



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

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# Scottish Borders Health & Social Care Integration Joint Board

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## **Code of Corporate Governance**

Approved	
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# **Health and Social Care Integration Scheme for the Scottish Borders**

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## **Preface**

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

The Act requires that the Local Authority and the Health Board jointly prepare, consult and then agree an Integration Scheme for the Local Authority Area, prior to them submitting it to Scottish Ministers for final approval. The Act states that the purpose of an integration scheme is to set out:

- which integration model is to apply; and
- the functions that are to be delegated in accordance with that model.

The Act also requires that the Health Board and the Local Authority undertake a joint consultation as part of the preparation of their integration scheme. This Integration Scheme describes how the new Act will be applied within the Scottish Borders.

Individuals and communities in the Scottish Borders have benefited from the integration of designated Health and Social Care services already. This Integration Scheme has been informed by considerable local experience of developing and delivering integration in practice; and also benefitted from a considerable amount of on-going dialogue and positive interaction with a range of stakeholders over recent years. The Health Board and the Local Authority are committed to continuing that constructive engagement.

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

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

## Introduction

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

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

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

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

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

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

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of its functions set out within the Integration Scheme in Section 4. This scheme covers the health and wellbeing of all adults including older people and universal children’s health services in accordance with Section 29 of the Act. Further, the Act gives the Health Board and the Local Authority, acting jointly, the ability to require that the Integration Joint Board replaces their Strategic Commissioning Plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

## **Vision, Aims and Outcomes of the Integration Scheme**

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

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

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

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

# INTEGRATION SCHEME

## The parties:

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

and

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

## 1. Definitions and Interpretation

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

- “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “Integration Joint Board” means the Integration Joint Board to be established by Order under section 9 of the Act;
- “Outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act
- “The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
- “Integration Joint Board Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014
- “Scheme” means this Integration Scheme;
- “Strategic Commissioning Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and universal children’s health services in accordance with section 29 of the Act.
- “Universal children’s health services” refers to the functions exercisable in relation to the health care services set out in paragraphs 11-15 of Appendix 2, Part 2, Section 3, which are delegated in relation to persons of any age.
- “Payment” means the term used in legislation to describe the integrated budget contribution to the Integration Joint Board. This payment does not require a cash transaction to be made. The term is also used to describe the non cash transaction the

Integration Joint Board makes to the Health Board and Local Authority for carrying out the directed functions.

1.2 In implementation of their obligations under the Act, the Parties hereby agree as follows:

- In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for Scottish Borders, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

## **2. Local Governance Arrangements**

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

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

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

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

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

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

- 2.7 As agreed by Borders Health Board and Scottish Borders Council, the Integration Joint Board shall comprise five NHS Non-Executive Directors appointed by Borders Health Board, and five Elected Councillors appointed by Scottish Borders Council. The Integration Joint Board will include non-voting members as prescribed by Regulation 3 of the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014.
- 2.8 The term of office of voting Members of the Integration Joint Board shall last as follows:
- (a) for Local Government Councillors, three years, thereafter Scottish Borders Council will identify its replacement Councillor(s) on the Integration Joint Board,
  - (b) for Borders Health Board nominees, three years, thereafter Borders Health Board will identify its replacement Non Executive(s) on the Integration Joint Board.
- 2.9 At the first meeting of the Integration Joint Board it 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.
- 2.10 The initial appointment of the Chair and Vice Chair will be for a period of 12 months.
- 2.11 The terms of office for the Chair and Vice Chair shall rotate on an annual basis.
- 2.12 All appointments, including the appointment of the Chair and Vice Chair, will be reviewed every 3 years. Members can be reappointed.

### **3. Delegation of Functions**

- 3.1 The functions that are to be delegated by Borders Health Board to the Integration Joint Board are set out in Part 1 of Appendix 2. The services to which these functions relate, which are currently provided by Borders Health Board and which are to be integrated, are set out in Part 2 of Appendix 2.
- 3.2 Each function listed in column A of Part 1 of Appendix 2 is delegated subject to the exceptions in column B and only to the extent that:
- (a) There are a number of functions delegated at Section 3 of Part 2 of Appendix 2 which are delegated in relation to persons of any age (universal children's health services)); and
  - (b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed in Section 1 of Part 2 of Appendix 2; or

(c) The function is exercisable in relation the health and care services listed in Section 2 of Part 1 of Appendix 2.

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

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

#### **4. Local Operational Delivery Arrangements**

4.1 The Integration Joint Board is responsible for the strategic planning and oversight of the delivery of the services related to the functions delegated to it. This will be carried out by the development of a Strategic Commissioning Plan as per section 29 of the Act. This plan will set out the arrangements for carrying out the integration functions and how these will contribute to achieving the nine National Health and Well-Being outcomes. As per Section 26 of the Act, the Integration Joint Board will give direction to Borders Health Board and Scottish Borders Council to carry out each function delegated to it. Assurance to the Integration Joint Board over the performance of services delivered by Borders Health Board and Scottish Borders Council will be provided by regular and frequent monitoring to the Integration Joint Board by the Chief Officer.

4.2 The Integration Joint Board will have provided to it, the necessary resources to undertake the functions delegated by Borders Health Board and Scottish Borders Council.

4.3 Borders Health Board and Scottish Borders Council Executives responsible for the delivery and management of any services within the scope of the Integration Joint Board, will report on performance on a regular basis to the Integration Joint Board through the Chief Officer.

4.4 The Integration Joint Board will:-

a. Appoint its Chief Officer.

b. Appoint its Chief Financial Officer.

c. Convene a Strategic Planning Group specifically to enable the preparation of Strategic Commissioning Plans in accordance with section 32 of the Act; inform significant decisions outside the Strategic Commissioning Plan in accordance with section 36 of the Act; and review the effectiveness of the Strategic Commissioning Plan in accordance with section 37 of the Act, in line with the obligations to meet the engagement and consultation standards.

- d. Prepare, approve and implement a Strategic Commissioning Plan for all of its delegated functions, in accordance with the Act; supported by an integrated workforce and organisational development plan.
- e. Establish arrangements for locality planning in support of key outcomes for the agreed localities in the context of the Strategic Commissioning Plan.
- f. Approve the Strategic Commissioning Plan as presented by the Chief Officer, before the integration start date in accordance with the Act.
- g. Approve the allocation of resources to deliver the Strategic Commissioning Plan within the specific revenue budget as delegated by each Party (in accordance with the standing financial instructions/orders of both Parties), and where necessary to make recommendations to either or both Parties.
- h. Prepare and publish an annual financial statement that sets out the amount that the Integration Joint Board intends to spend in implementation of the Strategic Commissioning Plan in accordance with the Act.
- i. Share an Annual Report with Borders Health Board and Scottish Borders Council.
- j. Have oversight of the performance of all the services referred to in 3.1, 3.2, 3.3 and 3.4 above, through the Chief Officer.

4.5 The Integration Joint Board may consider the following:

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

## **4.6 Targets and Performance Management**

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

- 4.6.2 Both parties will develop for the Integration Joint Board a Performance Management Framework with a list of all relevant targets, measures and arrangements which relate to the integration functions and for which responsibility is to transfer, in full or in part, to the Integration Joint Board. Scottish Borders Council and Borders Health Board have existing performance management processes and the Integration Performance Management Framework will align with those processes to avoid duplication and streamline reporting and will as far as possible, draw on existing data sets and reporting mechanisms.
- 4.6.3 In meeting the delivery requirements of the national health and wellbeing outcomes, consideration will need to be given to any additional resource requirements for collecting and reporting information that is not currently collected, both in operational and support terms.
- 4.6.4 The Integration Joint Board will receive regular reports for the delegated functions from Borders Health Board and Scottish Borders Council on the delivery of integrated services and issue directions in response to those reports to ensure improved performance.
- 4.6.5 The Chief Officer will provide regular Strategic Commissioning Plan Performance Reports to the Integration Joint Board for members to scrutinise performance and impact against planned outcomes and commissioning priorities. This will culminate in the production of an annual performance report to the Integration Joint Board. The Strategic Commissioning Plan Performance Report will also provide necessary information on the activity and resources that relate to the planned and actual use of services, including the consumption patterns of health and social care resources by locality. The information will provide the opportunity for the Integration Joint Board resources to be used flexibly, to provide services co-designed with local communities, for their benefit.
- 4.6.6 The national and local performance measures and targets as they relate to the delegated functions outlined in 3.1, 3.2, 3.3 and 3.4 will be delegated in relation to the oversight of operational delivery arrangements and in relation to the strategic planning outcomes and performance reporting. These performance measures and targets may be fully or partially delegated by both Parties to the Integration Joint Board. Responsibility for financial planning and management of integrated budgets is the responsibility of the Integration Joint Board which is accountable for the delivery of the Strategic Commissioning Plan and associated financial objectives.
- 4.6.7 The performance management framework will be in place by the end of March 2016.

#### **4.7 Corporate Services Support**

4.7.1 With regard to corporate services support, Scottish Borders Council and Borders Health Board will by the end of March 2016, have:-

- identified the corporate resources used to deliver the delegated functions;

- agreed the corporate support services required to fully discharge Integration Joint Board duties under the Act.

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

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

4.7.3 By end of March 2016, agreements specifying the associated support services will be in place. These agreements will be kept under review during the initial year and, thereafter, will be reviewed formally (and agreed by all parties) annually.

4.7.4 In regard to support for strategic planning there will be set out local arrangements for the preparation of the strategic commissioning plan with support from Borders Health Board and Scottish Borders Council, taking into account the relevant activity and financial data covering the services, facilities and resources that relate to the Strategic Commissioning Plan. Local arrangements will be reviewed formally on an annual basis taking account of any changes to the Strategic Commissioning Plan.

## **5. Clinical and Care Governance**

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

5.2 The Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Director of Public Health) share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.

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

5.4 As part of the integration arrangements the Chief Social Work Officer will provide oversight and advice to the Integration Joint Board on the quality of social work

services delivered by social work staff through health and social care integrated services. The Chief Social Work Officer will continue to provide professional leadership for social work and be accountable for statutory decisions relating to Social Work. The Chief Social Work Officer is then held to account by Scottish Borders Council for such decisions and ensures that links are made across all Social Work services. The Chief Social Work Officer also advises Scottish Borders Council on the delivery of social work services through an annual report which will be made available to the Integration Joint Board for assurance purposes. Scottish Borders Council will in turn provide assurance to the Integration Joint Board via the Chief Social Work Officer.

- 5.5 The Integration Joint Board, and where required the Strategic Planning Group and Localities, will receive Clinical and Care Governance reports from the parties on matters relating to the delegated functions.
- 5.6 As part of the regular monitoring process the Integration Joint Board may, as required, also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance, including the Adult Protection Committee, Child Protection Committee (for universal childrens health services), Area Clinical Forum and Area Drug and Therapeutics Committee.
- 5.7 The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Director of Public Health) will support the Chief Officer and the Integration Joint Board in the manner they support Borders Health Board for the range of their responsibilities.
- 5.8 The Chief Social Work Officer will support the Chief Officer and the Integration Joint Board in the same manner they support Scottish Borders Council. Appropriate arrangements are in place for the Chief Social Work Officer to discharge their responsibility to health and social care staff who have a professional or corporate accountability to the Chief Social Work Officer.

## **6. Chief Officer**

- 6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act.
- 6.2 The Chief Officer will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Commissioning Plan, including overseeing the operational delivery of delegated services as set out in Appendices 2 and 3.
- 6.3 Where the Chief Officer does not have operational management responsibility for services included in integrated functions, the parties will ensure that appropriate communication and liaison is in place between the Chief Officer and the person/s with that operational management responsibility.
- 6.4 The Chief Officer will be a member of the Parties relevant senior management teams and be accountable to and managed by the Chief Executive's of both Parties.

- 6.5 The Chief Officer is seconded to the Integration Joint Board from the employing body.
- 6.6 Where there is to be a prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Scottish Borders Council's Chief Executive and Borders Health Board's Chief Executive will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair at the request of the Integration Joint Board.

