

Borders NHS Board



INTEGRATION OF HEALTH & SOCIAL CARE – ESTABLISHING A STRATEGIC PLANNING GROUP

Aim

The aim of this paper is to propose establishing a Strategic Planning Group to support the integration of Health & Social Care in the Borders.

Background

As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board must produce a Strategic Commissioning Plan that sets out how they will plan and deliver services for the Borders over the medium term (three years) and, through this, how they will meet the 9 National Health and Wellbeing Outcomes and achieve the core aims of integration:

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

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

The role of the Strategic Planning Group (SPG) is to support the Integration Joint Board in the cyclical development and finalising of the Plan and the continuing review of the progress in its delivery against the agreed national and local outcomes. In terms of governance, the SPG is a reference and advisory group reporting to the Integration Joint Board. It has no executive function.

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

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

- How do we monitor and review these services?

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

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

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

Prescribed Groups

The Statutory Guidance on Strategic Planning, published in December 2014, provides local flexibility on the size and composition of the Strategic Planning Group. However, the Integration Authority is required to involve a range of relevant stakeholders. These groups must include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest. These are:

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

The Integration Authority can include other persons it considers appropriate, and must include members nominated by the Local Authority or the Health Board, or both. In effect, this provides for the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic commissioning plan.

Including the required representation within the Strategic Planning Group has the potential to create a large and unwieldy Group. There is clearly the need to strike a balance between an effective and manageable group and effective representation of prescribed communities of interest as well as localities. Feedback from other Integration Partnerships

across Scotland suggests that the Sizes of Strategic Planning Groups vary from between 15 and 70.

Proposed Composition of the Strategic Planning Group

The proposal set out below is based on the following principles:

- Group members represent their communities of interest/professional groups.
- Group members will ensure that localities are represented. (Locality responsibilities will be assigned to Group members).
- There will be a General Practitioner representative on the Group as one of the prescribed Health Professionals.
- The arrangements are seen as a starting point and are kept under review to ensure that they are as effective as possible.

It is proposed that the representation from the NHS and Council, over and above the prescribed list, is as set out in Table 1 below.

Table 1. NHS Borders and Scottish Borders Representatives

Role	No.	Description
Chair	1	Up to October 2015, it is proposed that the Chair be the Executive of the Strategic Planning Work Stream in the Integration Programme (currently Dr. Eric Baijal). After October 2015, this role will be taken by the Chief Officer.
NHS Reps	2	Lead officers in the drafting/commissioning process.
SBC Reps	2	Lead officers in the drafting/commissioning process.
Staff Rep	2	Representatives from the Joint Staff Forum

Other officials may be required to attend any meetings as and when required.

The proposal is for an 18 member model based on the 7 representatives in Table 1, and single representatives from the prescribed groups – with the exception of Commercial and Non Commercial providers of both Health Care (a single rep for the two groups) and similarly a single rep for both Commercial and Non-Commercial providers of Social Care. Health professionals have two representatives, one of which is a GP rep, see Figure 1 below.

Process & Timescales for Establishing the Strategic Planning Group

If both the Council and NHS Board agree the model, representatives will be recruited to ensure that the Group is in place by end of March. A first, induction meeting will be arranged at the end of March/beginning of April and the Group will be need to be in place in time to review of the first draft of the Strategic Commissioning Plan and the development of the second draft (scheduled from 6th April – 5th May).

Terms of Reference

A draft Terms of Reference is set out in Appendix 1 and sets out both the role of the group and the role of representatives. The draft Terms of Reference are currently out to

consultation with members of the Strategic Planning Project Board and will be updated in the light of their comments.

It is anticipated that, after initiation, the Strategic Planning Group will meet formally no more than once a quarter. A detailed schedule of meetings will be drafted in line with the cycle of developing, monitoring and renewing the Strategic Commissioning Plan. It is also anticipated that, at least annually, there would be a wider event involving the wider stakeholders that the Strategic Planning Group represents.

Figure 1 – Proposed Model for the Strategic Planning Group



Summary

This report proposes arrangements for establishing a permanent Strategic Planning Group to support the arrangements for the Integration of Health and Social Care in the Borders.

The report sets out:

- The duty, under the Joint Working (Public Bodies) (Scotland) Act 2014 to establish a Strategic Planning Group to support the local arrangements for the integration of Health and Social Care.
- Proposals for the composition of the Strategic Planning Group
- The process and timescales for establishing the Strategic Planning Group
- Draft Terms of Reference for the Strategic Planning Group, including a role description for the Group

Recommendation

The Board is asked to **approve** the recommendation of the Integration Shadow Board to establish the Strategic Planning Group in support of the local Integration of Health and Social Care arrangements.

Policy/Strategy Implications	The Integration Joint Board requires a Strategic Planning Group to meet legal requirement and deliver its necessary function.
Consultation	-
Consultation with Professional Committees	-
Risk Assessment	There is a risk that, if the proposal is not approved, the Partnership 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.
Compliance with Board Policy requirements on Equality and Diversity	An Equalities Impact Assessment has been carried out on this proposal. It is anticipated that it will promote inclusion and that there will be no adverse equality implications. As attached.
Resource/Staffing Implications	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.

