangements will be in place by April 2016.

10.7 Both parties agree to be bound by this Information Sharing Protocol. The national protocol on information sharing – Scottish Accord for the Sharing of Personal Information (SASPI) – will be adopted in due course.

10.8 **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.

10.9 **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

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

10.11 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.

10.12 **Security:** The success of information sharing relies on a common understanding of security. The information sharing protocol refers to the expected standard but each party must maintain its own guidance to ensure it meets that standard and that controls to manage the following elements are included:-

- Safe storage of documents transported between work and site. Access to electronic and physical records. Use of laptops, memory sticks and other portable data devices when working off site (including at home);

- Confidential destruction;

- Security marking on electronic communications when applicable

10.13 **Access to information - Freedom of Information (FOI):** Both Borders Health Board and Scottish Borders Council will receive Freedom of Information requests and will manage these requests through their own existing processes. Both parties process involves a central FOI Co-ordinator for each organisation, a 10 day timescale for departments to respond to the FOI Co-ordinator and Service Director sign off prior to the response being returned to the requestor. The Co-ordinators of both organisations will work closely together and communicate regularly in relation to FOI.

10.14 Where FOI's relate to a joint service, the receiving organisation will forward the FOI to the relevant Service Manager who will provide the requested information on behalf of both organisations. The receiving organisation will undertake the progress monitoring, responsibility for redacting, quality checking and responding to the applicant. A list of services that are in scope for Integration and their Managers will be developed and shared between the two organisations. All FoI's that relate to Joint Services will be signed off by the Chief Officer for Integration.

10.15 Should one organisation receive a request that also relates to the other, this request will be managed by the receiving organisation by partnership working of both organisations FoI Co-ordinators.

10.16 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).

10.17 FOI requestors will be logged. Requests for review will be administered by the organisation who dealt with the request and will include review panel members from both organisations.

10.18 **Subject Access Requests:** The differing charging regimes in each organisation for Subject Access and Access to Medical Records requests prevents a joint approach being adopted for gathering of personal information. Therefore, each party will manage its requests following that organisation's procedures.

10.19 If a subject access request refers to the integrated service it may be necessary to send out two responses. The requestor should be informed at the outset that this will happen. There will be no change to the process for managing access to deceased persons records.

10.20 **Privacy and confidentiality:** Most of the information the integrated services will handle will be personal and confidential in nature. All staff with access to shared information will

1. receive regular training in handling personal data compliantly;

2. have access to systems and records removed as soon as they leave the post that allows them to share information;

3. be subject to appropriate level of vetting by HR. This particularly applies to existing staff that may not have been subject to checks in their current role but require it in their integrated services post.

10.21 **Information Governance:** The Information Governance reporting arrangements for each party are as follows:

1. Borders Health Board: The Information Governance Committee reports to the Borders Health Board's Audit Committee.

2. Scottish Borders Council: Information Management is currently under review at Scottish Borders Council. However, under the proposed structure The Information Governance Group reports to the Corporate Management Team.

11. Complaints

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

- A framework has been developed that clearly shows the lead organisation for each integrated service and the contact details for those who will be responsible for progressing any complaints received. The lead organisation will take responsibility for the triage of the complaint, and liaise with the other organisation to develop a joint response where required.

- There 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.

- Each organisation will have a clearly defined description of what constitutes a complaint contained within their organisations complaints handling documentation.

- Should there be any data sharing requirements in relation to any complaint, the data sharing protocol set out in section 15 of the Scheme of Integration – Data Sharing, will detail how this will be managed.

- All complaints will be signed as per the lead organisations procedure and monitored by the Chief Officer for Health and Social Care.

- Staff shall follow the complaints handling process of their employing organisation. The employing organisation will take responsibility for the triage of the complaint, and liaise with the other organisation where required.

- The current process for gathering service user/patient/carer feedback within NHS and SBC, how it has been used for improvement, and how it is reported will continue.

- Existing performance information and lessons learned relating to complaints investigations, will be collected and reported to the Integration Joint Board in line with Section 8 of the Scheme of Integration – Clinical & Care Governance.

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

- The proposed arrangements will be monitored and evaluated annually.