## **7. Workforce**

- 7.1 Borders Health Board and Scottish Borders Council will jointly develop and put in place for their employees delivering integrated services, by the end of March 2016, a Joint Organisational Development Plan (which will cover the learning and development of staff and the development of an effective collaborative culture) and an outline Workforce Plan (to support the implementation of the strategic commissioning plan).
- 7.2 Core HR services will continue to be provided by the appropriate corporate HR functions in Scottish Borders Council and Borders Health Board.
- 7.3 The corporate HR functions in Scottish Borders Council and Borders Health Board will provide the necessary resources to ensure the development and implementation of the joint organisational development plan and the outline workforce plan and will, where appropriate, consult with stakeholders.
- 7.4 Both the joint organisational development plan and the outline workforce plan will be refreshed periodically by the parties and the Integration Joint Board.
- 7.5 Borders Health Board and Scottish Borders Council professional/clinical supervisions arrangements for professional and clinical staff will continue until superseded by any jointly agreed arrangements.

## **8. Finance**

- 8.1 The Integration Joint Board will seek assurance from Borders Health Board and Scottish Borders Council over the sufficiency of resources to carry out its delegated duties and adjust its performance accordingly, following which it will approve the initial amount delegated to it. This will continue in future years following negotiation with the other parties.
- 8.2 The arrangements in relation to the determination of the amounts paid, or set aside, and their variation, to the Integration Joint Board by Borders Health Board and Scottish Borders Council are set out below at sections 8.3, 8.4.8.5 and 8.6:-
- 8.3 Payment in the first year to the Integration Joint Board for delegated functions**
  - 8.3.1 The baseline payment will be established by reviewing recent past performance and existing plans for Borders Health Board and Scottish Borders Council for the functions to be delegated, adjusted for material items.
  - 8.3.2 Delegated baseline budgets will be subject to due diligence and comparison to recurring actual expenditure in the previous three years adjusted for any planned changes to ensure they are realistic. There will be an opportunity in the second year of operation to adjust baseline budgets to correct any inaccuracies.

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

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

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

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

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

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

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

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

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

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

Commissioning Plan viewed as a whole. Monitoring arrangements will include the impact of activity on set aside budgets.

## **8.6 In-year variations**

- 8.6.1 Neither Borders Health Board nor Scottish Borders Council may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within the constituent authorities, without the express consent of the Integration Joint Board and constituent authorities for any such change. Where appropriate supplementary resources are identified or received by Borders Health Board or Scottish Borders Council e.g. as a result of RSG redetermination, these will be passed on to the Integration Joint Board through increasing the level of budgets delegated to it.
- 8.6.2 The Chief Officer of the Integration Joint Board will deliver the agreed outcomes within the total agreed delegated resources. Where there is a forecast outturn overspend against an element of the operational budget the Chief Officer and the Chief Financial Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget with the relevant finance officer of the constituent authority. The recovery plan will need to be approved by the Integration Joint Board.
- 8.6.3 Should the recovery plan be unsuccessful the Integration Joint Board may request that the payment from Borders Health Board and Scottish Borders Council be adjusted, to take account of any revised assumptions. It will be the responsibility of the authority who originally delegated the budget to make the additional payment to cover the shortfall.
- 8.6.4 In the case of joint services any additional payment will be agreed pro rata in line with the original budget level.
- 8.6.5 The Integration Joint Board should make repayment in future years following the same methodology as the additional payment. If the shortfall is related to a recurring issue the Integration Joint Board should include the issue in the Strategic Commissioning Plan and financial plan for the following year.
- 8.6.6 Additional adjustments may be required, for example, when errors in the methodology used to determine the delegated budget are found. In these circumstances the payment for this element should be recalculated using the revised methodology.
- 8.6.7 Where there is a planned underspend in operational budgets arising from specific action by the Integration Joint Board it will be retained by the Integration Joint Board. This underspend may be used to fund additional capacity in-year or, with agreement with the partner organisations, carried forward to fund capacity in subsequent years. . The carry forward will be held in an ear-marked balance within Scottish Borders Council's general reserve. If an underspend arises from a material error in the assumptions made to determine the initial budget, the methodology of the payment may need to be recalculated using the revised assumptions.

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

- The Integration Joint Board will have financial accountability for the funding received as payments from Borders Health Board and Scottish Borders Council. This financial accountability will not apply to notional funding for Set Aside Budgets included within the Strategic Commissioning Plan.
- The Integration Joint Board will follow best practice guidelines for audit;
  - The Integration Joint Board and their Chief Financial Officer will receive financial management support from Borders Health Board and Scottish Borders Council who will:
  - Record all financial information in respect of the Integration Joint Board in an integrated database, and use this information as the basis for preparing regular, comprehensive reports to the Integration Joint Board.
  - Support the Chief Financial Officer of the Integration Joint Board to allow them to carry out their functions in preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the Strategic Commissioning Plan and other reports that may be required.
  - Ensure monthly financial monitoring reports relating to the performance of the Integration Joint Board against the delegated budget will be submitted to the Chief Officer within 15 working days of the month end for reporting to the Integration Joint Board.
  - Ensure regular reports will be prepared on the financial performance against the Strategic Commissioning Plan.
  - Provide a schedule of payments to the Integration Joint Board following approval of the Strategic Commissioning Plan and its related financial plan. It is intended that this will be a one-off payment made during April/May of each financial year. This payment may be subject to in-year adjustments.
  - In advance of each financial year a timetable of financial reporting will be submitted to the Integration Joint Board for approval.

## **8.7 Capital Assets:**

8.7.1 The Integration Joint Board will not own any capital assets but will have use of such assets which will continue to be owned by Borders Health Board and Scottish Borders Council who will have access to sources of funding for capital expenditure. In line with guidance, the Integration Joint Board will not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure.

8.7.2 The Chief Officer will consult with Borders Health Board and Scottish Borders Council to identify need for asset improvement owned by either party and where investment is identified, will submit a business case to the appropriate party which will be considered as part of each party's existing capital planning and asset management arrangements.

## **8.8 Year-end balances:**

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

## **9. Participation and Engagement**

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

- Staff of the Local Authority likely to be affected by the Integration Scheme;
- Staff of the Health Board likely to be affected by the Integration Scheme;
- Health professionals;
- Users of health care;
- Carers of users of health care;
- Commercial providers of health care;
- Non-commercial providers of health care;
- Social care professionals;
- Users of social care;
- Carers of users of social care;
- Commercial providers of social care;
- Non-commercial providers of social care;
- Non-commercial providers of social housing; and
- Third sector bodies carrying out activities related to health or social care.

9.2 Staff and practitioner events were held from October 2014 to January 2015. Engagement events took place in February 2015 in all 5 localities in Scottish Borders. The consultation over the Scheme of Integration was launched on 22 December 2014 (closing on 13 March 2015 – 12 week statutory consultation period) with a press release and emails to all identified stakeholders. The Draft Scheme of Integration was posted on both the Scottish Borders Council and Borders Health Board websites along with details of how people could respond or provide their comments and feedback. This included electronic forms and an email address as well as telephone and postal address.

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

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

framework has been developed to take into account these requirements, specifically Scottish Government Planning Advice note 2010 and CEL 4(2010) 'Informing, engaging and consulting people in developing health and community care services'

- 9.5 Communication and Engagement is vital to the success of integrated services and the reputation of all partners involved. The Parties will support the Integration Joint Board to develop a Communications and Engagement Plan that incorporates the continuing role of the Strategic Planning Group in the development, review and renewal of the Strategic Commissioning Plan. To do this, the Parties will provide appropriate resources and support to develop both a Communications Strategy and supporting action plan. The Strategy will ensure that Communications and Engagement/co-production is effectively linked to the role of the Strategic Planning Group. The Strategy and first iteration of the Communication and Engagement Plan will be in place by April 2016.

## **10. Information-Sharing**

- 10.1 The PAN Lothian and Borders General Information Sharing Protocol update was agreed by the Pan Lothian and Borders Data Sharing Partnership December 2014.
- 10.2 Scottish Borders Council, the Borders Health Board and the Integration Joint Board agree to be bound by the Information Sharing Protocol
- 10.3 This protocol describes the key principles the parties must adhere to for information to be shared lawfully, securely and confidentially. Other signatories will be added as appropriate.
- 10.4 Procedures for sharing information between Scottish Borders Council, Borders Health Board, and, where applicable, the Integration Joint Board will be drafted as Information Sharing Agreements and procedure documents, as required. This will be undertaken by a sub group (the Borders Data Sharing Partnership) on behalf of the PAN Lothian and Borders Data Sharing Partnership, and will detail the more granular purposes, requirements, procedures and agreements for the Integration Joint Board and their delegated function.
- 10.5 The national protocol on information sharing – Scottish Accord for the Sharing of Personal Information (SASPI) – will be adopted in due course.
- 10.6 **Information-Sharing and Confidentiality** All staff are bound by the data confidentiality policies of their employing organisations and the requirements of the Information Sharing Protocol that is in place.
- 10.7 **Information Sharing and data handling** With respect to person identifiable material, data and information will be held in both electronic and paper format and only be accessed by authorised personnel in order to provide the service user with the appropriate service within the partnership. It may be necessary to share information with external agencies and in that case consent will be sought from the service user if no statutory requirement to share information exists. In order to comply with the Data

Protection Act 1998 all parties will always ensure that any personal data that is processed will be handled fairly, lawfully and with justification.

- 10.8 Scottish Borders Council and Borders Health Board will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The Integration Joint Board may require to be Data Controller for personal data where it is not held by either Scottish Borders Council or Borders Health Board.
- 10.9 Roles and responsibilities for Third party organisations will be detailed in contracts with respective commissioning bodies, and access to shared records agreed in advance.
- 10.10 Procedures will be based on a single point of governance model through the Data Sharing Partnership. This allows data and resources to be shared, with governance standards, and their implementation, the separate responsibility of each partner. Shared datasets governance will be agreed by all contributing partners prior to access.
- 10.11 Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of Borders Health Board and Scottish Borders Council and the Integration Joint Board.
- 10.12 Once established, Agreements and Procedures will be reviewed every two years by the Borders Data Sharing Partnership, or more frequently if required.
- 10.13 The Borders Integration Joint Board Information Sharing Agreements and procedures will be agreed by end of March 2016.
- 10.14 The Public Records (Scotland) Act:** Both parties are scheduled Public Authorities under the Public Records (Scotland) Act and have a duty to create and have approved a records management plan. The Integration Joint Board will become a body under the duties of the Act and will comply with the requirements of the Act. Reference to information management procedures of the integrated service will be recorded in both plans, including information sharing and other record keeping arrangements and duties that pertain to services contracted out to third party service providers or external agencies will also be included.
- 10.15 Record keeping:** The parties will work towards common records and templates that are readily available for staff to use, in particular:
  - Data sharing agreement template
  - Consent forms for data sharing
  - A data sharing log (this will be a public document)
  - Data sharing agreement Review form
- 10.16 Responsibility for the maintenance and distribution of joint service templates, logs and Borders Health Board and Scottish Borders Council records sits with the Chief Officer. File plans and records retention schedules for records created solely by the Integrated Services will be devised and approved by the Integration Joint Board.

- 10.17 Responsibility for records created, retained and disposed by each organisation remains with that organisation. Each party will maintain their existing records according to their own policies and disposal schedule.
- 10.18 **Security:** The success of information sharing relies on a common understanding of security. The information sharing protocol refers to the expected standard but each party must maintain its own guidance to ensure it meets that standard and that controls to manage the following elements are included:-
- Safe storage of documents transported between work and site. Access to electronic and physical records. Use of laptops, memory sticks and other portable data devices when working off site (including at home);
  - Confidential destruction;
  - Security marking on electronic communications when applicable
- 10.19 **Access to information - Freedom of Information (FOI):** Both Borders Health Board and Scottish Borders Council will receive Freedom of Information requests and will manage these requests through their own existing processes. Both parties process involves a central FOI Co-ordinator for each organisation, a 10 day timescale for departments to respond to the FOI Co-ordinator and Service Director sign off prior to the response being returned to the requestor. The Co-ordinators of both organisations will work closely together and communicate regularly in relation to FOI.
- 10.20 Where an FOI relates to a joint service, the receiving organisation will forward the FOI to the relevant Service Manager who will provide the requested information on behalf of both organisations. The receiving organisation will undertake the progress monitoring, responsibility for redacting, quality checking and responding to the applicant. A list of services that are in scope for Integration and their Managers will be developed and shared between the two organisations. All FOI's that relate to integrated services will be signed off by the Chief Officer.
- 10.21 Should one organisation receive a request that also relates to the other, this request will be managed by the receiving organisation by partnership working of both organisations' FOI Co-ordinators.
- 10.22 Both organisations will use the same performance measures and report regularly to the Integration Joint Board and to the Office of the Scottish Information Commissioner (OSIC).
- 10.23 FOI requestors will be logged. Requests for review will be administered by the organisation who dealt with the request and will include review panel members from both organisations.
- 10.24 **Subject Access Requests:** The differing charging regimes in each organisation for Subject Access and Access to Medical Records requests prevents a joint approach

being adopted for gathering of personal information. Therefore, each party will manage its requests following that organisation's procedures.

