

City of Edinburgh Council

10.00am, Thursday, 12 March 2015

Health and Social Care Integration Scheme: Final for Submission.

Item number	8.1
Report number	
Executive/routine	
Wards	All

Executive summary

The report presents the Final Integration Scheme between NHS Lothian and the City of Edinburgh Council in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

It outlines:

- The consultation process and responses;
- A summary of the changes to the Integration Scheme; and
- The Final Integration Scheme for submission to the Scottish Government.

Links

Coalition pledges	P12 and P43
Council outcomes	CO10, CO11, CO12, CO13, Co14, Co15
Single Outcome Agreement	SO2

Health and Social Care Integration Scheme: Final for Submission.

Recommendations

- 1.1 Note the responses to the consultation and the approach taken due to the timescale for submission.
- 1.2 Note the requirement to review the terms of reference and membership of some Council committees and other governance arrangements in light of the creation of the IJB and the Scottish Government expectations about its operational role.
- 1.3 Approve the Final Integration Scheme for submission to Scottish Government.
- 1.4 Agree that any minor changes required by Scottish Government following submission to secure approval will be delegated to the Council's Chief Executive in consultation with the Leader of the Council.

Background

- 2.1 The report presents the Final Integration Scheme between NHS Lothian and the City of Edinburgh Council in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act. It outlines the consultation process that has been undertaken and the approach to considering responses.

Main report

Public Bodies (Joint Working) (Scotland) Act.

- 3.1 The Public Bodies Act received Royal Assent at the start of April 2014. It requires that NHS Lothian and City of Edinburgh create a new Integration Authority for the area of Edinburgh with responsibility for delivering the national Health and Wellbeing Outcomes.
- 3.2 Policy and Strategy Committee approved the 'body corporate' model for the creation of the Integration Authority in Edinburgh in August 2014 as agreed with NHS Lothian. As a result the plan is for Edinburgh to have an Integration Joint Board (IJB).
- 3.3 The Integration Scheme is the document which sets out how the Integration Authority will be established. The Scottish Government requires:
 - a Draft Scheme to be prepared and agreed by NHS Lothian and City of Edinburgh Council;
 - the Draft Scheme to be consulted upon publicly;

- the Draft Scheme to be amended, as appropriate, from the consultation; and
- a Final Scheme be submitted to Scottish Government for approval by 31 March 2015.

Consultation Process

- 3.4 The Draft Integration Scheme was approved for consultation by Policy and Strategy Committee on 20 February 2015. The timescale for the consultation was five weeks. The short period was due to a delay to the planned consultation timetable triggered by a lack of clarity around the late release of Scottish Government guidance in December 2014.
- 3.5 The consultation process followed the Council's 'Consulting Edinburgh' framework and the Draft Scheme was made available to a very wide range of individuals and organisations. A list of those to be consulted was provided in Annex 4 of the Draft Scheme. (This was not exhaustive). A Consultation and Communications Plan was prepared in support of the work.
- 3.6 It has been a challenge to make the consultation meaningful for respondents, as many of the elements of the Draft Scheme are specified in legislation or regulations and therefore cannot be altered, irrespective of consultation comments.
- 3.7 A summary of the Integration Scheme was prepared which identified areas where it was within 'the control' of the Council and NHS Lothian to make local changes and also asked a number of questions related to other elements of integration which will be useful for those developing the IJB.
- 3.8 The Draft Integration Scheme was also submitted to Scottish Government for informal guidance on improving the content of the Scheme.
- 3.9 In order to maximise the time available for the consultation, the period between the close of the consultation and the deadlines for Council and NHS Board meetings was reduced to less than one week. This has necessitated a two stage approach to handling responses. Details of the consultation responses and process are provided below.

Consultation Responses

- 3.10 Responses to the consultation were accepted up to 1pm on 23 February.
- 3.11 There were 23 responses to the consultation. Eleven on behalf of organisations and twelve from individuals.
- 3.12 Due to the tight 'turn-around' time all submissions were reviewed on the basis of a 2 stage process. Stage 1 responses: matters material to the content, or submission of the Integration Scheme and Stage 2 responses: matters affecting other elements of integration.