12. Claims Handling, Liability & Indemnity

12.1 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 services in Borders Health Board and Scottish Borders Council will support the Chief Officer and the Integration Joint Board on the development of a risk monitoring and risk management framework. By April 2016 the Integration Joint Board will have collectively developed a comprehensive Integrated Risk Register. There will be regular reviews by the Integration Joint Board of the strategic risk register which will identify, assess and prioritise risks related to the planning and delivery of delegated functions, particularly any which are likely to affect delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties.

13.2 The Chief Officer is responsible for drawing to the attention of the Integration Joint Board any new or escalating risks that lead to a substantial change to the Integrated Risk Register outwith the routine review process.

13.3 The Borders Health Board and Scottish Borders Council and the Integration Joint Board will consider and agree which risks should be taken from their own risk registers and placed on the Integrated Risk Register. The approved Integrated Risk Register will be shared with both of the Parties on a regular basis as defined within the Joint Management Risk Strategy.

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, 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.

(g) Where the issue remains unresolved after following the processes outlined above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached.

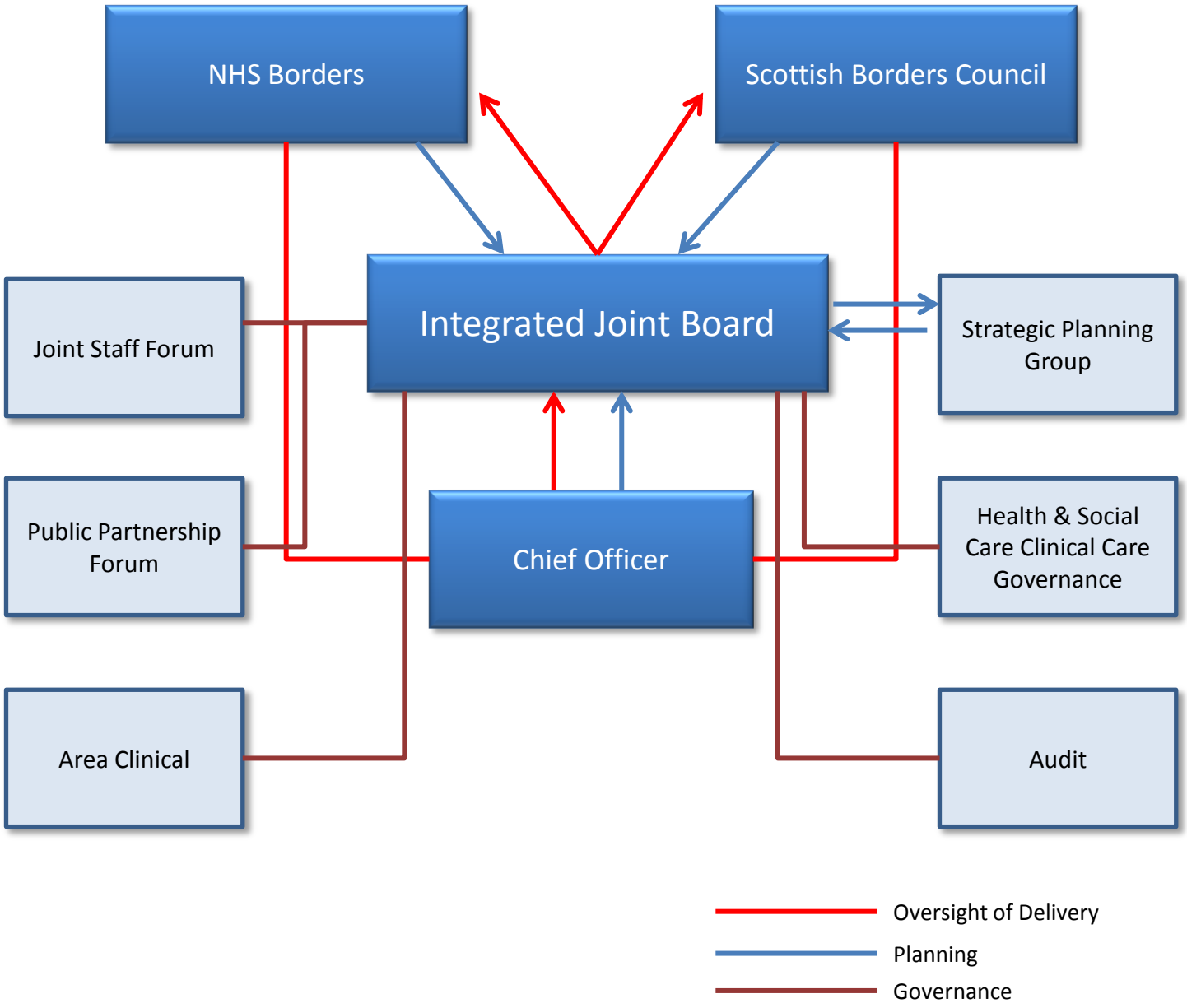
14.2 The Chief Executive's shall write to Scottish Ministers detailing the unresolved issue, the process followed and findings of the mediator and seek resolution from Scottish Ministers.