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

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

1. receive regular training in handling personal data compliantly;
2. have access to systems and records removed as soon as they leave the post that allows them to share information;
3. be subject to appropriate level of vetting by HR. This particularly applies to existing staff that may not have been subject to checks in their current role but require it in their integrated services post.

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

1. Borders Health Board: The Information Governance Committee reports to the Borders Health Board's Audit Committee.
2. Scottish Borders Council: The Information Governance Group reports to the Corporate Management Team.

## 11. Complaints

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

- Complaints in relation to integrated services or Scottish Borders Council services can be made to Scottish Borders Council, Headquarters.
- Complaints in relation to integrated services or Borders Health Board services can be made to NHS Borders, Borders General Hospital.
- Each organisation will have a clearly defined description of what constitutes a complaint contained within their organisations complaints handling documentation.
- A framework has been developed that clearly shows the lead organisation for each integrated service and the contact details for those who will be responsible for

progressing any complaints received. The lead organisation will take responsibility for the triage of the complaint, and liaise with the other organisation to develop a joint response where required.

- Where the complaint is multi-faceted and has a multi-agency dimension to it, the Chief Officer will designate one of the existing processes to take the lead for investigating and coordinating a response. The Chief Officer will have an overview of complaints related to integrated services and will provide a commitment to joint working, wherever necessary, between the parties when dealing with complaints about integrated services.
- If a complaint remains unresolved through the defined complaints-handling procedure, complainants will be informed of their right to go either to the Scottish Public Services Ombudsman for services provided by Borders Health Board, or to the Social Work Complaints Review Committee following which, if their complaint remains unresolved, they have the right to go to the Scottish Public Services Ombudsman for services provided by Scottish Borders Council.
- There will be three established processes for a complaint to follow depending on the lead organisation.
  1. Statutory Social Work.
  2. NHS.
  3. Independent Contractors – All Independent Contractors involved with the Integration Joint Board, will be required to have a Complaints Procedure in place. Where complaints are received that relate to a service provided by an Independent Contractor, the lead organisation will refer the complainant to the Independent Contractor for resolution of their complaint. This may be done by either provision of contact details or by the lead organisation passing the complaint on, depending on the approach preferred by the complainant.
- The current process for gathering service user/patient/carer feedback within Borders Health Board and Scottish Borders Council, how it has been used for improvement, and how it is reported will continue.

## **12. Claims Handling, Liability & Indemnity**

- 12.1 Borders Health Board will continue to follow their CNORIS programme for their services and Scottish Borders Council will continue with their current insurance processes. This will be applied to all integrated services.
- 12.2 Where there is a shared liability negotiations will take place as to the proportionality of each parties liability on a claim by claim basis.

## **13. Risk Management**

- 13.1 The Corporate Risk functions in Borders Health Board and Scottish Borders Council will support the Chief Officer to develop a risk management strategy by the end of

March 2016. In the context of the risk management strategy the initial list of risks to be reported will be outlined in the first formal meeting of the Integration Joint Board from 1 April 2016.

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

#### **14. Dispute resolution mechanism**

- 14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the process as set out below:
  - (a) The Chief Executives of Borders Health Board and Scottish Borders Council, will meet to resolve the issue;
  - (b) If unresolved, the Borders Health Board, and Scottish Borders Council will each prepare a written note of their position on the issue and exchange it with the others;
  - (c) In the event that the issue remains unresolved, the Chief Executives (or their representatives) of Borders Health Board and Scottish Borders Council will proceed to mediation with a view to resolving the issue.
  - (d) A professional independent mediator will be appointed. The mediation process will commence within 28 calendar days of the agreement to proceed.
  - (e) The Mediator shall have the same powers to require any Partner to produce any documents or information to him/her and the other Partner as an arbiter and each Partner shall in any event supply to him such information which it has and is material to the matter to be resolved and which it could be required to produce on discovery; and
  - (f) The fees of the Mediator shall be borne by the Parties in such proportion as shall be determined by the Mediator having regard (amongst other things) to the conduct of the parties.
- 14.2 Where the issue remains unresolved after following the processes outlined above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached.

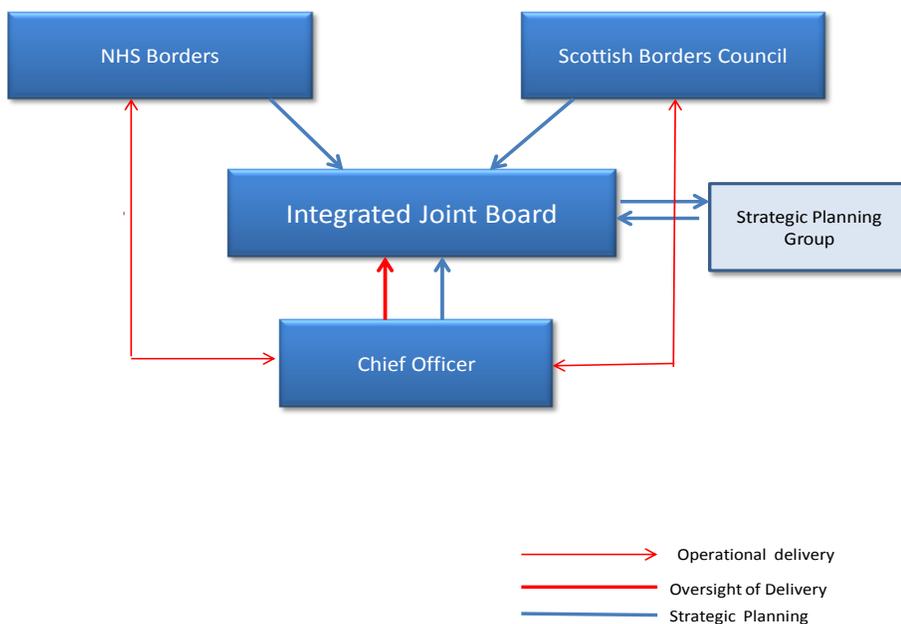
14.3 The Chief Executives shall write to Scottish Ministers detailing the unresolved issue, the process followed and findings of the mediator and seek resolution from Scottish Ministers.

**APPENDIX OF DOCUMENTS – HEALTH AND SOCIAL CARE SCHEME OF INTEGRATION**

Appendix No	Document
1  HSC Integration Scheme 151215 diagr	Integration Joint Board Governance Arrangements The Integration Joint Board may establish its own Audit Committee. The chairs of all 3 Audit Committees would, in such circumstances, (Borders Health Board, Scottish Borders Council and the Integration Joint Board) be expected to work in an integrated way.
2  APPENDIX 2 Functions Delegated	Functions delegated by the Health Board to the Integration Joint Board
3  APPENDIX 3 Functions Delegated	Functions delegated by the Local Authority to the Integration Joint Board

APPENDIX 1

Integration Joint Board Governance Arrangements



## Part 1

## Functions delegated by the Health Board to the Integration Joint Board

**Note**

*In accordance with paragraphs 3.1 and 3.2 of the Integration Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that:*

*(d) It is exercisable in relation to persons of at least 18 years of age (other than functions exercisable in relation to the health care services set out in paragraphs 11-15 of Section 3 of Part 2 of Appendix 2 which are delegated in relation to persons of any age); and*

*(e) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed in Section 1 of Part 2 of Appendix 2; or*

*(f) The function is exercisable in relation the health and care services listed in Section 2 of Part 1 of Appendix 2.*

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

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*Column A*

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*Column B*

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**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 2CB (Functions of Health Boards outside Scotland);

section 9 (local consultative committees);

section 17A (NHS Contracts);

section 17C (personal medical or dental services);

section 17I (use of accommodation);

section 17J (Health Boards' power to enter into general medical services contracts);

section 28A (remuneration for Part II services);

section 38 (care of mothers and young children);

section 38A (breastfeeding);

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

section 48 (provision of residential and practice accommodation);

section 55 (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 (remission and repayment of charges and payment of travelling expenses);

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

section 75BA (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 use and administration of certain endowments and other property held by Health Boards);

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

section 84A (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 (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  
;

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

The National Health Service (Free Prescription  
and Charges for Drugs and Appliances)  
(Scotland) Regulations 2011/55.

### **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);

section 38 (Duties on hospital managers:  
examination notification etc.);

section 46 (Hospital managers' duties: notification);

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);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281 (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.

#### **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**

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.

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## Part 2

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

#### SECTION 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; and

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

#### SECTION 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.

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

## SECTION 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.\*
13. General dental services provided under arrangements made in pursuance of section 25 of the National Health Service (Scotland) Act 1978.\*
14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.\*
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.\*
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.

\*Functions exercisable in relation to the health care services set out in paragraphs 11-15 above are delegated in relation to persons of any age and for the purposes of this Integration Scheme therefore include reference to “universal children’s health services”.

## Part 1

## Functions delegated by the Local Authority to the Integration Joint Board

**Note**

*In accordance with paragraphs 3.3 and 3.4 of the Integration Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that it is exercisable in relation to persons of at least 18 years of age.*

## PART 1

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
<b>National Assistance Act 1948</b>	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
<b>The Disabled Persons (Employment) Act 1958</b>	
Section 3 (Provision of sheltered employment by local authorities)	
<b>The Social Work (Scotland) Act 1968</b>	
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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.
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.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
<b>The Local Government and Planning (Scotland) Act 1982</b>	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
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.
<b>The Adults with Incapacity (Scotland) Act 2000</b>	
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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
<b>The Housing (Scotland) Act 2001</b>	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Community Care and Health (Scotland) Act 2002</b>	
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.)	
<b>The Mental Health (Care and Treatment) (Scotland) Act 2003</b>	
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.)	
Section 259 (Advocacy.)	

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

**The Housing (Scotland) Act 2006**

Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
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**The Adult Support and Protection (Scotland) Act 2007**

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**

Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
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Section 5  
(Choice of options: adults.)

Section 6  
(Choice of options under section 5: assistances.)

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
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.)	

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
<b>The Community Care and Health (Scotland) Act 2002</b>	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

## **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.

- 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 adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare



## **INTEGRATION JOINT BOARD LOCAL CODE OF CORPORATE GOVERNANCE**

### **Aim**

- 1.1 The purpose of this report is to gain approval to the Local Code of Corporate Governance of the Scottish Borders Health and Social Care Integration Joint Board (IJB) that provide the framework for the governance arrangements for delivering health and social care integration in the Scottish Borders.

### **Background**

- 2.1 The public sector has adopted Corporate Governance principles. Fundamentally Corporate Governance is about openness, integrity and accountability. It comprises the systems and processes, and cultures and values, by which organisations are directed and controlled and through which they account to, engage with and, where appropriate, lead their communities.
- 2.2 The six core principles of good governance<sup>1</sup> are:
- Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area;
  - Members and Officers working together to achieve a common purpose with clearly defined functions and roles;
  - Promoting the values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour;
  - Taking informed and transparent decisions which are subject to effective scrutiny and managing risk;
  - Developing the capacity and capability of members and officers to be effective; and
  - Engaging with local people and other stakeholders to ensure robust public accountability.
- 2.3 Authorities are urged to test their structure against these principles by:
- Reviewing their existing governance arrangements against the Framework;
  - Developing and maintaining an up-to-date local code of governance including arrangements for ensuring its on-going application and effectiveness; and
  - Preparing a governance statement in order to report publicly on the extent to which they comply with their own code on an annual basis, including how they have monitored the effectiveness of their governance arrangements in the year,

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<sup>1</sup> The CIPFA/SOLACE 2007 framework 'Delivering Good Governance in Local Government'

and on any planned changes for the coming period.