- 3.13 Matters material to the content, or submission of the Integration Scheme (Stage 1 responses), have been collated and presented to the Integration Joint Chief Officers Oversight Group for review. This included legal input from the Council's external solicitors.
- 3.14 Stage 1 matters were reviewed by the Group and changes were accepted / rejected based on joint decision and legal advice. The Integration Scheme has been updated with the accepted changes. Appendix 1 contains a summary of the comments, the decision and the rationale.
- 3.15 Matters affecting other elements of integration (Stage 2 responses) will be collated and reviewed for the next Joint Chief Officers Oversight Group for action and response.
- 3.16 A combined response on Stage 1 and Stage 2 responses will be prepared and reported to Council within one cycle and published. This will also be shared with the Shadow Health and Social Care Partnership in its role as shadow Integration Joint Board.
- 3.17 The main themes emerging from the overall consultation were:
- The need for strong representation from a range of stakeholders on the IJB and Strategic Planning Groups and for a truly collaborative approach which the IJBs will need to consider, once established;
 - Support for the approach to use existing structures for clinical and care governance structures, but also concern that this may not deliver an integrated approach to governance. This section of the Scheme has been refined to respond to the consultation process;
 - Support for the delegation of additional functions, but some concerns about the impact on the relationship with functions that will not be delegated which the IJBs will need to manage, once established; e.g. criminal justice;
 - Difficulty in understanding a complex legal document and some complaints on the short length of the consultation which was driven by the national process.

Operational Oversight of the Integration Joint Board

- 3.18 The expectation of Scottish Government is that the Integration Joint Board will be fully responsible for the carrying out of functions that have been delegated to it. However as it cannot employ or contract staff, it requires to direct the Health Board and the Council to deliver services on its behalf. The Health Board and the Council will therefore always be responsible in law for the delivery of services. The effect of this is that the operational governance of integration functions will be a combination of the governance activities of the Integration Joint Board and the governance activities of the Health Board and the Council.

- 3.19 This means that governance responsibility lies across three organisations (the Health Board, the Council and the Integration Joint Board). In preparing the Scheme, cognisance has been made of this arrangement, whilst seeking to minimise duplication of governance functions. Therefore the principle followed in developing the Integration Scheme has been that existing governance structures will be amended to provide governance for the IJB and that the IJB will have the authority to develop additional governance committees if these are required.
- 3.20 The integration scheme sets out detailed measures on the governance of integration functions throughout the text. Over and above those measures, the parties will ensure that the IJB members are involved in overseeing the carrying out of integration functions through the following measures:
- The terms of reference and membership of the relevant committees of Lothian Health Board and the Council will be reviewed, and the IJB will be consulted as part of this process (and all future reviews); and
 - In order to develop a sustainable long term solution for the oversight of the integration functions by the IJBs, a working party will be convened, with membership from all four Lothian IJBs and the parties. This working party will develop recommendations for approval by each Lothian IJB.

Final Integration Scheme

- 3.21 The Final Integration Scheme has been prepared. This includes; resolution of all outstanding matters within the Draft Scheme; changes made following receipt of informal advice from Scottish Government; and all accepted changes arising from Stage 1 of the review of consultation responses.
- 3.22 The Council is requested to approve the Final Scheme for submission to Scottish Government.
- 3.23 NHS Lothian approved the Edinburgh Integration Scheme on 4 March 2015.
- 3.24 Providing the Council approves the Integration Scheme it will be submitted to Scottish Government before the 1st April 2015, the deadline set in the Regulations.
- 3.25 Scottish Government has advised that the process to approve the Integration Schemes will take 12 weeks. During this period Scottish Government will review the schemes and liaise with partnerships to obtain information or clarity. The Cabinet Secretary will sign-off the Integration Scheme at week 8 and then the Order will be laid in Parliament for 28 days. After this the IJB can be legally constituted.
- 3.26 There may be further changes required to the Integration Scheme as a result of the Scottish Government process. Any changes are likely to be minor because Scottish Government has been informally advising on the content of the draft Scheme. In order to facilitate this process, it is recommended that the Council

delegate authority for any minor changes to the Chief Executive in consultation with the Leader of the Council.

Measures of success

- 4.1 The Scottish Government has issued final National Outcomes for the delivery of integrated Health and Social Care as part of the final Regulations. These are as expected.
- 4.2 The Strategic (Commissioning) Plan work stream is tasked with planning for the delivery of these outcomes for the services in scope. The Programme Sub Group on Performance and Quality is tasked with establishing local outcomes for measuring the success of the new Integrated Joint Board (Shadow Health and Social Care Partnership) in relation to the national outcomes. A joint baseline has been developed and work is continuing on a joint framework for the future.
- 4.3 The approach to performance is set out in Section 5 of the Integration Scheme.

Financial impact

- 5.1 It is estimated that the Integration Joint Board will encompass a combined budget of around £590 million; c£200 million of Council funds, c£300million of NHS Lothian funds, and an early estimate of acute related 'set-aside' funds of c£90 million.
- 5.2 The resources for the functions in scope will be delegated to the IJB for governance, planning and resourcing purposes. The Strategic Plan will identify how the resources are to be spent to deliver on the national outcomes and how the balance of care will be shifted from institutional to community-based settings.
- 5.3 The arrangements for financing the Integration Authority are set out in Section 9 of the Integration Scheme.
- 5.4 The plan is to prepare an integrated budget to commence from 1 April 2016.