Approved by

Name	Designation	Name	Designation
Eric Baijal	Joint Director of Public Health and Chair, Strategic Planning Project Board		

Author(s)

Name	Designation	Name	Designation
James Lamb	Portfolio Manager		

Scottish Borders Council

Stage 1 Equality Impact Assessment

(For Early Proposals, Project Initiation)

1.	Title of Proposal:	Integration of Health and Social Care - Establishing a Strategic Planning Group Report
----	---------------------------	--

(Please enter the title or reference for your proposal)

2.	Service Area: Department:	Adult Health & Social Care Social Work – Joint Working with the NHS
----	--	--

(Please enter the department/service area submitting the proposal)

3.	Description:	<p>This report proposes arrangements for establishing a permanent Strategic Planning Group to support the arrangements for the Integration of Health and Social Care in the Borders.</p> <p>The report sets out:</p> <ul style="list-style-type: none">(a) The duty, under the Joint Working (Public Bodies) (Scotland) Act 2014 to establish a Strategic Planning Group to support the local arrangements for the integration of Health and Social Care.(b) Proposals for the composition of the Strategic Planning Group(c) The process and timescales for establishing the Strategic Planning Group(d) Draft Terms of Reference for the Strategic Planning Group, including a role description for the Group
----	---------------------	--

(Please enter a full description of your proposal including its aims and objectives)

4.	Relevance to the Equality Duty.	
	Do you believe your proposal has any relevance to the following duties of the Council under the Equality Act 2010? (If you believe that your proposal may have some relevance – however small please indicate yes)	
	Duty	Yes/No
	Elimination of discrimination (both direct & indirect), victimisation and harassment. <i>(Could your proposal discriminate? Or help eliminate discrimination?)</i>	The proposal does not discriminate.
Promotion of equality of opportunity? <i>(Could your proposal help or hinder the Council with this)</i>	The proposal contributes to the wider Integration of Social Care and Health arrangements and to the National Health & Wellbeing Outcomes which includes the reduction of health inequalities.	
Foster good relations? <i>(Could your proposal help or hinder the council's relationships with those who have equality characteristics?)</i>	The Partnership's approach to developing its Health & Social Care arrangements involves engagement with all stakeholders. The proposal, itself, seeks to establish an advisory body which will represent all stakeholders including new and existing groups involved in commissioning services.	

5.	Which groups of people may be impacted (both positively and negatively) if the proposal is advanced? (Please x all that apply).				
	Equality Characteristic	Impact			Description
		No Impact	Possible Positive Impact	Possible Negative Impact	
Age (Older or younger people or a specific age grouping)		Yes		The proposals seek to establish a Standing Group that will support the Integration Joint Board (the key governance body behind our integrated Health and Social Care arrangement) with the engagement of all stakeholders in the development, review and renewal of its Strategic Commissioning Plan. As a result, this proposal aims to ensure that this stakeholder group has a	

				voice in shaping the services that affect them.
Disability e.g. Effects on people with mental, physical, sensory impairment, learning disability, visible/invisible, progressive or recurring		Yes		As above.
Gender (Males, Females, Transgender or Transsexual people)	X			Not directly – but as stakeholders, the proposals aim to ensure that their views are represented as part of the stakeholder engagement through the Strategic Planning Group. Again this is related to the outcome on reducing health inequalities.
Race Groups: including colour, nationality, ethnic origins, including minorities (e.g. gypsy travellers, refugees, migrants and asylum seekers)	X			Not directly – but as stakeholders, the proposals aim to ensure that their views are represented as part of the stakeholder engagement through the Strategic Planning Group. Again this is related to the outcome on reducing health inequalities.
People with Religious or other Beliefs: different beliefs, customs (including atheists and those with no aligned belief)	X			Not directly – but as stakeholders, the proposals aim to ensure that their views are represented as part of the stakeholder engagement through the Strategic Planning Group. Again this is related to the outcome on reducing health inequalities.
Sexual Orientation, e.g. Lesbian, Gay, Bisexual, Heterosexual	X			Not directly – but as stakeholders, the proposals aim to ensure that their views are represented as part of the stakeholder engagement through the Strategic Planning Group. Again this is related to the outcome on reducing health inequalities.
Carers (those who have caring		Yes		Yes, this is a specific stakeholder group that will be represented on and by the Strategic Planning Group

responsibilities for someone with an equality Characteristic)				
Employees (those employed by the Council including full time, part time and temporary)		Yes		Again, staff will be involved represented on and by the Strategic Planning Group – in two respects – through their professional groupings and also via the Joint Staff Forum.

6.	Mitigation	
	Where you have identified a potential negative impact, please detail what mitigations will need to be put in place in order for your proposal to progress. If you are unsure of the answer please state this and recommend further investigation.	
	Characteristic	Mitigation

7.	How certain are you of the answers you have given?	
	Answer	Tick One
	Certain - I could provide evidence to support my answers if asked.	
	Fairly Certain – but don't have concrete evidence to support my answers so would recommend further assessment is conducted if the proposal is progressed.	X The proof will be in the implementation of the proposals.
	Not Certain – further assessment is recommended if proposal is progressed.	

Completed By			
Name	James Lamb	Service Area.	Integration of Health & Social Care
Post	Programme Manager	Date	5 th February 2015

This assessment should be presented to those making a decision about the progression of your proposal.

If it is agreed that your proposal will progress, you must send an electronic copy to corporate communications to publish on the webpage within 3 weeks of the decision.

For your records, please keep a copy of this Equality Impact Assessment form.

Strategic Planning Group – Terms of Reference

1. Purpose

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

2. Background

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

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

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

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

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

3. Strategic Commissioning Plan

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

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

4. Strategic Planning Group (SPG)

Stakeholder Engagement

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

Role

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

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

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

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

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

Localities

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

5. Members Roles

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

Members will be expected to:

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

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

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