APPENDIX OF DOCUMENTS – HEALTH AND SOCIAL CARE SCHEME OF INTEGRATION

Appendix No	Document
1 APPENDIX 1 IJB Governance SOI.ppt›	Integration Joint Board Governance Arrangements
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 Delegation of Functio	Delegation of Functions – Indicative Base Budgets
5 APPENDIX 5 Due Diligence.docx	Due Diligence
6 APPENDIX 6 Financial Planning.docx	Financial Planning
7 APPENDIX 7 Audit Arrangements.docx	Audit Arrangements
8 APPENDIX 8 Chief Financial Officer.docx	Chief Finance Officer Role

Integration Joint Board Governance Arrangements

APPENDIX 1



APPENDIX 2

Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

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

SCHEDULE 1 Regulation 3

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

Column A	*Column B*
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CA([1]) (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I([2]) (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38([3]) (care of mothers and young children);

([1]) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).
([2]) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.
([3]) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

section 38A([4]) (breastfeeding);

section 39([5]) (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55([6]) (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);
section 64 (permission for use of facilities in private practice);

section 75A([7]) (remission and repayment of charges and payment of travelling expenses);

section 75B([8])(reimbursement of the cost of services provided in another EEA state);

section 75BA ([9])(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82([10]) use and administration of certain endowments and other property held by Health Boards);

section 83([11]) (power of Health Boards and local health councils to hold property on trust);

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

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

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

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

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

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

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

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

section 84A([12]) (power to raise money, etc., by appeals, collections etc.);

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

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

section 98 ([13]) (charges in respect of non-residents); and

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

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ([14]);

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

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

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

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

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

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

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

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

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

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

	The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55([15]).
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)([16]); section 38 (Duties on hospital managers: examination notification etc.)([17]); section 46 (Hospital managers' duties: notification)([18]); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients);

([15]) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.
([16]) There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.
([17]) Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.
([18]) Section 46 is amended by S.S.I. 2005/465.

	section 264 (Detention in conditions of excessive security: state hospitals); section 267 (Orders under sections 264 to 266: recall); section 281([19]) (Correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005([20]); The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005([21]); The Mental Health (Use of Telephones) (Scotland) Regulations 2005([22]); and The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008([23]).

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

Section 23 (other agencies etc. to help in exercise of functions under this Act**)**	

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

([19]) Section 281 is amended by S.S.I. 2011/211.

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

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

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

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

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36([24]).

([24]) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of "relevant NHS body" relevant to the exercise of a Health Board's functions.

Part 2

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

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

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

1. In this schedule—

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

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

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

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

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

"out of hours period" has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004([25]); and

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

PART 2

2. Accident and Emergency services provided in a hospital.

3. Inpatient hospital services relating to the following branches of medicine—

(a) general medicine;

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by General Medical Practitioners.

6. Services provided in a hospital in relation to an addiction or dependence on any substance.

([25]) S.S.I. 2004/115.

7. Mental health services provided in a hospital, except secure forensic mental health services.

PART 3

8. District nursing services.

9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

11. The public dental service.

12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978([26]).

13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([27]).

14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([28]).

15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978([29]).