Risk, policy, compliance and governance impact

- 6.1 A detailed risk log is maintained for the integration programme and reported through the status reporting process to the Shadow Health and Social Care Partnership (the shadow IJB) and through the Council's CPO Major Projects reporting procedure.
- 6.2 Enterprise level risks for integration are also identified on Corporate Management Team, Health and Social Care and NHS Lothian risk registers.

6.3 The approach to risk management for the IJB is set out in Section 14 of the Integration Scheme.

Equalities impact

7.1 The integration of health and social care services aims to overcome some of the current 'disconnects' within and between existing health and social care services for adults, to improve pathways of care, and to improve outcomes.

7.2 Furthermore, the intention is to improve access to the most appropriate health treatments and care. This is in line with the human right to health.

7.3 A combined EqHRIA procedure between NHS Lothian and Health and social Care Services has been developed. This will be used for all EqHR impact assessments as required across the joint service once the Integrated Joint Board is fully established.

7.4 An impact assessment of all four Lothian Draft Schemes was completed on February 10th by representatives from NHS Lothian the four Local Authorities in Lothian. The impact assessment will be published on the NHS Lothian website. The main negative impacts identified from the EQIA were:

- The objective to reduce use of hospital-based services will increase the burden of care in the community. This may have a negative impact on carers and especially women who make up a higher proportion of informal carers in Lothian.
- The ambition to reduce inequalities is unlikely to be achieved by IJBs alone because of the wider determinants of ill health. Community Planning will have a much greater influence in reducing inequalities so the relationship between the CPP and the IJB will be important. This issue will be raised by NHS Lothian with the IJBs with the recommendation that IJB members ensure there is a robust and effective relationship between the IJB, its Strategic Planning Group and the Community Planning Partnership.

Sustainability impact

8.1 The proposals in this report will help achieve a sustainable Edinburgh because:

- joint health and social care resources will be used more effectively to meet and manage the demand for health and care services
- they will promote personal wellbeing of older people and other adults in needs of health and social care services; and
- they will promote social inclusion of and care for a range of vulnerable individuals.

Consultation and engagement

- 9.1 Consultation and engagement form a key work stream in the programme. A number of events have taken place and mechanisms are being established to ensure the Shadow Health and Social Care Partnership is engaging at all levels. This includes the recruitment of service users and carers as members of the Shadow Health and Social Care Partnership with the express purpose of bringing their own perspective to the discussions. A comprehensive engagement programme is also underway to engage with a range of staff and practitioners across health and social care services.
- 9.2 This report provides an update on the consultation on the Draft Integration Scheme, the approach taken with responses and the changes that will be made to the scheme as a result of responses received. A full report on the consultation will be provided to Council within one cycle.
- 9.3 Finally, the Strategic Commissioning Plan process will adopt a co-production approach to developments to ensure timely and productive engagement with key stakeholders. Work is well-advanced for the establishment of the shadow Strategic Planning Group.

Background reading/external references

Corporate Management Team – 18 February 2017, Health and Social Care Integration – General Update.

Finance and Resources Committee – 3 February 2015, Draft Integration Scheme for Consultation

Health, Social Care and Housing Committee - 27 January 2015, Draft Integration Scheme for Consultation

Corporate Policy and Strategy Committee – 20 January 2015, Draft Integration Scheme for Consultation

Finance and Resources Committee – 15 January 2015, Health and Social Care Integration - Update

Corporate Management Team – 7 January 2017, Health and Social Care Integration – General Update.

Finance and Resources Committee – 28 November 2014, Health and Social Care Integration - Update

Finance and Resources Committee – 30 October 2014, Health and Social Care Integration - Update

Finance and Resources Committee – 30 September 2014, Health and Social Care Integration - Update

Finance and Resources Committee – 28 August 2014, Health and Social Care Integration - Update

Corporate Policy and Strategy Committee- 5 August 2014, Health and Social Care Integration – Options Analysis of Integration Models.

Corporate Policy and Strategy Committee- 5 August 2014, Response to Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014.

Finance and Resources Committee – 30 July 2014, Health and Social Care Integration Update

Finance and Resources Committee 5 June 2014, Health and Social Care Integration Update

Corporate Policy and Strategy Committee- 13 May 2014, Health and Social Care Integration Update

Finance and Resources Committee - 7 May 2014, Health and Social Care Integration Update.

Corporate Management Team – 19 March 2014, Health and Social Care Integration – General Update.

Corporate Management Team – 5 February 2014, Health and Social Care Integration – General Update.

Corporate Management Team - 8 January 2014, Health and Social Care Integration, Progress on the Public Bodies (Joint Working) (Scotland) Bill.

See reports above for earlier reporting.