## Proposal

- 3.1 In order to demonstrate that robust Corporate Governance procedures are in place for health and social care integration and to comply with best practice, it is proposed that the Integration Joint Board (IJB) has its own Local Code of Corporate Governance ('Local Code') that will be available to be viewed by all stakeholders including partners, service users and the local community.
- 3.2 The approval by the IJB of its Local Code (as set out in Appendix 1) which reflects the six core principles with supporting principles and specific requirements will ensure the IJB meets the requirements of the best practice good governance framework. Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk. Some mechanisms are in place, some are approved and some are under development so the Local Code will evolve as health and social care integration progresses.
- 3.3 The Local Code of Corporate Governance will be scrutinised by the IJB's Audit Committee which will receive an annual report in the form of an Annual Governance Statement from the Chief Officer on compliance with the Local Code and whether the Local Code requires to be updated.
- 3.4 The basis of the Annual Governance Statement will be an overview of and opinion on the IJB's arrangements contained in the approved Local Code. The Annual Governance Statement will provide assurance that internal control and governance arrangements are adequate and operating effectively in practice or, where reviews of the internal control and governance arrangements reveal gaps, it will identify planned actions that will ensure effective internal control and governance in future.
- 3.5 The annual review, scrutiny and reporting processes will be in alignment with the publication of the Annual Accounts and Performance Information, which will include the Annual Governance Statement signed by the Chief Officer and the Chair of the IJB. An Annual Performance report on Health and Social Care Integration will be prepared by the Chief Officer, presented to the IJB for approval and submitted as laid out in regulations.

## Recommendations

The Health & Social Care Integration Joint Board is asked to:-

- (a) **Approve** its Local Code of Corporate Governance for health and social care integration as detailed in Appendix 1 of this report; and
- (b) **Agree** to the annual review of its governance arrangements and reporting of the outcome of that review in an Annual Governance Statement scrutinised by the IJB Audit Committee in advance of IJB approval.

<b>Policy/Strategy Implications</b>	Development of its own Local Code of Corporate
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	Governance and arrangements for its annual review will enable the IJB to comply with best practice. Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.
<b>Consultation</b>	Members of the Integration Programme Board have been consulted on the report. The report has also been reviewed by and approved by relevant Management Teams within both partner organisations.
<b>Risk Assessment</b>	The Local Code of Corporate Governance provides the framework for members and officers of the IJB to conduct its affairs that are based on six principles. The review of and revisions to the Local Code of Corporate Governance will ensure that internal controls, risk management and other governance arrangements are improved through the implementation of the framework.
<b>Compliance with requirements on Equality and Diversity</b>	It is anticipated that there are no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals in this report.
<b>Resource/Staffing Implications</b>	There are no direct financial implications arising from the proposals in this report. Arrangements to ensure that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively is an integral part of good corporate governance and therefore financial governance and key internal financial controls are embedded within the Local Code of Corporate Governance.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Susan Manion	Chief Officer Health and Social Care Integration		

**Author**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Jill Stacey	SBC Chief Officer Audit and Risk and IJB Chief Internal Auditor		





The public sector has adopted Corporate Governance principles. Fundamentally Corporate Governance is about openness, integrity and accountability. It comprises the systems and processes, and cultures and values, by which organisations are directed and controlled and through which they account to, engage with and, where appropriate, lead their communities.

The six core principles of good governance<sup>1</sup> are:

- (i) Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area;
- (ii) Members and Officers working together to achieve a common purpose with clearly defined functions and roles;
- (iii) Promoting the values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour;
- (iv) Taking informed and transparent decisions which are subject to effective scrutiny and managing risk;
- (v) Developing the capacity and capability of members and officers to be effective; and
- (vi) Engaging with local people and other stakeholders to ensure robust public accountability.

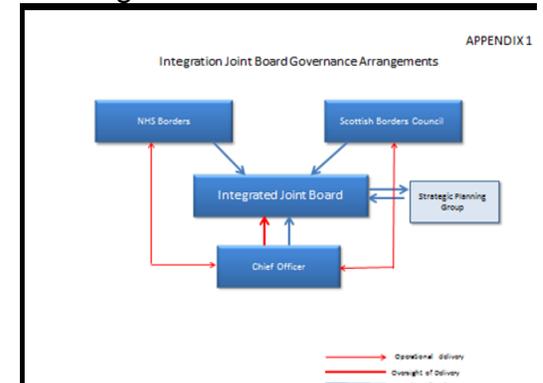
Authorities are urged to test their structure against these principles by:  
Reviewing their existing governance arrangements against the Framework

- Developing and maintaining an up-to-date local code of governance including arrangements for ensuring its ongoing application and effectiveness

The preparation and publication of an Annual Governance Statement in accordance with the Framework fulfils the statutory requirement for the authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts. This process not only creates an opportunity for the Integration Joint Board to set out its standard for good governance but also to ensure that its governance arrangements are seen to be sound. This is important as the governance arrangements in public services are closely scrutinised.

### Reporting structure

The Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it. The partner organisations Scottish Borders Council and NHS Borders will engage in the partnership via the reporting structures by having oversight of delivery and/or governance routes:



<sup>1</sup> The CIPFA/SOLACE 2007 framework 'Delivering Good Governance in Local Government'



**CORE PRINCIPLE 1**

**Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area**

Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<p><b>1.1 Exercising strategic leadership by developing and clearly communicating the authority's purpose and vision and its intended outcomes for citizens and service users</b></p>	Develop and promote the authority's purpose and vision	The vision, strategic objectives and outcomes are reflected in the Scottish Borders Health & Social Care Partnership's Strategic Plan 2016-2019 and the associated Commissioning and Implementation Plan.
	Review on a regular basis the authority's vision for the local area and its implications for the authority's governance arrangements	
	Ensure that partnerships are underpinned by a common vision of their work that is understood and agreed by all partners	The Strategic Assessment underpins the strategic vision for the Scottish Borders including Scottish Borders Council, NHS Borders and other community planning partners.
	Publish an annual report on a timely basis to communicate the authority's activities and achievements, its financial position and performance	The Annual Accounts and Report that sets out the financial position and performance will be produced in accordance with accounting regulations. Regular performance monitoring reports are scrutinised by the IJB.
<p><b>1.2 Ensuring that users receive a high quality of service whether directly, or in partnership, or by commissioning</b></p>	Decide how the quality of service for users is to be measured and make sure that the information needed to review service quality effectively and regularly is available	The Commissioning and Implementation Plan and the associated Performance Management Framework will establish the mechanism for measuring quality and performance of all services within scope of health and social care integration.
	Put in place effective arrangements to identify and deal with failure in service delivery	<p>The Clinical and Care Governance framework will set out the key roles to monitor and review service delivery standards and performance of all services within scope of health and social care integration.</p> <p>Audit and Inspection activity will be presented as relevant to the IJB or one of its Committees including improvement action plans.</p>
<p><b>1.3 Ensuring that the authority makes best use of resources and that tax payers/service users receive excellent value for money</b></p>	Decide how value for money is to be measured and make sure that the authority or partnership has the information needed to review value for money and performance effectively. Measure the environmental impact of policies, plans and decisions	<p>Reliance will be placed on the value for money arrangements within the partner organisations.</p> <p>The standard template for decision-making reports to the IJB and its Committees includes a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing.</p>

**CORE PRINCIPLE 2**

**Members and Officers working together to achieve a common purpose with clearly defined functions and roles**

Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<p><b>2.1 Ensuring effective leadership throughout the authority and being clear about executive and non-executive functions and of the roles &amp; responsibilities of the scrutiny function</b></p>	<p>Set out a clear statement of the respective roles and responsibilities of the executive and authority's approach towards putting this into practice.</p>	<p>The Integration Joint Board has approved the constitution, terms of reference and reporting arrangements for its formal committees to date e.g. Strategic Planning Group and Audit Committee.</p>
	<p>Set out a clear statement of the respective roles and responsibilities of members generally and of senior officers.</p>	<p>The Integration Joint Board has approved the statutory roles of Chief Officer and Chief Finance Officer.</p>
<p><b>2.2 Ensuring that a constructive working relationship exists between authority members and officers and that the responsibilities of authority members and officers are carried out to a high standard</b></p>	<p>Determine a scheme of delegation and reserve powers within the constitution, including a formal schedule on those matters specifically reserved for collective decision of the authority, taking account of relevant legislation, and ensure that it is monitored and updated when required</p>	<p>The Integration Joint Board is responsible for the strategic planning of the functions delegated to it by the partners and for ensuring oversight of the delivery of its functions set out within the Scheme of Integration.</p>
	<p>Make a Chief Executive responsible and accountable to the authority for all aspects of operational management</p>	<p>In the context of health and social care integration this is the Chief Officer Health and Social Care Integration which is a Statutory post with job description.</p>
	<p>Develop protocols to ensure that the Leader and Chief Executive negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained</p>	<p>Regular meetings are held between the Chief Officer Health and Social Care Integration and the Chair and Vice Chair of the IJB. The Chief Officer also meets regularly with the Chief Executives of the partner organisations.</p>
	<p>Make a senior officer (the Section 95 officer) responsible to the authority for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts, and for maintaining an effective system of internal financial control</p>	<p>In the context of health and social care integration this is the Chief Financial Officer which is a Statutory post with job description. Responsibilities are set out within the Financial Regulations (approved) which is the framework for financial rules and regulations.</p>
Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<p><b>2.2 (cont'd)</b></p>	<p>Make a senior officer (usually the monitoring officer) responsible to the authority for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with</p>	<p>In the context of health and social care integration this role will be fulfilled by the Chief Officer supported by Board Secretary, Chief Financial Officer, and Chief Internal Auditor.</p>
<p><b>2.3 Ensuring relationships</b></p>	<p>Develop protocols to ensure effective</p>	<p>The Chief Officer is the bridge enabling good communication from the IJB to</p>

<p><b><i>between the authority, its partners and the public are clear so that each knows what to expect of the other</i></b></p>	<p>communication between members and officers in their respective roles</p>	<p>those working in and associated with health and social care integration and vice versa. The partner organisations Scottish Borders Council and NHS Borders will engage in the partnership via the reporting structures as set out in Scheme of Integration.</p>
	<p>Ensure that an established scheme for remuneration of members and officers and an effective structure for managing the process, including an effective remuneration panel (if applicable) are in place</p>	<p>n/a</p>
	<p>Ensure that effective mechanisms exist to monitor service delivery</p>	<p>The Commissioning and Implementation Plan and the associated Performance Management Framework will establish the mechanism for measuring quality and performance of all services within scope of health and social care integration.</p>
	<p>Ensure that the authority's vision, priorities, and targets are developed through robust mechanisms, and in consultation with the local community and other key stakeholders, and that they are clearly articulated and disseminated</p>	<p>The vision, strategic objectives and outcomes are reflected in the Scottish Borders Health &amp; Social Care Partnership's Strategic Plan 2016-2019 and the associated Commissioning and Implementation Plan. Consultation and engagement events were undertaken during the development of the Scheme of Integration and the Strategic Plan.</p>
	<p>When working in partnership, ensure that members are clear about their roles and responsibilities both individually and collectively in relation to the partnership and to the authority</p>	<p>The Scheme of Integration states that whilst serving on the Integration Joint Board its members will carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority. Approved terms of reference for the IJB.</p>
	<p><i>When working in partnership, ensure that there is clarity about the legal status of the partnership; and ensure that representatives of organisations both understand and make clear to all other partners the extent of their authority to bind their organisation to partner decisions</i></p>	<p>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. The partner organisations Scottish Borders Council and NHS Borders will delegate functions to the Integration Joint Board (using the "body corporate" arrangement) and will engage in the partnership via the reporting structures as set out in the Scheme of Integration.</p>

### CORE PRINCIPLE 3

#### Promoting the values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour

Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<b>3.1 Ensuring authority members and officers exercise leadership by behaving in ways that exemplify high standards of conduct and effective governance</b>	Ensure that the authority's leadership sets a tone for the organisation by creating a climate of openness, support and respect	Reliance will be placed on the values and standards set out in the codes of conduct within the employer partner organisations, as well as organisational development plans.
	Ensure that standards of conduct and personal behaviour expected of members and staff, of work between members and staff and between the authority, its partners and the community are defined & communicated through codes of conduct and protocols	Reliance will be placed on the values and standards set out in the codes of conduct within the employer partner organisations, as well as the organisational development plans, which incorporate "The Seven Principles of Public Life" identified by the Nolan Committee on Standards in Public Life.
	Put in place arrangements to ensure that members and employees of the authority are not influenced by prejudice, bias or conflicts of interest in dealing with different stakeholders and put in place appropriate processes to ensure that they continue to operate in practice	Reliance will be placed on the arrangements within the employer partner organisations for identifying, mitigating and recording conflicts of interest, hospitality and gifts. Declarations of Interest are set out in the IJB's Standing Orders which govern the conduct of each Committee meeting.
<b>3.2 Ensuring that organisational values are put into practice and are effective</b>	Develop and maintain shared values including leadership values for both the organisation and staff reflecting public expectations, and communicating these with members, staff, the community and partners	Shared values are reflected in the Strategic Plan.
	Put in place arrangements to ensure that systems and processes are designed in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice	The Annual Governance Statement will be the outcome of the annual self-evaluation of compliance.
	Develop and maintain an effective standards committee	The IJB Audit Committee remit includes role to promote the highest standards of conduct and professional behaviour.
	Use the organisation's shared values to act as a guide for decision making and as a basis for developing positive and trusting relationships within the authority	The standard template for decision-making reports to the IJB and its Committees includes a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing.
Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<b>3.2 (cont'd)</b>	In pursuing the vision of a partnership, agree a set of values against which decision making and actions can be judged. Such values must be demonstrated	

	by partners' behaviour both individually and collectively	
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**CORE PRINCIPLE 4**