16. Services providing primary medical services to patients during the out-of-hours period.

17. Services provided outwith a hospital in relation to geriatric medicine.

18. Palliative care services provided outwith a hospital.

19. Community learning disability services.

20. Mental health services provided outwith a hospital.

21. Continence services provided outwith a hospital.

22. Kidney dialysis services provided outwith a hospital.

23. Services provided by health professionals that aim to promote public health.

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

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

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

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

APPENDIX 3

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

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

SCHEDULE Regulation 2

PART 1

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

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948([1])	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958([2])	
Section 3 (Provision of sheltered employment by local authorities)	

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

([2]) 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

Column A *Enactment conferring function*	*Column B* *Limitation*
The Social Work (Scotland) Act 1968([3])	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

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

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982([4])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([5])	

([4]) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

([5]) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000([6])	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions

([6]) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001([7])	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002([8])	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003([9])	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	

([7]) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.
([8]) 2002 asp 5.
([9]) 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([10])	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007([11])	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013([12])	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.

([10]) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.
([11]) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.
([12]) 2013 asp 1.

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

PART 2

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

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002	
Section 4([13]) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([14])	

([13]) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).
([14]) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Part 2

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

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

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

APPENDIX 4

Range of services and indicative base budgets to be delegated by NHS Borders to the Integration Joint Board*

Service	**Base Budget 2015-16 (£'000s)**	**Base WTE**
Learning Disability Service	3,642	21
Mental Health Service	13,077	302
Alcohol and Drug Service	871	3
Community Nurse ex HV/SN	4,061	104
GP Prescribing	21,552	-
AHP Services	5,364	146
General Medical Services	15,887	-
Community Hospitals	4,690	122
BAES	246	-
Other	2,130	-
Sexual Health	566	6
Public Dental Services	4,184	85
Community Pharmacy Services	3,690	-
Continence Services	430	3
Smoking Cessation	250	4
Accommodation Costs	985	-
Resource Transfer	2,563	-
Primary and Community Management	1,466	22
Health Promotion	421	8
Ophthalmic Services	1,577	-
Total**	**87,652**	**826**

*Alcohol and Drugs funding excludes funding recurrently allocated to BAS which is Included in Mental Health

** The above figures are based on 2015/16 opening recurring direct budgets.

Range of services and indicative base budgets to be delegated by Scottish Borders Council to the Integration Joint Board*

Service	**Base Budget 2015-16 (£'000s)**	**Base WTE**
Learning Disability Service	14,488	101
Mental Health Service	1,988	23
Alcohol and Drug Service	197	4
Older People Services	23,669	484
Physical Disability Service	2,897	5
Assessment and Care Management	238	8
Management and Planning	669	11
Localities	2,636	61
BAES	471	11
Duty Hub	51	5
Extra Care Housing	353	-
Joint Health Improvement	116	-
Respite	42	-
Other	(248)	6
Total	**47,567**	**719**

* The above figures are based on 2015/16 opening budgets

NHS BORDERS - Indicative base budgets which relate to set aside services for NHS Borders*

Service	**Base Budget 2014-15 (£'000s)**	**Base WTE**
Accident and Emergency including OOH	4,051	73
Medicine for the Elderly	5,662	131
General Medicine inc Palliative Care, Respiratory, Renal	10,521	178
Total	**20,234**	**382**

* The above figures are based on 2015/16 opening recurring direct budgets

APPENDIX 5

DUE DILIGENCE

Introduction

The Professional Guidance, Advice and Recommendations for Shadow Integration Arrangements has a section on Financial Assurance relating to the Integration Scheme in the first instance. This has been supplemented by guidance issued in October 2014 by the Integrated Resources Advisory Group (IRAG).

While the Integration Joint Board Chief Financial Officer will have responsibility to establish financial governance systems for the proper use of the delegated resources. The appointment to Chief Financial Officer will not be made until after the Integration Joint Board has been established. Therefore the responsibility for appropriate due diligence and financial planning for the Integration Joint Board continues to lie with the Health Board Director of Finance and Scottish Borders Council's Chief Financial Officer (Section 95 Officer) until this appointment is made.