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Links

Coalition pledges	Ensuring Edinburgh and its residents are well cared for.
Council outcomes	Health and Wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it.
Single Outcome Agreement	Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	Appendix 1: Summary of Responses material to Integration Scheme Submission and action taken Appendix 2: Final Integration Scheme

Appendix 1

Responses to Edinburgh Draft Integration Scheme for Consultation (v2.7)

Please note:

This Appendix contains only those matters raised through Stage 1 of the analysis of responses, i.e. matters with a material effect on the content or submission of the Draft Scheme. All matters related to other aspects of the process towards integration will be collated separately. A full analysis of the responses and joint NHS Lothian and Council response will be prepared.

Total Responses received – 23: 11 Organisations and 12 Individuals. Matters material to Scheme received from 17: 11 Organisations and 6 individuals

There are regulations which set out in detail what must be covered within an Integration Scheme, and we have been advised by Scottish Government to avoid including matters additional to what is required under the regulations, wherever possible. The comments below include advice from our external solicitors. Matters relevant to IJB decisions will be forwarded to the shadow Health and Social Care Partnership prior to the IJB being established.

Matters material to Integration Scheme Submission.

Comments	Decision and Rationale
Aims and Vision	
<ul style="list-style-type: none">• expand the planning principles to include a stated commitment to fair treatment of staff and commitments to the protection and development of public services, adequately resourced and free at the point of need.• a need for more service user focused outcomes with a focus on social model of care and the Integration scheme needs to be underpinned by principles of human rights, independent living and citizenship.• Bullet Point c) Could it be reworded to 'working collaboratively a shared vision will be embedded within staff teams via joint development and training, putting the needs of people we work with first'• Bullet point d) could something be added about efficiencies in terms of	<ul style="list-style-type: none">• We are not able to change the Integration Planning Principles as these are set down in statute.• It is not within the power of the Council to sign up to a commitment to 'the protection and development of public services adequately resourced and free at the point of need'. Matters such as charging for certain services and the local government/NHS financial settlements constrain the Council and NHS Lothian.• Almost all of the remaining proposals have been incorporated into a revised version of Aims and Vision Section of the Scheme.

<p>coordination of care.</p> <ul style="list-style-type: none"> could this reference 'very best practice' in terms of delivering on consultation, partnership working and working with communities. Does IJB have an ambition to be an exemplar? 	
<p>Model to be implemented</p>	
<ul style="list-style-type: none"> There should be one IJB for NHS and all four Council areas. 	<ul style="list-style-type: none"> NHS Lothian Board and the four Councils in the Lothian area made decisions on their preferred model in 2014. The decision for Edinburgh was taken in public in August 2014 (Council Committee and NHSL Board meeting) following a detailed analysis of the options. It is not intended to revisit the decision at this stage.
<p>Local Operational Delivery</p>	
<ul style="list-style-type: none"> Should para 6.1.3 also include other stakeholder info? Should the performance core group have a collaborative approach with wider membership? Lothian Hospital Strategic plan. Should this say that this plan will be widely consulted upon? Working Group on Prof, Tech Admin services – Should this include wider membership? It would be helpful to clarify how performance information will be handled and where in the performance management system information of a confidential nature may be handled – e.g. CHP performance management group receiving prescribing information with caveats re commercially sensitive data. 	<ul style="list-style-type: none"> Many of the proposals have been incorporated into a revised version of Local Operational Delivery Section of the Scheme. As regards the Professional, Technical and Administrative services, it is clear that it is for the Council and NHS Board to determine the support arrangements to the IJB (as all relevant staff are employed by these two organisations). The point about confidential management information is noted, but does not require an amendment to the Scheme. It will be picked up in Standing Orders and other governance arrangements of the IJB which will be developed once the body is established.
<p>Delegation of Functions</p>	
<ul style="list-style-type: none"> An opportunity has been missed to delegate under 18s functions. Opportunity missed to delegate Criminal Justice functions and NHS prisons health care arrangements and the potential to move to 	<ul style="list-style-type: none"> The Council and NHS Lothian are proposing to enter into voluntary arrangements (outwith the framework set up by this Scheme) for the integrated management of Children's Services in Edinburgh. A number