**Taking informed and transparent decisions which are subject to effective scrutiny and managing risk**

<b>Supporting Principle</b>	<b>The Local Code should reflect the requirements to:</b>	<b>Demonstration of Compliance</b>
<b>4.1 Being rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny</b>	Develop and maintain an effective scrutiny function which encourages constructive challenge and enhances the authority's performance overall and that of any organisation for which it is responsible	The health and social care partnership's scrutiny arrangements are established through the Scheme of Integration, the IJB's committee structures and specified remits, and the governance of partner organisations through the reporting structure.
	Develop and maintain open and effective mechanisms for documenting evidence for decisions and recording the criteria, rationale and considerations on which decisions are based	Minutes and committee reports are published on modern.gov. IJB business is only held in private if required by legislation. The standard template for decision-making reports to the IJB and its Committees include a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing.
	Put in place arrangements to safeguard members and employees against conflicts of interest and put in place appropriate processes to ensure that they continue to operate in practice	Reliance will be placed on the arrangements within the employer partner organisations for identifying, mitigating and recording conflicts of interest, hospitality and gifts. Declarations of Interest are set out in the IJB's Standing Orders which govern the conduct of each Committee meeting.
	Develop and maintain an effective audit committee (or equivalent) which is independent of the executive and scrutiny functions or make other appropriate arrangements for the discharge of the functions of such a committee	The role of the IJB Audit Committee is to have high-level oversight of internal control, governance and risk management.
	Ensure that effective, transparent and accessible arrangements are in place for dealing with complaints	Reliance will be placed on the complaints and comments policy and procedures within the partner organisations. The Clinical and Care Governance framework will set out the key requirements.
<b>Supporting Principle</b>	<b>The Local Code should reflect the requirements to:</b>	<b>Demonstration of Compliance</b>
<b>4.2 Having good quality information, advice and support to ensure that services are delivered effectively and are what the community wants/needs</b>	Ensure that those making decisions whether for the authority or the partnership are provided with information that is fit for the purpose – relevant, timely and gives clear explanations of technical issues and their implications	The standard template for decision-making reports to the IJB and its Committees include a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing. Committee reports are published on modern.gov one week in advance of meeting dates. Officers attend IJB and its Committee meetings to advise as appropriate.
	Ensure that professional advice on matters that have legal or financial implications is available and	Professional advice and overseeing compliance with the legal and financial framework will be provided by the Chief Officer, Chief Financial

	recorded well in advance of decision making and used appropriately	Officer, Chief Internal Auditor and Secretary to the IJB as appropriate. The Clinical and Care Governance framework will set out the key requirements.
<b>4.3 Ensuring that an effective risk management system is in place</b>	Ensure that risk management is embedded into the culture of the authority, with members and managers at all levels recognising that risk management is part of their jobs	The Risk Management Strategy, to be approved by the IJB, includes the: reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring risk management activity and performance. The Chief Officer will be responsible for drawing to the attention of the IJB any new or escalating risks and associated mitigations to ensure appropriate oversight and action.
	Ensure that arrangements are in place for whistle-blowing to which staff and all those contracting with the authority have access	Reliance will be placed on the arrangements within the employer partner organisations for reporting and responding to such reports.
<b>4.4 Using their legal powers to the full benefit of the citizens and communities in their area</b>	Actively recognise the limits of lawful activity place on them by, for example, the ultra vires doctrine but also strive to utilise powers to the full benefit of their communities	The scope is set out in the Scheme of Integration in order to comply with the Public Bodies (Joint Working) (Scotland) Act 2014 which requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services.
	Recognise the limits of lawful action and observe both the specific requirements of legislation and the general responsibilities placed on authorities by public law	Reliance will be placed on the arrangements within the partner organisations for ensuring legal compliance.
	Observe all specific legislative requirements placed upon them, as well as the requirements of general law, and in particular to integrate the key principles of good administrative law – rationality, legality and natural justice – into their procedures and decision-making processes	Advice and overseeing compliance on legal matters will be provided by the Chief Officer supported by Board Secretary, Chief Financial Officer, and Chief Internal Auditor as appropriate.

## CORE PRINCIPLE 5

### Developing the capacity and capability of members and officers to be effective

Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<b>5.1 Making sure that members and officers have the skills, knowledge, experience and resources they need to perform their roles well</b>	Provide induction programmes tailored to individual needs and opportunities for members and officers to update their knowledge on a regular basis	IJB Development Sessions have been held during the pre-planning phases of the health and social care programme.
	Ensure that the statutory officers have the skills, resources and support necessary to perform effectively in their roles and that these roles are properly understood throughout the authority	The Scheme of Integration sets out the roles and responsibilities of statutory officers (Chief Officer Health and Social Care Integration, Chief Financial Officer) which are reflected within job descriptions and relevant governance documents.
<b>5.2 Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group</b>	Assess the skills required by members and officers and make a commitment to develop those skills to enable roles to be carried out effectively	IJB Development Sessions have been held to cover relevant topics. There has been informal development of officers from NHS Borders and Scottish Borders Council as part of their participation and engagement in the health and social care programme working groups.
	Develop skills on a continuing basis to improve performance, including the ability to scrutinise and challenge and to recognise when outside expert advice is needed	IJB Development Sessions are scheduled on alternate months from IJB meetings during 2016.
	Ensure that effective arrangements are in place for reviewing the performance of the executive as a whole and of individual members and agreeing an action plan which might, for example, aim to address any training or development needs	Annual self-evaluation will be part of the Performance Management framework. Any improvement actions will be reflected in the Organisational Development Plan and / or Communications and Engagement Plan as appropriate.
<b>5.3 Encouraging new talent for membership of the authority so that best use can be made of individuals' skills and resources in balancing continuity and renewal</b>	Ensure that effective arrangements are in place designed to encourage individuals from all sections of the community to engage with, contribute to and participate in the work of the authority	Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plan.
	Ensure that career structures are in place for members and officers to encourage participation and development	Reliance will be placed on the workforce planning arrangements within the employer partner organisations.

**CORE PRINCIPLE 6**

**Engaging with local people and other stakeholders to ensure robust public accountability**

Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<p><b>6.1 Exercising leadership through a robust scrutiny function which effectively engages local people and all local institutional stakeholders, including partnerships, and develops constructive accountability relationships</b></p>	<p>Make clear to themselves, all staff and the community to whom they are accountable and for what</p>	<p>The vision, strategic objectives and outcomes are reflected in the Scottish Borders Health &amp; Social Care Partnership's Strategic Plan 2016-2019 and the associated Commissioning and Implementation Plan. The Strategic Assessment underpins the strategic vision for the Scottish Borders including Scottish Borders Council, NHS Borders and other community planning partners.</p>
	<p>Consider those institutional stakeholders to whom the authority is accountable and assess the effectiveness of the relationships and any changes required</p>	<p>The Scheme of Integration sets out the governance arrangements of the health and social care partnership including the reporting structure for the IJB, Scottish Borders Council and NHS Borders.</p>
	<p>Produce an annual report on the activity of the scrutiny function</p>	
<p><b>6.2 Taking an active and planned approach to dialogue with and accountability to the public to ensure effective and appropriate service delivery whether directly by the authority, in partnership or by commissioning</b></p>	<p>Ensure clear channels of communication are in place with all sections of the community and other stakeholders, and put in place monitoring arrangements and ensure that they operate effectively</p>	<p>The ability to communicate with discrete groups in an appropriate manner was demonstrated as part of the development of the Scheme of Integration and the Strategic Plan of the health and social care integration partnership. The Communications and Engagement Plan will set out the key requirements for effective communications and engagement with all relevant stakeholders, using existing structures in partner organisations NHS Borders and Scottish Borders Council as appropriate.</p>
	<p>Hold meetings in public unless there are good reasons for confidentiality</p>	<p>Minutes and committee reports are published on modern.gov website. The IJB business is only held in private if required by legislation.</p>
	<p>Ensure that arrangements are in place to enable the authority to engage with all sections of the community effectively. These arrangements should recognise that different sections of the community have different priorities and establish explicit processes for dealing with these competing demands</p>	<p>Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plan of the health and social care integration partnership. The Communications and Engagement Plan will set out the key requirements for effective communications and engagement with all relevant stakeholders, using existing structures in partner organisations NHS Borders and Scottish Borders Council as appropriate.</p>
Supporting Principle	The Local Code should reflect the requirements to:	Demonstration of Compliance
<p><b>6.2 Taking an active and planned approach to dialogue with and</b></p>	<p>Establish a clear policy on the types of issues they will meaningfully consult on or engage with the public and service users about including a feedback</p>	<p>The Communications and Engagement Plan will set out the key requirements for effective communications and engagement with all relevant stakeholders, using existing structures in partner organisations</p>

<b>accountability to the public to ensure effective and appropriate service delivery whether directly by the authority, in partnership or by commissioning (cont'd)</b>	mechanism for those consultees to demonstrate what has changes as a result	NHS Borders and Scottish Borders Council as appropriate.
	On an annual basis, publish a performance plan giving information on the authority's vision, strategy, plans and financial statements as well as information about its outcomes, achievements and satisfaction of service users in the previous period	An Annual Report setting out performance against the strategic plan will be produced as well as the Annual Accounts and Report that sets out the financial position in accordance with accounting regulations. Regular performance monitoring reports are scrutinised by the IJB.
	Ensure that the authority as a whole is open and accessible to the community, service users and its staff and ensure that it has made a commitment to openness and transparency in all its dealings, including partnerships, subject only to the need to preserve confidentiality in those specific circumstances where it is proper and appropriate to do so	Corporate governance is about openness, integrity and accountability and the Local Code sets out the IJB's systems and processes through which it accounts to, engages with and, where appropriate, leads its communities. Reliance will be placed on the arrangements within the partner organisations to ensure compliance with Data Protection and Freedom of Information legislation.
<b>6.3 Making best use of human resources by taking an active and planned approach to meet responsibility to staff</b>	Develop and maintain a clear policy on how staff and their representatives are consulted and involved in decision making	Reliance will be placed on the HR Policies and Procedures, and arrangements for communicating and consulting with staff and trades unions within the employer partner organisations.



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

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Scottish Borders Health & Social Care  
Integration Joint Board

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**STANDING ORDERS**

<b>Version</b>	<b>4</b>
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## **1. General**

- 1.1 The Standing Orders of the Scottish Borders Health & Social Care Integration Joint Board are set up in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.2 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

## **2. Membership**

- 2.1 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 invited to attend the Integration Joint Board as non-voting members.
- 2.2 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.
- 2.3 Where a Voting Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Voting Member they replace.
- 2.4 On expiry of a Voting Member's term of appointment the Voting Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 2.5 Any Voting Member appointed to the Integration Joint Board who ceases to fulfil the requirements for membership detailed in the Scheme of Integration approved by the Scottish Ministers shall be removed from membership on the serving by the Board Secretary of notice to that effect.
- 2.6 A Voting Member of the Integration Board may resign his/her membership in writing at any time during their term of office by giving notice to the Board Secretary or the Clerk to the Council. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.
- 2.7 If a Voting Member has not attended three consecutive Ordinary Meetings of the, Integration Joint Board, the Board Secretary shall, by giving notice in writing to that

Voting Member, remove that person from office unless the Integration Joint Board are satisfied that :-

- (a) The absence was due to illness or other reasonable cause; and
- (b) The Voting Member will be able to attend future Meetings within such period as the Integration Joint Board consider reasonable.