The Chief Internal Auditor of Scottish Borders Council, as the Chief Internal Auditor of the Integration Joint Board, will apply professional judgement to the due diligence process undertaken.

Financial Assurance

A formal process of financial assurance will involve a detailed review of all relevant records to assess the resources and risks associated with them. Each organisation will be able to place reliance on assurances from each other for their respective delegated resources.

The assurance process should be proportionate to the potential risks and should cover the whole transition period from pre-integration through implementation to post integration.

The financial assurance process should focus on two main areas:

- **Financial Governance**
  NHS Borders Director of Finance and Scottish Borders Council's Chief Financial Officer discharge their responsibility, as it relates to the resources that are delegated to the integration Joint Board, by setting out in the Integration Scheme:

  - The purposes for which resources are to be used.
  - The systems and monitoring arrangements for financial performance management.

NHS Borders Director of Finance and Scottish Borders Council's Chief Financial Officer have responsibility to ensure that the Integration Scheme enables them to discharge their responsibilities in this respect.

- **Financial Assurance and Risk Assessment**
  The Integration Joint Board Chief Financial Officer will have a responsibility to establish financial governance systems for the proper use of the delegated resources. This appointment will not be made until the Integration Joint Board has been established, therefore the responsibility for the appropriate due diligence and financial planning for the Integration Joint Board will remain with Borders Health Board Director of Finance and Scottish Borders Council's Section 95 Officer until the appointment is made.

Budget Mapping

There is preliminary agreement on the services that will become the responsibility of the Integration Joint Board. The mapping of budgets, related staff and activities will give a greater understanding of the overall finances available to the partnership and will assist in planning future services. This is in line with the regulations for services delegated to the Integration Joint Board.

Five year's budgets and expenditure levels have been included that clearly highlight the level of expenditure and budget within these services.

The financial information provides clarity on the level of funding included in these budgets

Including:
- Movements from the prior year
- Pay uplift
- Non-pay uplift
- Demographic investment
- Developments

- Efficiency savings delivered in prior year and planned to be delivered in the current year, assessed both financially and for service impact. It is agreed that any slippage on efficiency from prior years will be carried into the first year of the Integration Joint Board.
- Any other issue that has impacted on budget/expenditure levels

Capital Budgets and Assets

While not a direct budget of the Integration Joint Board there is clarity on the capital plan and the use of capital assets relating to both NHS Borders and Scottish Borders Council associated with the provision of services.

Risks

Risks have been quantified where possible and measures to mitigate risk identified.

Reporting

The Shadow Integration Joint Board receives regular reports on the assurance work until the Integration Joint Board is established. The Integration Joint Board Audit Committee will receive them thereafter.

The Internal Auditors for NHS Borders and Scottish Borders Council will provide reports on the assurance process to the relevant Audit Committees. These reports will be shared with the Integration Joint Board.

Following establishment of the Joint Integration Board the three Audit Committees must receive a post-integration report. This report must be prepared within the first year and contain:

- An evaluation of the actual risk and financial performance against the pre-integration assumptions.
- Performance on relevant integration milestones.
- Lessons learned.
- Assessment as to whether the Integration Joint Board is on course to deliver the long term benefits.

Service Planning

Any impact of finance changes on the service plans will be highlighted to the Integration Joint Board.

The Role of the Audit Committee

The three Audit Committees will verify that officers have effective assurance processes in place. Where possible these Audit Committees should obtain assurance on:

- The financial guidance to be included in the integration scheme.
- The plans for financial governance, assurance and risks.
- The agreed financial metrics used to assess whether the objectives of integration have been met.
- A process for obtaining baseline data is in place.

Following establishment of the Integration Joint Board Audit Committee an assurance report will be issued containing the following:

- A review of the financial guidance included in the integration scheme. This will ensure that the guidance enables the Integration Joint Board to carry out its functions.
- Formally assess whether the resources to be made available to the Integration Joint Board are adequate for it to deliver its objectives.