<p>rehabilitation based approaches.</p>	<p>of reports have been issued to the Council Children’s and Families Committee outlining the proposed approach and a consultation has been undertaken recently.</p> <ul style="list-style-type: none"> • An internal paper was prepared considering the options for additional services within the Council to be delegated to the IJB. The recent changes to Criminal Justice governance and the extent of partnership working beyond health functions were deciding factors for retaining these within the Council at the moment. • NHS Lothian decided, during the consultation period, to delegate prison healthcare within HMP Edinburgh and HMP Addiewell to the Edinburgh IJB.
<p><i>Representativeness across different groups - IJB Membership</i></p>	
<ul style="list-style-type: none"> • The balance of NHS and Social Care professionals should be improved in the non-voting arrangements of the IJB – specifically OTs. Is clarification required on how the voice of OT and other Council therapy professionals are communicated? • More professional membership is required of such an important committee. • The arrangements for clinical engagement are medical and nursing dominated. ACF would seek assurance on mechanisms to engage ALL professional groups including other independent practitioners, dentists, community pharmacy, ophthalmologists • Third sector role is referred to only in passing. Whilst this is a reflection of SG/Act requirement for Scheme it is an opportunity to weave in much of the partnership working that everybody says they want to see into the formal document. • How will the public (in its widest sense) have a statutory right to influence the IJB. Are IJB meetings to be public or held in public? • Many concerns expressed that the presences of the Third Sector and service/carer reps in leadership positions on the IJB and in the Strategic Plan process is not strong enough.(Changeworks, ECIL, individuals). 	<ul style="list-style-type: none"> • The integration Scheme regulations specify what must be included within this section, and – as noted above – the Scottish Government have cautioned against including matters which are not strictly required under the regulations. • The IJB itself will have the power to broaden representation across professional groups within its membership and to establish additional professional governance mechanisms, once it is established. These comments will be shared with the IJB for future consideration. • A third sector representative, a service user and a carer representative are all required on the IJB as specified in the regulations. It will be up to the IJB to develop this representation; the regulations do not require the Scheme to provide further detail on this aspect.. The comments will be forwarded to the IJB for consideration in these matters. • The regulations state specifically that only (a) the councillors nominated by the local authority and (b) the individuals (normally non-executive directors of the Health Board) nominated by the Health Board will have voting rights – so there is no scope to depart from that approach. The Scottish Government have, however, indicated strongly in guidance that they expect the IJB to work on the basis of consensus and to rarely resort

	<p>to voting.</p> <ul style="list-style-type: none"> • The IJB will develop its own standing orders – and again, it would not be possible, from a legal point of view, for the Scheme to prescribe these. Given the approaches currently being taken within the Council and NHS Lothian, it is likely that IJB meetings will be held in public. The IJB will also develop an Engagement Strategy. The comments will be forwarded to the IJB for consideration in these matters. • Again, details of the composition of the Strategic Planning Group are cannot be included in the Integration Scheme, given that they are not part of the content required uer the regulations (see above). The comments will be forwarded to the IJB for consideration once the IJB has been established.
<p><i>Clinical and Care Governance – General</i></p> <ul style="list-style-type: none"> • it would be helpful to agree a principle re health and care governance that although there may be some duplication initially, that within an agreed timescale and plan, that this duplication will be reduced. • it may be worth being explicit that there should be no duplication and that is an existing group /structure is retained there must be a clear rationale for doing so – to avoid the assumption that everything is ‘business as usual’ • Existing Committees – assumed includes NHS Lothian Pharmacy Senior management Team, Area Drug and Therapeutic Committee(ADTC) and sub committees and the Lothian Area Pharmaceutical Committee (LAPC). • correct the info on professional registration for OTs. (This is now amended in V1 of Final Scheme) • Clinical and social care governance should work together rather than be separate. • Strong professional leadership is vital to support uni-professional and multi-professional working. 	<ul style="list-style-type: none"> • The issue of duplication is recognised as a real concern in these new arrangements. The IJB can rely on existing mechanisms, and it may also establish additional or alternative mechanisms. Revisions have been made to the Integration Scheme to note this complexity, to make provision for the role of the IJB in existing governance arrangements, and to review existing arrangements in the Council and NHS Lothian in order to minimise bureaucracy. • All existing NHS Lothian and Council Committees that have a role in clinical and care governance are included within the existing arrangements. Officer/management groups may change depending on the management arrangements which flow from the IJB directions. • The reference to OT registration has been amended in the Scheme. • The IJB has the option to establish an integrated professional clinical and care governance group. This is referenced within the Scheme. It will be a decision for the IJB on whether and how this is taken forward. The comments will be forwarded to the IJB once established.

<ul style="list-style-type: none"> • There is a need for clarity regarding management and leadership responsibilities within teams is paramount and difference between the two clearly acknowledged. • The opportunity for an integrated professional group would be welcomed – The Integration Scheme could go further in defining this. • How will OT standards be overseen and how will OT views be communicated into the Strategic Plan. Unison proposes that a non-voting seat on the IJB be filled by a senior occupational therapist, and that the H&SC senior occupational therapy group be added to the list of senior professionals in 7.3.5. 	<ul style="list-style-type: none"> • The IJB will determine its own non-voting membership and arrangements for representation on the Strategic Planning Group. The comments will be forwarded to the IJB once established.
<p>Finance</p>	
<ul style="list-style-type: none"> • request that the paragraphs on set-aside are made explicit with respect to the expected apportionments changing over time as the balance of care shifts. • Section 10.4 of v2.7 process for addressing variance re prescribing budget. It is unlikely that any prescribing savings will be fortuitous as they are mostly driven by local Prescribing Action Plan. The wording of this section could effectively see the IJB retain all prescribing under spends as a consequence of local delivery to the detriment of other Lothian IJBs despite the overall prescribing budget being determined on a health board population basis. The current approach is a risk sharing one across all 4 CHPs. • there is a need to clarify language around Internal Audit and Financial Audit. 	<ul style="list-style-type: none"> • The Council and NHS Lothian cannot explicitly note that there will be a shift in the balance of care in the set-aside budgets as this will be a matter for consideration by the IJB once established. • The prescribing budget will be determined on a health board basis and will then be delegated to each IJB according to the agreed budget process. Under and overspends will be managed through the budget setting process and redetermination arrangements involving NHS Lothian, the Council and IJB as outlined in the Scheme. • The section on internal audit has been removed from the Scheme on the advice of the Scottish Government, on the basis that it is not strictly required under the regulations (see above). It will be for the IJB to establish the internal audit arrangements and this cannot be specified by the Council or NHS Lothian. This should aid clarity.