2.8 The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any Member.

### **3. Chair**

3.1 The first Chair of the Integration Joint Board shall be from the body not employing the Integration Joint Board's Chief Officer, with the Vice-Chair from the body employing the Chief Officer. The Chair and Vice –Chair posts shall rotate annually between the NHS Board and the Council, with the Chair being from one body and the Vice-Chair from the other.

3.2 The Vice-Chair may act in all respects as the Chair of the Integration Joint Board if the Chair is absent or otherwise unable to perform his/her duties.

3.3 At every Meeting of the Integration Joint Board the Chair, if present, shall preside. If the Chair is absent from any Meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a chair shall be appointed from within the voting members present for that meeting.

3.4 Powers, authority and duties of Chair and Vice-Chair.

The Chair shall specifically:-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any Member of the public who is deemed to have caused disorder or misbehaved;

- (g) The decision of the Chair on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chair. When he/she rises to speak, the Chair shall be heard without interruption and
- (i) Members shall address the Chair while speaking.

#### **4. Meetings**

- 4.1 The Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board and no less than four times per year.
- 4.2 The Chair may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a Meeting.
- 4.3 If the Chair refuses to call a Meeting of the Integration Joint Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one third of the whole number of voting Members, has been presented to the Chair or if, without so refusing, the Chair does not call a Meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

#### **5. Notice of Meeting**

- 5.1 Before every Meeting of the Integration Joint Board a Notice of the Meeting, specifying the time, place and business to be transacted at it shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least seven clear days before the Meeting. Members may opt in writing addressed to the Chief Officer to have Notice of Meetings delivered to an alternative address. Such Notice will remain valid until rescinded in writing. Lack of service of the Notice on any Member shall not affect the validity of a Meeting.
- 5.2 In the case of a Meeting of the Integration Joint Board called by Members in default of the Chair, the Notice shall be signed by those Members who requisitioned the Meeting. The meeting will consider the business specified in the notice. Such meeting shall be held within fourteen days of receipt of the notice by the Chief Officer.
- 5.3 At all Ordinary or Special Meetings of the Integration Joint Board, no business other than that on the Agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the Meeting as a matter of urgency.

5.4 The Board Secretary shall be responsible for giving public notice of the time and place of each Meeting of the Integration Joint Board by posting within the main offices of the Integration Joint Board not less than three clear days before the date of each Meeting.

## **6. Quorum**

6.1 No business shall be transacted at a Meeting of the Integration Joint Board unless there are present, and entitled to vote both Council and NHS Board members. Three Elected Members from Scottish Borders Council and three Non Executive members from NHS Borders shall constitute a Quorum.

## **7. Codes of Conduct and Conflicts of Interest**

7.1 Members of the Integration Joint Board shall subscribe to and comply with both the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and Councillors Code of Conduct and Guidance made in respect thereto which are incorporated into the Standing Orders. All members who are not already bound by the terms of either Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

7.2 If any Member has a financial or non-financial interest as defined in the Councillors' Code of Conduct or the Code of Conduct of Members of Devolved Public Bodies and is present at any Meeting at which the matter is to be considered, he/she must as soon as practical, after the Meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.

7.3 If a Member or any business associate, relative or friend of theirs has any pecuniary or any other interest direct or indirect, in any Contract or proposed Contract or other matter and that Member is present at a Meeting of the Integration Joint Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any Contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that Contract or matter.

7.4 A Member who has an interest in service delivery may participate in the business of the Integration Joint Board, except where they have a direct and significant interest in a matter, unless the Integration Joint Board formally decides and records in the Minutes of the Meeting that the public interest is best served by the Member remaining in the Meeting and contributing to the discussion. During the taking of a decision by the Integration Joint Board on such matter, the Member concerned shall absent him/herself from the Meeting.

## **8. Adjournment of Meetings**

8.1 A Meeting of the Integration Joint Board may be adjourned by a motion, which shall be moved and seconded and put to the Meeting without discussion. If such a motion is

carried by a simple majority of those present and entitled to vote, the Meeting shall be adjourned to another day, time and place specified in the motion.

## **9. Disclosure of Information**

9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
- The full or any part of any document marked not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.
- Any information regarding proceedings of the Integration Joint Board from which the Public have been excluded unless or until disclosure has been authorised by the Council or the NHS Board or the information has been made available to the Press or to the Public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Joint Board, the Council or the NHS Board.

## **10. Recording of Proceedings**

10.1 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior approval of the Integration Joint Board.

## **11. Admission of Press and Public**

11.1 Members of the public and representatives of the Press will be admitted to every formal meeting of the Board but will not be permitted to take part in discussion (Public Bodies (Admission to Meetings) Act 1960; Local Government (Scotland) Act 1973)

11.2 The Board may exclude the public and press while considering any matter that is confidential. (Local Government (Scotland) Act 1973, Schedule 7; Freedom of Information (Scotland) Act 2002 (the Act) and Environmental Information (Scotland) Regulations 2004 (the Regulations)

11.3 The terms of any resolution specifying the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes.

11.4 Members of the public and representatives of the press admitted to meetings shall not be permitted to make use of photographic or recording apparatus of any kind unless agreed by the Board. (Local Government (Scotland) Act 1973; Public Bodies (Admission to Meetings) Act 1960)

- 11.5 Members of the public and press should leave when the meeting moves into reserved business. It is at the discretion of the Chair of that meeting if officers can remain.
- 11.6 Subject to the extent of the accommodation available and subject to the terms of Sections 50A and 50E of the Local Government (Scotland) Act 1973, and Public Bodies (Admission to Meetings) Act 1960 meetings of the Integration Joint Board shall be open to the public.
- 11.7 Every Meeting of the Integration Joint Board shall be open to the public but these provisions shall be without prejudice to the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a Meeting. The Integration Joint Board may exclude or eject from a Meeting a member or members of the Press and Public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board.

## **12. Reception of deputations**

- 12.1 Every application for the receiving of a deputation must be in writing, duly signed and delivered or e-mailed to the Board Secretary at least seven clear working days prior to the date of the meeting at which the deputation wish to be received. The application must state the subject and the action which it proposes the Integration Joint Board should take.
- 12.2 The deputation shall consist of not more than ten people.
- 12.3 No more than two members of any deputation shall be permitted to address the meeting, and they may speak in total for no more than ten minutes.
- 12.4 Any member of the Integration Joint Board may put any relevant question to the deputation, but shall not express any opinion on the subject matter until all questions have been asked. If the subject matter relates to an item of business on the agenda, no debate or discussion shall take place until the relevant minute or other item is considered in the order of business.
- 12.5 The Integration Joint Board may make the following decisions regarding any deputation:
- (i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;
  - (ii) that the issue(s) raised do not merit or do not require further action.

## **13. Receipt of petitions**

- 13.1 Every petition shall be delivered to the Board Secretary at least seven clear working days before the meeting at which the subject matter may be considered. The Chair will be advised and will decide whether the contents of the petition should be discussed at the meeting or not.

13.2 The Board may make the following decisions regarding any petition:

- (i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;
- (ii) that the issue(s) raised do not merit or do not require further action.

#### **14. Alteration, Deletion and Rescission of Decisions of the Integration Joint Board**

14.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Joint Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order.

#### **15. Suspension, Deletion or Amendment of Standing Orders**

15.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such Meeting provided that two thirds of the voting Members of the Integration Joint Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

#### **16. Order of business**

16.1 For ordinary meetings of the Board or its Committees, the business shown on the agenda shall normally proceed in the following order:

- Business determined by the Chair to be a matter of urgency by reason of special circumstances
- Reception of deputations, followed by consideration of any items of business on which the deputations have been heard
- Petitions
- Minutes of the previous meeting for approval
- Minutes of Sub-Committees
- General Business
- Questions and motions of which due notice has been given

16.2 No item of business shall be transacted at a meeting, unless either:

- It has been included on the agenda for the meeting; or
- It has been determined by the Chair to be a matter of urgency by reason of special circumstances

#### **17. Motions, Amendment and Debate**

17.1 It will be competent for any voting Member of the Integration Joint Board at a Meeting of the Integration Joint Board to move a motion directly arising out of the business before the Meeting.

17.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded.

17.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any Meeting of the Integration Joint Board except:-

- On a question of Order
- With the permission of the Chair
- In explanation or to clear up a misunderstanding in some material part of his/her speech.

In all of the above cases no new matter will be introduced.

17.4 The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chair will call for the vote to be taken.

17.5 Amendments must be relevant to the motions to which they relate and no Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

17.6 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

17.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.

17.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:

- to adjourn the debate; or
- to close the debate.

17.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

## **18. Voting**

18.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

18.2 Only the five Members nominated by the NHS Board, and the five Members appointed by the Council shall be entitled to vote. Those Members drawn from health and social care professionals, staff, the third sector, users, the public and carers shall not be entitled to vote.

18.3 Every question at a Meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote. In the event of an equality of votes, the matter shall be referred to the NHS Borders Board and to Scottish Borders Council for final decision.

## **19. Minutes, agendas and papers**

19.1 The Board Secretary is responsible for ensuring that Minutes of the proceedings of a meeting of the Integration Joint Board or its Committees, including any decision or resolution made at that meeting, shall be drawn up. The minutes shall be submitted to the next meeting of the Integration Joint Board, or relevant Committee, for approval by members as a record of the meeting subject to any amendments proposed by members and shall be signed by the person presiding at that meeting. A Minute purporting to be so signed shall be received in evidence without further proof.

19.2 The names of members present at a meeting of the Integration Joint Board or of a Sub-Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any member.

19.3 Minutes of Meetings shall be submitted by the Chief Officer or an officer so designated by him/her to the Council and the NHS Board for noting.

19.4 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public. This does not apply to Minutes of a private section of any meeting.

19.5 The Minute of a meeting being held where authority or approval is being given by the Integration Joint Board and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:

- A summary of the Integration Joint Board's discussions
- A clear and unambiguous statement of all decisions taken

- If no decision is taken, a clear and unambiguous statement of where the matter is being referred or why the decision has been deferred
- Where options are presented, a summary of why options were either accepted or rejected
- Reference to any supporting documents relied upon
- Any other relevant points which influenced the decision or recommendation
- Any recommendations which require approval by a higher authority

19.6 The contents of a Minute will depend upon the purpose of the meeting. If the meeting agrees actions they will be recorded in an Action Tracker:

- A description of the task, including any phases and reporting requirements
- The person accepting responsibility to undertake the task
- The time limits associated with the task, its phases and agreed reporting

19.7 The agendas and papers for all Integration Joint Board, Committee and Sub-Committee meetings shall be circulated to members by post or electronic means at least seven days before any given meeting.

19.8 The draft minutes and action trackers from all Integration Joint Board, Committee and Sub-Committee meetings shall be issued as soon as possible following a meeting, ideally within five working days.

## **20. Freedom of Information (Scotland) Act 2002**

20.1 The Freedom of Information (Scotland) Act 2002 (FOI(S)A) was introduced by the Scottish Parliament to ensure that people have the right to access information held by Scottish public authorities. The Act states that any person can receive information that they request from a public authority, subject to certain exemptions such as protection of personal data and commercial interests, or national security. It came into force on 1 January 2005 and is retrospective.

Under FOI(S)A NHS Borders and Scottish Borders Council are required to:

- Provide applicants with help and assistance in finding the information they require within a given timescale
- Maintain a publication scheme of information to be routinely published
- Put in processes for responding to enquiries and undertaking appeals against decisions to withhold information

20.2 Information as defined under FOI(S)A includes copies or extracts, including drafts, of any documents such as:

- reports and planning documents
- committee minutes and notes
- correspondence including e-mails
- statistical information

20.3 The FOI(S)A provides a range of exemptions which may be applied allowing the public authority to withhold information. Exemptions must be considered on a case by case basis and may be applied to all or only part of the information requested.

- All documents will be scrutinised for information which may be withheld under an exemption to the Act prior to release.
- Full details of the FOI(S)A exemptions and how to apply them can be found in the Freedom of Information (Scotland) Act 2002.
- Briefings on how to apply exemptions can be found on the Scottish Information Commissioners website <http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp>.

## **21. Records management**

21.1 Under the Freedom of Information (Scotland) Act 2002, NHS Borders and Scottish Borders Council must have comprehensive records management systems and process in place which must give clear guidance on time limits for the retention of records and documents.