- The financially associated risks and assumptions are reasonable and clearly understood.
- That the respective risk management arrangements have been updated to incorporate risks associated with integration

APPENDIX 6

FINANCIAL PLANNING

The Chief Officer and the Integration Joint Board Chief Financial Officer, with the support of the management teams of NHS Borders and Scottish Borders Council, will develop on an annual basis a five year financial revenue plan based on the strategic plan. The strategic plan will be developed to ensure that the Integration Joint Board's objectives and outcomes will be met and this position will be represented in the financial plan. The associated financial plan must be agreed by NHS Borders and Scottish Borders Council and the Integration Joint Board.

The financial plan will be reviewed and updated each year to reflect:

- Performance against outcomes
- Activity changes
- Pay increases
- Price changes and the introduction of new drugs/technology
- Agreed service changes including the effect of demographic challenges
- Legal/statutory amendments/requirements
- Resource transfer inflationary uplift (either national or local)

As part of the development of the strategic plan (between October and February) the Integration Joint Board will work in conjunction with NHS Borders and Scottish Borders Council to agree both capital and revenue plans for the partnership. This will ensure the revenue consequences of capital, proposed savings and any revenue developments are incorporated in the agreed financial plans.

Service developments reviewed as part of the strategic plan will be subject to Integration Joint Board and corporate consideration, evaluation and prioritisation before inclusion in the financial plan. Any excess of spending plans over available resources will require to be balanced by savings. All revenue savings proposals must be deliverable and achievable within the identified financial year unless otherwise stated.

Capital and assets will continue to be controlled and managed by NHS Borders and Scottish Borders Council. The Integration Joint Board will need to develop business cases for any planned investment or change in the use of assets for consideration by both NHS Borders and Scottish Borders Council. five year capital plans will be produced by NHS Borders and Scottish Borders Council.

National guidance, the Single Outcome and Local Delivery Plan agreement and corporate priorities of the NHS Boards and Scottish Borders Council will be used as the basis for prioritising the resources available to the partnership.

The level of payment from both NHS Borders and Scottish Borders Council to the Integration Joint Board will be based on the approved financial plan. This will set the

total payment that the Integration Joint Board can make to both NHS Borders and Scottish Borders Council for services.

Borders Health Board will include it in its payment to the Integration Joint Board the Resource Transfer payment with Scottish Borders Council making a corresponding reduction in its payment to the Integration Joint Board to cover the loss of resource transfer income.

FINANCIAL PLANNING TIMETABLE

	SBC	**NHS Borders**	**Integrated Joint Board**
September	CMT – agrees position statement and scenarios		
October	Budget Working Group - reviews CMT work	Draft budget issued by SG and impact on the financial plan reviewed . Assess financial impact of service delivery requirements. Discussion of the financial outlook with the Clinical Executive Strategy Group and Board Executive Team	Draft budget outlook presented to IJB
November	First draft budget to CMT and BWG	Recosting of the baseline pay budget and roll forward of supplies Engagement with services on the financial outlook	Key commissioning intentions costed. Negotiations with partner organisations
December		Draft budget to Board Executive team	First draft of budget to IJB based on delegated outcomes
January	Payment to Integration Joint Board to be calculated	Recommendations by the Clinical Executive Strategy Group on service delivery requirements to be supported Engagement with key groups (including IJB) on the financial plan	Engagement with partner bodies Draft payment schedule
February		Budget finalised by SG. Board discussion and review of the financial	Final draft of budget presented ot IJB

		plan Draft plan submitted to SG for comment and review	
March		Final plan submitted to SG and approval of the financial plan by the Board	Budget approved by IJB

APPENDIX 7

AUDIT ARRANGEMENTS

Introduction

The Professional Guidance, Advice and Recommendations for Integration Arrangements has a section on Financial Assurance relating to the Integration Scheme in the first instance. This has been supplemented an update issued in October 2014 by the Integrated Resources Advisory Group (IRAG).

These audit arrangements should be read in conjunction with the role of Audit Committees outlined in Finance Appendix 2 Due Diligence.

The Integration Joint Board will be required to follow good practice for Audit. This will involve Internal Audit, External Audit and the establishment of an Audit Committee.

1. Internal Audit

It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements. It is their role to review the adequacy of the procedures for risk management, governance and control of the delegated resources. The Internal Audit service will be provided by the Internal Audit team from Scottish Borders Council through a service level agreement. In addition to this the Chief Internal Auditor from Scottish Borders Council should fulfil the role in the Integration Joint Board in addition to their current role.