<p><i>Claims and Liability</i></p> <ul style="list-style-type: none"> • A separate paper was prepared on all the matters related to claim and liabilities and insurance cover. The major matter relates to ensuring the statements in the Scheme do not prejudice future choices for the Council for the management of additional risks and liabilities that arise from integration. 	<ul style="list-style-type: none"> • Amendments have been made to this section of the Integration Scheme
<p><i>Participation and Engagement</i></p> <ul style="list-style-type: none"> • importance of improving participation and engagement rather than relying on existing. • need to include lay people in participation • PPF are listed but these are now abolished. Need to make clearer how community participants will be consulted. • Is an enabling reference required in the Scheme for collaboration, consultation/involvement to underpin the very best practice in relation to how the IJB performs its functions? Participation should also extend to monitoring and evaluation arrangements /measures/KPIs. 	<ul style="list-style-type: none"> • Amendments have been made to this section of the Scheme and to the Annex to reflect all these comments.
<p><i>Dispute Resolution</i></p> <ul style="list-style-type: none"> • Disputes could arise within IJB, between IJB and main parties and also with neighbouring IJBs. The dispute process needs to recognise this and make provision form resolution. 	<ul style="list-style-type: none"> • The comment is accepted – but the regulations relating to the content of an integration scheme state that the Scheme must include a dispute resolution mechanism covering disputes between the Council and the Health Board; it is therefore not possible (see above) to extend the provisions so as to include disputes involving the IJB. There would be scope for the Council, the Health Board and the IJB to develop a protocol for dispute resolution, and this or another protocol might also cover disputes between neighbouring IJBs.

Material comments to Scheme received from

Organisations: 11

Area Clinical Forum

Changeworks

Council's Insurers and Insurance Manager

Cyrenians

Edinburgh Centre for Independent Living

Enable

EVOC

Marie Curie

Professional Advisory Committee

Shadow Health and Social Care Partnership

Unison

Individuals x6

**Final Integration Scheme
(Body Corporate)**

Edinburgh Integration Joint Board

26 February 2014

Final Version for submission to Scottish Government

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Preamble: Aims of the Scheme and Vision for the IJB

The vision of the Parties for the IJB is to work together for a caring, healthier, safer Edinburgh.

The work of the IJB will be guided by the integration delivery principles as stated in the Act, and will contribute to the achievement of agreed health and wellbeing outcomes.

The Parties' ambition for the IJB is as follows:

- (a) In Edinburgh, the successful integration of health and social care will mean that people experience improved health and wellbeing; and that inequalities, including health inequalities, are reduced.
- (b) Services will become more focused on outcomes for individuals and will always be planned with and around people and local communities, who will be active partners in the design, delivery and evaluation of these services.
- (c) The Parties will work collaboratively to embed the shared vision within staff teams, to develop, train and support staff from all organisations to work together to respond appropriately and to put the needs of people we work with first.
- (d) The Parties will deploy their shared resources in the most cost effective way to achieve better outcomes for people, to maximise the efficiencies from coordination of care and to allow public funds to go further to meet demand.
- (e) The IJB will work in partnership with each of the Parties and their staff, with third sector organisations, independent sector providers and most importantly people and communities themselves, using best practice approaches in engagement and involvement, to deliver improved and fully-integrated health and social care services for the people of Edinburgh.
- (f) The IJB will respect the principles of equality, human rights, and independent living, and will treat people fairly.

The provisions within this preamble are not intended to create legally binding obligations.