## **22. Reserved Business**

22.1 A Private meeting of the Integration Joint Board may be called at any time by the Chair, or one third of the Members. Generally a minimum notice period of three days should be observed. However, in exceptional circumstances and provided the majority of Integration Joint Board members are present and given the opportunity to attend, appropriate matters pertaining to a Private session may be conducted at the conclusion of an Integration Joint Board meeting. To allow for appropriate notice periods to be observed the wording “At the conclusion of the Board meeting, the board will reconvene for any matters of reserved business.” should be clearly stated at the bottom of each Integration Joint Board meeting agenda.

## **23. Suspension and Disqualification**

23.1 Any Member of the Integration Joint Board may on reasonable cause shown be suspended from the Integration Joint Board or disqualified from taking part in any business of the Integration Joint Board in circumstances specified for NHS Board appointed nominees by the NHS Board, and for Council appointed nominees by the Council.

## **24. Working Groups**

24.1 The Integration Joint Board may establish any Sub-Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Integration Joint Board.

24.2 The Membership, Chair and quorum of any Sub-Committee or Working Groups will be

determined by the Integration Joint Board.

24.3 The Terms of Reference of the Sub-Committee or Working Group will be determined by the Integration Joint Board.

24.4 A Sub-Committee or Working Group does not have any delegated powers to implement its findings and will prepare a Report for consideration by the Integration Joint Board.

24.5 Agendas for consideration at a Sub-Committee or Working Group will be issued by electronic means to all Members no later than seven working days prior to the start of the Meeting.



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# Scottish Borders Health & Social Care Integration Joint Board

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## **AUDIT COMMITTEE TERMS OF REFERENCE**

## **CONSTITUTION**

The IJB shall appoint the Committee. The Committee will consist of at least four voting members of the IJB, excluding professional advisors. The Committee should agree the professional advisors it requires on a regular and adhoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will meet at least twice per annum. The Committee will be supported and serviced by the Chief Financial Officer. The Audit Committee should report to the IJB.

### **Chair**

The Chair of the Committee will be a voting member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Audit Committee.

### **Quorum**

Three members of the Committee will constitute a quorum.

### **Functions Referred**

The following functions of the IJB shall stand referred to the Audit Committee -

1. Assess the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements against the good governance framework and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated;
2. Assess the adequacy and effectiveness of the IJB's risk management arrangements and consider the assurances on compliance with an appropriate risk management strategy within annual governance reports.
3. Review and approve the Internal Audit Annual Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate;
4. Consider the External Audit Annual Plan on behalf of the IJB, receive reports and consider matters arising from these and management actions identified in response before submission to the IJB;
5. Consider annual financial accounts and related matters before submission to and approval by the IJB; and
6. Promote the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000.
7. The committee is responsible for assessing the adequacy and effectiveness of the IJB's corporate governance arrangements that underpin the delivery of best value

services and consider the assurances on value for money service delivery within annual governance reports.

8. Investigate any activity within its terms of reference, and in so doing, seek any information it requires.

## **CLINICAL & CARE GOVERNANCE ASSURANCE FRAMEWORK**

### **Aim**

- 1.1 To outline the Clinical & Care Governance Assurance Framework for the Integration Joint Board (IJB).
- 1.2 To support the development of next steps:
  - Communication of IJB key messages relating to clear and transparent understanding of clinical & care governance requirements
  - Implementation of clinical & care governance reporting and monitoring arrangements and timetable.

### **Background**

- 2.1 Clinical & care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality care and support is understood to be the responsibility of everyone working in and with the organisation – built on partnership and collaboration within and between health and social care professionals and managers.
- 2.2 There are five key elements to clinical & care governance within the Scottish Borders Health and Social Care Partnership which have been identified and are listed below:
  1. Quality and effectiveness of care;
  2. Professional standards and regulation;
  3. Safety and risk assessment;
  4. Leadership and culture;
  5. Learning, audit and continuous improvement.

### **Summary**

- 3.1 All aspects of the work of the IJB should be driven by, and designed to support, efforts to deliver the best possible quality of health and social care. Clinical & care governance however, is principally concerned with those activities which directly affect the care, treatment and support that people receive.

3.2 This paper has been developed from the outline arrangements already agreed and described in the Scheme of Integration.

**Recommendation**

The Health & Social Care IJB is asked to **approve** the key principles and next steps to implement the Framework.

<b>Policy/Strategy Implications</b>	This framework and the plans to develop it further, will be sponsored by the Strategic Planning Group. Within NHS Borders the Healthcare Governance Steering Group and Clinical Strategy Group will be kept fully engaged as will the Health & Social Care Management Group.
<b>Consultation</b>	As above.
<b>Risk Assessment</b>	In compliance.
<b>Compliance with requirements on Equality and Diversity</b>	In compliance.
<b>Resource/Staffing Implications</b>	Services and activities provided within agreed resource and staffing parameters.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Susan Manion	Chief Officer		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Karen McNicoll	Associate Director AHPs		



Scottish Borders  
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# Scottish Borders Integration Joint Board

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## **Clinical & Care Governance Assurance Framework**

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# 1. Introduction to Clinical & Care Governance

**1.1** Clinical & care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality care and support is understood to be the responsibility of everyone working in and with the organisation – built on partnership and collaboration within and between health and social care professionals and managers.

**1.2** The Scottish Borders Integration Joint Board (IJB) is committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of robust clinical & care governance arrangements

**1.3** In doing so the IJB aims to provide safe and effective, person centred care and treatment for patients and clients, and a safe environment for everyone working within (and others who interact with) the services delivered under the direction of the IJB.

**1.4** The IJB believes that appropriate application of clinical & care governance assurance processes will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical & care outcomes, the achievement of objectives and targets, and a learning and improvement approach to service planning and delivery.

**1.5** The IJB purposefully seeks to promote an environment that puts clinical & care governance at the heart of key decisions. This means that the IJB can take an effective approach to leading health and social care integrated services in a way that both addresses significant challenges and enables positive outcomes.

**1.6** The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients, the IJB and other stakeholders.

**1.7** The IJB will receive internal and external clinical & care governance assurance reports. These assurance reports will be submitted by the partner organisations Scottish Borders Council and NHS Borders and provider organisations and will pertain to the relevant work streams under the strategic control of the IJB.

## Key Elements of effective Clinical & Care Governance

Five key elements to clinical & care governance within the Scottish Borders Health and Social Care Partnership has been identified and are listed below:

- Quality and effectiveness of care;
- Professional standards and regulation;
- Safety and risk assessment;
- Leadership and culture;
- Learning, audit and continuous improvement.

## 2. Clinical & Care Governance Assurance Framework - Implementing Health & Social Care Integration for the Scottish Borders

### 2.1 Objectives

The primary objectives of this assurance framework are to:

- Identify how clinical & care governance assurance will be reported to the IJB.
- Ensure that the Clinical & Care Governance Assurance Framework facilitates the identification of the key issues affecting the delivery of the Health and Social Care Strategic Plan and supporting Commissioning & Implementation Plan.
- Establish standards and principles for the efficient and effective management of clinical & care governance, including regular monitoring, reporting and review.

### 2.2 Reporting structure

The IJB is responsible for the strategic planning of the functions delegated to it and the risks arising from that undertaking.

The partner organisations Scottish Borders Council and NHS Borders will report any relevant clinical & care governance issues via the reporting structures by having oversight of delivery and/or governance routes:

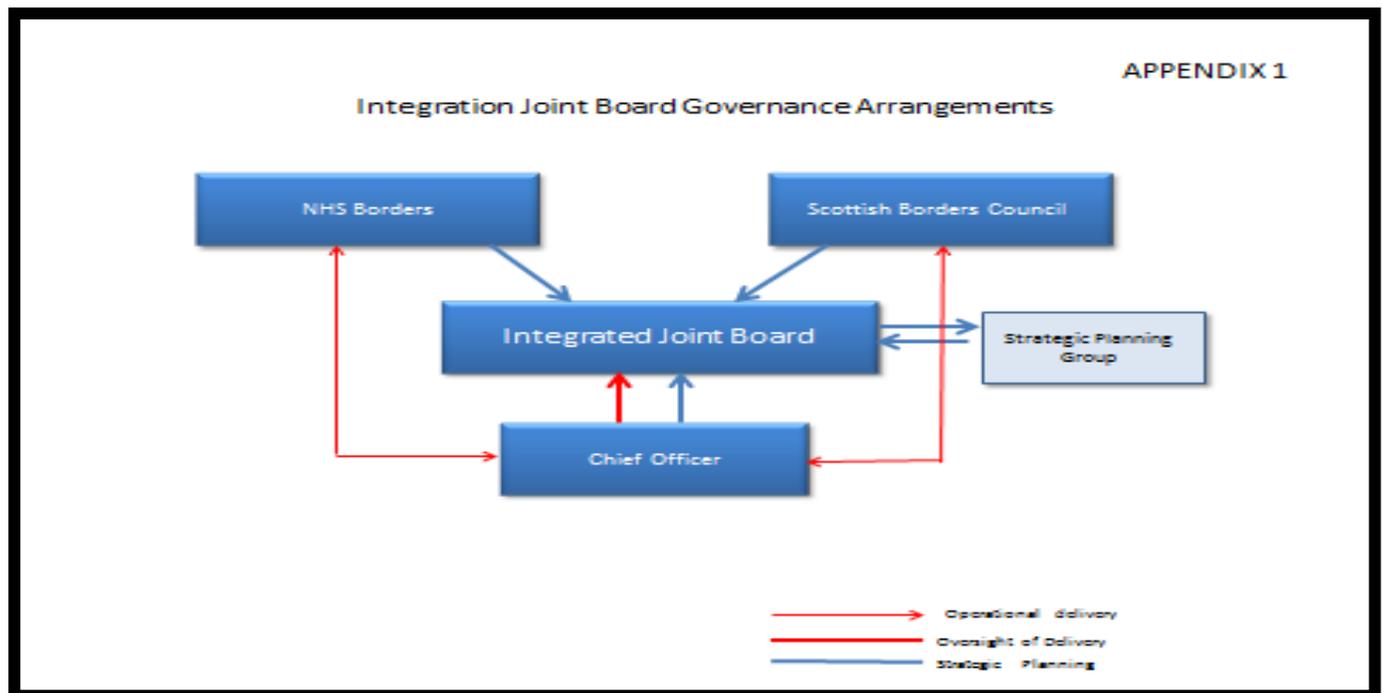


Diagram 1: Integration Joint Board Governance Arrangements Source: Scheme of Integration

## 2.3 Types of topics to be reported

This assurance framework takes a positive and holistic approach to clinical & care governance assurance.

**2.3.1** Adverse events

**2.3.2** Patient feedback

**2.3.3** Clinical effectiveness

**2.3.4** Infection control

**2.3.5** Patient safety

**2.3.6** Medicines safety

**2.3.7** Adult Protection

**2.3.8** Child Protection

**2.3.9** Risk management (see Risk Management Strategy)

**2.3.10** Claims management

**2.3.11** Research governance

**2.3.12** National, internal and external audit or inspection reports (Care Inspectorate and Healthcare Improvement Scotland reports)

## 2.4 Clinical & Care Governance Assurance framework and process

This document represents the Clinical & Care Governance Assurance Framework to be implemented across the services delivered under the direction of the IJB and will contribute to the IJB's wider corporate governance arrangements.

There are five process steps to support clinical & care governance assurance

- Information on safety and quality of services is received
- Information is scrutinised to identify areas of action
- Actions arising from scrutiny and review of information are documented
- Impact of actions is monitored, measured and reported
- Information on impact is reported against key priorities

## 2.5 Roles and responsibilities

### 2.5.1 Integration Joint Board (IJB)

All aspects of the work of the IJB should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical & care governance however, is principally concerned with those activities which directly affect the care, treatment and support that people receive.

Members of the IJB are responsible for:

- Collective ownership of clinical & care governance.
- Ensuring that delegated functions for clinical & care governance are being adequately and appropriately managed.
- Having oversight of clinical & care governance arrangements.
- Receiving and reviewing clinical & care governance issues that require to be brought to its attention.

### **2.5.2 Chief Officer**

The Chief Officer has overall accountability for the IJB's Clinical & Care Governance Assurance Framework, ensuring that suitable and effective arrangements are in place relating to the services delivered under the direction of the IJB. The Chief Officer will be responsible for drawing to the attention of the IJB any new or escalating clinical & care governance risks and associated mitigations to ensure appropriate oversight and action.

The Chief Officer will keep the IJB and the Chief Executives of the partner organisations informed of any significant existing or emerging clinical & care governance risks that could seriously impact the IJB's ability to deliver the outcomes and objectives of the Strategic Plan or the reputation of the IJB or the partner organisations.