As the Integration Joint Board is not empowered to provide services the Internal Audit plan of the Integration Joint Board is expected to be limited to:

- The strategic plan and planning process and the adequacy of the governance arrangements.
- Financial plan underpinning the strategic plan.
- Relevant issues raised from NHS Borders Health Board and Scottish Borders Council Internal Auditors.

The Internal Audit plan of the Integration Joint Board should be developed by the Chief Internal Auditor of the Integration Joint Board and approved by the Integration Joint Board Audit Committee. This should be shared with the relevant committees of NHS Borders and Scottish Borders Council.

The Chief Internal Auditors for the Integration Joint Board, Scottish Borders Council and NHS Borders will share information and co-ordinate activities with each other, external providers of assurance to ensure proper coverage and avoid duplication of effort.

The Internal Audit service will be provided by the Internal Audit team from Scottish Borders Council through a service level agreement. In addition to this the Chief Internal Auditor from Scottish Borders Council should fulfil the role in the Integration Joint Board in addition to their current role.

The Integration Joint Board Chief Internal Auditor should report to the Chief Officer and the Integration Joint Board on the annual audit plan, delivery of the plan and recommendations and should provide an annual Internal Audit report, including the audit opinion. The annual Internal Audit report should be shared with NHS Borders and Scottish Borders Council through the reporting arrangements in those bodies for Internal Audit.

The operational delivery of services within NHS Borders and Scottish Borders Council on behalf of the Integration Joint Board will be covered by their respective Internal Audit arrangements as at present.

2. External Audit

The Integration Joint Board will require an External Audit and this will be carried out by external auditors appointed to the Integration Joint Board by the Accounts Commission.

3. Audit Committee

The Integration Joint Board will require a form of Audit Committee. The Integration Joint Board should make appropriate and proportionate arrangements, for consideration of the audit provision and annual financial statements, which are compliant with good practice governance standards in the public sector. This should include any reports from Internal Audit, External Audit and the annual accounts. The Audit Committee should meet at least twice per year.

It will be the responsibility of the Integration Joint Board to agree the membership having regard to the agreed remit, skills and good practice for a public sector Audit Committee[1]. It is anticipated that members of the Integration Joint Board will serve in this capacity.

[1] On Board: A Guide for Board Members on Public Bodies in Scotland, 2006 , section 4.8 Audit Committees http://www.scotland.gov.uk/Topics/Government/public-bodies/On-Board

APPENDIX 8

CHIEF FINANCE OFFICER ROLE

JOB PURPOSE
Is responsible to the Chief Officer for the planning, development and delivery of the Integration Joint Board's five year financial strategy.
Is responsible for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer and for the financial administration and financial governance of the Integration Joint Board.
The post holder is the Accountable Officer for financial management and administration of the Integration Joint Board. The Chief Finance Officer's responsibility includes assuring probity and sound corporate governance and responsibility for achieving Best Value.
DIMENSIONS
Is a key member of the Senior Leadership Team, helping it to plan, develop and implement business strategy and to resource and deliver the Integration Joint Board's strategic objectives sustainably and in the public interest.
Is responsible for developing the financial strategy of the Integration Joint Board.
Must lead the promotion and delivery by the Integration Joint Board of good financial management so that public money is safe-guarded at all times and used appropriately, economically, efficiently and effectively.
KEY RESULT AREAS
Developing and implementing Organisational Strategy
Providing a strategic financial focus to the strategy of the Integration Joint Board.
Establish a process of regular in-year reporting and forecasting in conjunction with the Health Board and Local Authority Directors of Finance to provide the Chief Officer and the Integrated Joint Board with management accounts for the Integration Joint Board.
Develop business cases for the resources of the Integration Joint Board in line with the method set out in the integration scheme in conjunction with the Chief Officer.
Work collaboratively with the Partnership Senior Management Team to achieve the objectives of the Partnership.
Identify priority areas for action and contribute to policy development to address these in the short, medium and long-term in a way which draw on a sound theoretical base and personal experience and knowledge of financial management.
Supporting the Chief Officer to ensure efforts within the Partnership are co-