Integration Scheme

between

The City of Edinburgh Council, constituted under the Local Government etc (Scotland) Act 1994 and having its principal office at Waverley Court, 4 East Market Street, Edinburgh EH8 8BG (“**CEC**”);

and

Lothian Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Lothian”) and having its principal offices at Waverley Gate, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG (“**NHS Lothian**”)

(together the “**Parties**”, and each a “**Party**”)

Background

- A. The Parties are required to comply with either subsection (3) or (4) of section 2 of the Act, and have elected to comply with subsection (3) such that the Parties must jointly prepare an integration scheme (as defined in section 1(3) of the Act) for the Edinburgh Area.
- B. In preparing this Scheme, the Parties (a) have had regard to the integration planning principles set out in section 4(1) of the Act and the national health and wellbeing outcomes prescribed by the Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014, (b) have complied with the provisions of section 6(2) of the Act and (c) have followed the guidance issued by the Scottish Ministers regarding the governance arrangements that are considered by Scottish Ministers to provide the requisite degree of integration; and in finalising this Scheme, the Parties have taken account of any views expressed by virtue of the consultation processes undertaken under section 6(2) of the Act.

The Parties agree as follows:

1. Definitions and Interpretation

- 1.1 The following definitions shall apply throughout this integration scheme and the preamble, except where the context otherwise requires:

“Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

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“Edinburgh Area” means the local authority area served by CEC;

“IJB” means the Integration Joint Board for the City of Edinburgh Council area, to be established by Order under section 9 of the Act;

“IJB Budget” means the total funding available to the IJB in the relevant financial year as a consequence of:

- a) the payment for delegated functions from NHS Lothian under Section 1(3) (e) of the Act;
- b) the payment for delegated functions from CEC under Section 1(3) (e) of the Act; and
- c) the amount “set aside” by NHS Lothian for use by the IJB for functions carried out in a hospital and provided for the areas of two or more local authorities under Section 1(3)(d) of the Act;

“Integration Joint Boards Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Lothian IJBs” means the integration joint boards to which functions are delegated in pursuance of the integration schemes in respect of the local authority areas served by CEC, East Lothian Council, Midlothian Council and West Lothian Council respectively;

“Neighbouring IJBs” means the Lothian IJBs excluding the IJB;

“Operational Budget” means the amount of the payment made from the IJB to a Party in order to carry out delegated functions;

“Outcomes” means the health and wellbeing outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Relevant Date” means the date on which the IJB is established by order under section 9 of the Act;

“Scheme” means this integration scheme;

“Standing Orders” means the standing orders for the regulation of the procedure and business of the IJB prepared in accordance with the Integration Joint Boards Order;

“Strategic Plan” means the plan which an integration joint board is required to prepare, in accordance with section 29 of the Act, in relation to the functions delegated to that integration joint board in pursuance of an integration scheme in respect of the relevant local authority area; and, except in its application to a strategic plan prepared or under preparation by one of the Neighbouring IJBs, means the strategic plan which the IJB is required to prepare in respect of the Edinburgh Area;

1.2 Words and expressions defined in the Act shall bear the same respective meanings in the Scheme, unless otherwise defined in the Scheme.

1.3 References to Sections are to the sections of this Scheme.

1.4 References to Annexes are to the annexes to this Scheme and references to Parts are to parts of the relevant Annex.

2. The Model to be Implemented

2.1 The integration model set out in section 1(4)(a) of the Act will apply in relation to the Edinburgh Area, namely the delegation of functions by each of the Parties to a body corporate (an “integration joint board”) that is to be established by Order under section 9 of the Act.

2.2 This Scheme comes into effect on the Relevant Date.

3. Local Governance Arrangements

3.1 Membership

3.1.1 The IJB shall have the following voting members:

- a. 5 councillors nominated by CEC
- b. 5 members nominated by NHS Lothian in compliance with articles 3(4) and 3(5) of the Integration Joint Boards Order.

3.1.2 The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.

3.1.3 Non-voting members of the IJB will be appointed in accordance with regulation 3 of the Integration Joint Boards Order.

3.1.4 The term of office of members shall be as prescribed by regulation 7 of the Integration Joint Boards Order.

3.2 Chairperson and vice chairperson

3.2.1 The IJB shall have a chairperson and a vice-chairperson who will both be voting members of the IJB.

3.2.2 The term of office for the chairperson and the vice-chairperson will be two years.

3.2.3 The right to appoint the chairperson and vice-chairperson respectively shall alternate between each of the Parties on a two-year cycle, on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

3.2.4 NHS Lothian shall appoint the chairperson, and CEC the vice-chairperson for the initial two year period from the Relevant Date.

3.2.5 The chairperson shall not have a casting vote.

3.2.6 Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

3.3 Disqualification, Resignation, Removal, Voting and other matters

The provisions of articles 8 to 19 (but excluding article 14) of the Integration Joint Boards Order shall apply in relation to the IJB.

4. Delegation of Functions

4.1 The functions that are to be delegated by NHS Lothian to the IJB (subject to the exceptions and restrictions specified or referred to in Parts 1A and 1B of Annex 1) are set out in Parts 1A and 1B of Annex 1. For indicative purposes only, the services currently provided by NHS Lothian in carrying out these functions are described in Part 2 of Annex 1.