- 2.5.3** Assurance to the IJB 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 & Care Governance Assurance Framework established on the basis of existing key principles embedded in the governance and scrutiny arrangements for Borders Health Board and Scottish Borders Council.
- 2.5.4** The Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Director of Public Health) share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.
- 2.5.5** These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through health and social care integrated services. They attend the Borders Health Board Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by Borders Health Board and which in turn will provide assurance to the IJB.
- 2.5.6** As part of the integration arrangements the Chief Social Work Officer will provide oversight and advice to the IJB on the quality of social work services delivered by social work staff through health and social care integrated services. The Chief Social Work Officer will continue to provide professional leadership for social work and be accountable for statutory decisions relating to social work. The Chief Social Work Officer is then held to account by Scottish Borders Council for such decisions and ensures that links are made across all social work services. The Chief Social Work Officer also advises Scottish Borders Council on the delivery of social work services through an annual report which will be made available to the IJB for assurance purposes. Scottish Borders Council will in turn provide assurance to the IJB via the Chief Social Work Officer.
- 2.5.7** The IJB and, where required, the Strategic Planning Group and Localities, will receive clinical & care governance reports from the parties on matters relating to the delegated functions.
- 2.5.8** As part of the regular monitoring process the IJB may, as required, also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance, including the Adult Protection Committee, Child Protection Committee (for universal children's health services), Area Clinical Forum and Area Drug and Therapeutics Committee.
- 2.5.9** The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Director of Public Health) will support the Chief Officer and the IJB in the manner they support Borders Health Board for the range of their responsibilities.

**2.5.10** The Chief Social Work Officer will support the Chief Officer and the IJB in the same manner they support Scottish Borders Council. Appropriate arrangements are in place for the Chief Social Work Officer to discharge their responsibility to health and social care staff who have a professional or corporate accountability to the Chief Social Work Officer.

## **2.6 Next steps - developing clinical & care governance arrangements**

Clinical & care governance is key to the effective delivery of the objectives within the Strategic Plan. The following activities and outputs will be developed. Timescales for these are being planned and progress in this will be reported through the implementation programme arrangements.

- 2.6.1** A clear statement describing the processes required to ensure clinical & care governance assurance arrangements in place for all services commissioned by the IJB.
- 2.6.2** Communication of IJB key messages relating to clear and transparent understanding of clinical & care governance requirements
- 2.6.3** Implementation of clinical & care governance reporting and monitoring arrangements
- 2.6.4** Identification of key reports and implementation of reporting timetable.

An evaluation of the efficiency and effectiveness of the IJB's clinical care governance assurance and reporting arrangements will be carried out as part of the annual assurance process on the IJB's corporate governance arrangements. The output will be considered by the IJB's Audit Committee within the annual governance reports.

The Clinical & Care Governance Assurance Framework (version 1.00) was approved by the Integration Joint Board at its meeting of **00/00/0000**



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

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# Scottish Borders Integration Joint Board

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## **Risk Management Strategy**

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# 1. Introduction to Strategic Approach

1.1 The Scottish Borders Integration Joint Board (IJB) is committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the IJB aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within and others who interact with the services delivered under the direction of the IJB.

1.3 The IJB believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, the achievement of objectives and targets, and fewer unexpected problems.

1.4 The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes.

1.5 The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients, the IJB and other stakeholders.

1.6 The IJB will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements. These assurance reports will be submitted by the partner organisations Scottish Borders Council and NHS Borders and will pertain to the relevant work streams under the strategic control of the IJB.

## Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the Integration Joint Board.

## 2. Risk Management Strategy - Implementing Health and Social Care Integration for the Scottish Borders

### 2.1 Objectives

The primary objectives of this strategy are to:

- Identify how risk information will be reported to the Integration Joint Board (IJB).
- Make clear what strategic and operational risks require to be reported to the IJB.
- Ensure that the risk management framework facilitates the identification of the key risks affecting the delivery of the Health and Social Care Strategic Plan and supporting Strategic Commissioning Plan.
- Establish standards and principles for the efficient and effective management of risk, including regular monitoring, reporting and review.

### 2.2 Reporting structure

The Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it and the risks arising from that undertaking.

The IJB will identify any high level strategic risks.

The partner organisations Scottish Borders Council and NHS Borders will report any relevant risks via the reporting structures by having oversight of delivery and/or governance routes:

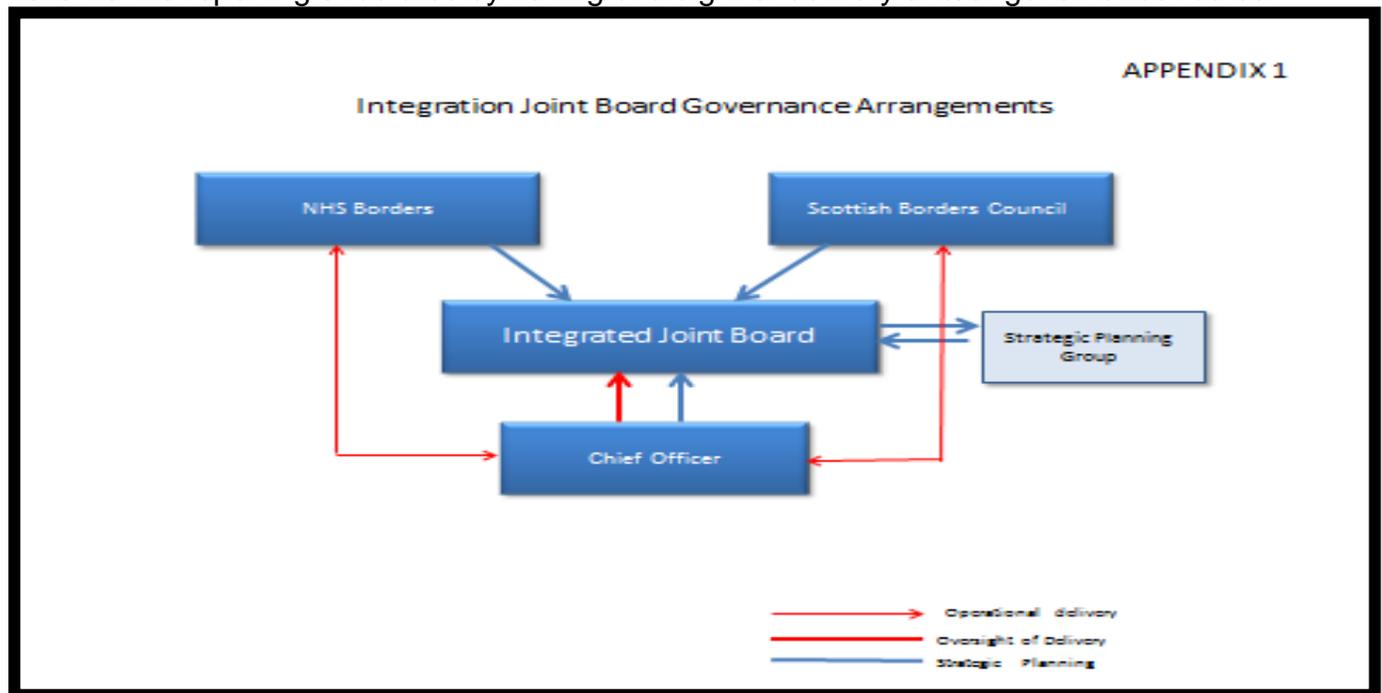


Diagram 1: Integration Joint Board Governance Arrangements Source: Scheme of Integration

## 2.3 Types of risk to be reported

This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business objectives, opportunities or threats.

**2.3.1 Strategic risks** represent the potential for the Integration Joint Board (IJB) to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risks.

**2.3.2 Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJB's activities which are more 'front-line' in nature. The development of actions and controls to respond to these risks will be led by local managers and team leaders which will be overseen by the Chief Officer. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership or significantly impact on the delivery of the strategic plan, then these will be proposed for escalation to 'strategic risk' status for the IJB.

**2.3.3 Business continuity and resilience risks** will be the responsibility of the partner organisations to identify and manage. Each partner organisation must have business continuity / resilience plans in place which are developed and tested in accordance with respective Scottish Borders Council and NHS Borders internal corporate policies and arrangements.

## 2.4 Risk management framework and process

This document represents the risk management framework to be implemented across the services delivered under the direction of the Integration Joint Board (IJB) and will contribute to the IJB's wider corporate governance arrangements.

Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

For consistency the IJB will **adopt the standard risk management process** shown in the diagram on the right.

This reflects the processes currently used in both partner organisations.

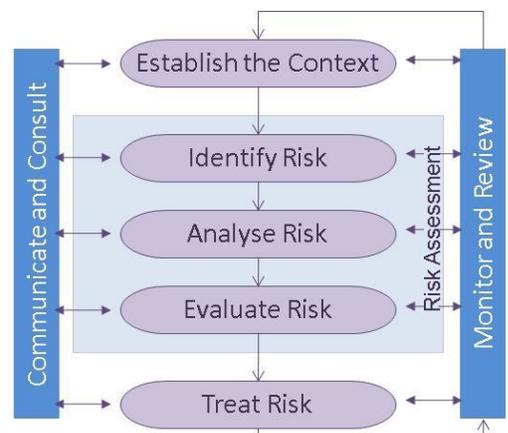


Diagram 2: Standard risk management process

Risk management tools for the purpose of identification and **risk scoring will be as used by each partner organisation.**

**The integrated management risk register and the strategic risk register** will be held by the IJB with risk information from partner organisations being utilised in identifying the relevant risks to the strategic objectives of the IJB.

**Effective communication** of risk management information across the services delivered under the direction of the Integration Joint Board is essential in developing a consistent and effective approach to risk management.

**Copies of this strategy will be widely circulated within the partner organisations.**

## **2.5 Roles and responsibilities**

### **2.5.1 Integration Joint Board (IJB)**

Members of the Integration Joint Board are responsible for:

- Collective ownership of all the risks within the integrated management risk register and the strategic risk register.
- Ensuring that each risk has a lead risk owner identified to ensure risks are being adequately and appropriately managed.
- Having oversight of its risk management arrangements;
- Receiving and reviewing of risk reports on strategic risks and any key operational risks that require to be brought to its attention; and,
- Ensuring awareness of any risks linked to recommendations from the Chief Officer concerning new priorities, policies and decisions.

### **2.5.2 Chief Officer**

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the services delivered under the direction of the IJB. The Chief Officer will be responsible for drawing to the attention of the IJB any new or escalating risks and associated mitigations to ensure appropriate oversight and action.

The Chief Officer will keep the IJB and the Chief Executives of the partner organisations informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes and objectives of the Strategic Plan or the reputation of the IJB or the partner organisations.

### **2.5.3 Chief Financial Officer**

The Chief Financial Officer will be responsible for promoting arrangements to identify, analyse, evaluate and manage key financial risks, risk mitigation and insurance for the IJB. The Chief Financial Officer will be responsible for ensuring financial implications and risks are considered within decision making in alignment with the financial strategy of the IJB.

### **2.5.4 Partner Organisations**

It is the responsibility of the partner organisations to provide risk information as required by the IJB as part of monitoring arrangements and/or highlight any significant single risk arising

that requires immediate notification to the IJB. This risk information will be communicated via the reporting structures and when necessary by the Chief Officer.

## 2.6 Monitoring risk management activity and performance

Measuring, managing and monitoring risk management performance is key to the effective delivery of the objectives within the Strategic Plan.

The Integration Joint Board (IJB) operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.

Monitoring will include review of the risk profile as defined by the content of the IJB risk registers. Any new or emerging risks will be identified and escalated as appropriate to the IJB at any time.

It is expected that partner organisations will use IJB risk registers to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

As the IJB risk management processes mature and embed it is planned to introduce key risk indicators (KRIs) linked where appropriate to specific risks to provide assurance on the performance of certain control measures. The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

Reviewing the IJB's risk management arrangements and delivery of this Risk Management Strategy will be done on a yearly cycle until the arrangements are fully embedded. Once embedded it is envisaged a 3 yearly cycle will be sufficient.

An evaluation of the efficiency and effectiveness of the IJB's risk management arrangements will be carried out as part of the annual assurance process on the IJB's corporate governance arrangements. The output will be considered by the IJB's Audit Committee within the annual governance reports.

The Strategy (version 1.10) was approved by the Integration Joint Board at its meeting of **[00/00/0000]**