ordinated to improve health, reduce inequalities, improve health and social care services, and increase social inclusion based on the user's journey.
Influencing Decision Making
Responsible for ensuring effective liaison and working relationships with all financial functions within the Health Board, Council and other partnerships.
Contribute to relevant wider NHS, Council and Community Planning Partnership Strategy.
Contribute to the delivery of a comprehensive and coherent performance management system, facilitating real performance improvement across the Partnership, reducing duplication and delivering excellence in governance.
Financial Information for Decision Makers
Deliver professional, consistent and appropriate financial management across the Partnership in line with statutory accounting guidance and regulations.
Value For Money
Responsibility for Best Value assessment contributing to the Partnership's strategic plan, playing a key role in the production and development of the plan.
Monitor and advise on the strategic financial implications/considerations of Best Value.
Safeguarding Public Money
Manage all aspects and take a lead role in the development of financial governance, control and compliance, management of risk, insurance and deliver a comprehensive financial management system for the Health and Social Care Partnership.
Assurance and Scrutiny
Plan, monitor, co-ordinate and ensure completion of the annual closure of the Partnership's accounts and the production of the annual financial statements, ensuring compliance with statutory reporting requirements.
Establish procedures in conjunction with the Health Board's Accountable Officer and Local Authority Section 95 Officer to allow the best practice principles as set out in the Code of Guidance on Funding External Bodies and Following the Public Pound to be followed.
Act as point of contact with the External Auditor in respect of the audit of the financial statements and liaising with them during this process.
Receive assurance from Health Board and Local Authority Directors of Finance re anti-fraud measures within their organisations and to develop any necessary local

procedures to monitor anti-fraud measures designed to reduce risk.
Ensure that Financial Risk Management is properly addressed within the Integration Joint Board.

Appendix 2

SCHEME OF ADMINSTRATION
SECTION XV

SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (incorporating the COMMUNITY HEALTH AND CARE PARTNERSHIP)

General

The Integration Joint Board shall be an Advisory Committee of NHS Borders and Scottish Borders Council meeting together during the shadow period up to 1 April 2016 or until the Strategic Plan is approved if earlier.

Constitution

(a) Five Elected Members of Scottish Borders Council being:-

- (i) the Leader
- (ii) the Depute Leader (Finance)
- (iii) the Depute Leader (Health Service)
- (iv) Executive Member for Social Work
- (vi) One other Elected Member

(b) Five Members of NHS Borders

(c) A number of advisory (non-voting) members as identified by the Joint Integration Board, including:

- (i) Health and Social Care representatives
- (ii) Chief Social Work Officer
- (iii) Chief Financial Officer of the Joint Integration Board
- (iv) from the staff side
- (v) from the third sector
- (vi) from carers
- (vii) from service users
- (viii) Chief Officer of the Joint Integration Board

Chairman

The first Chairman of the Board shall be from the body not employing the Integration Board's Chief Officer, with the Vice-Chairman from the body employing the Chief Officer. The Chairman shall not have a casting vote.

Quorum

Three Elected Members from Scottish Borders Council and three members from NHS Borders shall constitute a Quorum

Budgets

Any delegated budgets shall operate as aligned budgets and shall require the final approval of Scottish Borders Council and NHS Borders respectively.

Functions Referred
The following functions of the Council and NHS Board, within policy, budget and legislative requirements, shall stand referred to the Board: -

1. All arrangements relating to matters detailed in, and limited to, the Scheme of Integration concerning:

    (a) Local Governance Arrangements
    (b) The specific services delegated
    (c) Local Operational Delivery Arrangements
    (d) Clinical and Care Governance
    (e) Chief Officer
    (f) Workforce
    (g) Finance
    (h) Participation and Engagement
    (i) Information Sharing and data handling
    (j) Complaints
    (k) Claims Handling, Liability & Indemnity
    (l) Risk Management
    (m) Dispute Resolution

Functions Delegated
Where detailed in the Scheme of Integration, functions are referred to the Board for consideration and recommendation only and must receive approval of the Council.