4.2 The functions that are to be delegated by CEC to the IJB (subject to the restrictions and limitations specified or referred to in Part 1 of Annex 2) are set out in Part 1 of Annex 2. For

indicative purposes only, the services which are currently provided by CEC in carrying out these functions are described in Part 2 of Annex 2.

5. Local operational delivery arrangements

Operational Role of IJB

- 5.1.1 The IJB must direct the Parties to carry out each of the functions delegated to the IJB. A direction in relation to a given function may be given to one or other of the Parties, or to both Parties. The primary responsibility for delivering capacity (that is to say, activity and case mix) in respect of the services associated with the carrying out of a given function shall lie with the IJB, and shall be reflected in the directions issued from time to time by the IJB. Subject to the provisions of the Act and the Scheme, the Parties are required to follow those directions.
- 5.1.2 The IJB shall oversee delivery of the services associated with the functions delegated to it by the Parties. The Integration Joint Board is the only forum where health and social care functions for the Edinburgh Area are governed by members of both NHS Lothian and CEC. Accordingly NHS Lothian and CEC agree that the primary focus for performance management in respect of delivery of the delegated functions will be at the Integration Joint Board.
- 5.1.3 NHS Lothian and CEC will provide performance information so that the IJB can develop a comprehensive performance management system.
- 5.1.4 The IJB performance management reports will be available to both NHS Lothian and CEC for their use in their respective performance management systems. However it is expected that the voting members of the IJB will take responsibility for performance management at the IJB, and will provide an account of highlights and/or exceptional matters to meetings of NHS Lothian and CEC.
- 5.1.5 In the interests of efficient governance, the relevant committees of NHS Lothian and CEC will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and CEC functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The Integration Joint Board will not duplicate the role carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

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- 5.1.6 Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the Integration Joint Board, the chair of that committee will advise the Chair of the Integration Joint Board and the Chief Officer of that matter and will co-operate with the IJB (liaising as appropriate with any relevant committee established by the IJB) in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.
- 5.1.7 The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if and in so far as required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the Edinburgh Area.
- 5.1.8 The voting members of the Integration Joint Board are councillors of CEC and non-executive directors (or other board members) of NHS Lothian. In their capacity as councillors and non-executive directors, they will be engaged in the governance of their respective constituent bodies, and it is likely that they will be members of one or more committees of those constituent bodies.
- 5.1.9 Given the overall vision as outlined in the preamble to the Scheme, it is the intention that the interests of NHS Lothian, CEC, and the Integration Joint Board should be integrated. In all matters associated with the work of the Integration Joint Board, the voting members of the Integration Joint Board will be expected by the Parties to play a crucial role in:
- (a) communicating, and having due regard to, the interests of NHS Lothian or (as the case may be) CEC, but on the understanding that, in carrying out their role as a member of the Integration Joint Board, their primary duties and responsibilities are those which attach to them in that capacity;
 - (b) communicating, and having due regard to, the interests of the Integration Joint Board whilst discharging their role as a councillor or (as the case may be) as a non-executive director, but on the understanding that, in carrying out their role as a councillor or non-executive director, their primary duties and responsibilities are those which attach to them in that capacity.
- 5.1.10 Without prejudice to the role of the voting members of the Integration Joint Board (as specified above) in relation to oversight of operational delivery of services in accordance with directions issued to either or both of the Parties by the Integration Joint Board, the Integration Joint Board will, through the Chief Officer, have an

appropriate role in the operational delivery of services by the Parties in the carrying out of integration functions. The Parties acknowledge that the Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace

- (a) the responsibilities of each Party regarding compliance with directions issued by the Integration Joint Board; or
- (b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

5.1.11 In addition to the measures specified above, the Parties will use all reasonable endeavours to ensure that the members of the IJB are fully involved in overseeing the carrying out of integration functions through the following measures:

- (a) The terms of reference, membership and reporting arrangements of the relevant committees of the Parties shall be reviewed shortly after the establishment of the IJB and periodically thereafter, with a view to reinforcing the principles of integration and reflecting the role of the IJB and its members; and the IJB will be consulted in the context of each of such reviews;
- (b) In order to develop an optimum solution for the oversight of integration functions by the members of the IJB, a working party will be convened, with membership drawn from all four Lothian IJBs and from the Parties; the working party will develop recommendations in this regard for approval by the IJB.

5.1.12 In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, each of the Parties will use reasonable endeavours to provide the Integration Joint Board with any information which the Integration Joint Board may reasonably require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

Support for Strategic Planning

- 5.1.13 The Parties will provide the IJB with all information that it may reasonably require to prepare its Strategic Plan, including information that is pertinent specifically to localities.
- 5.1.14 The Parties will advise the IJB of any intention to change service provision where that change would have a significant impact on the Strategic Plan.
- 5.1.15 The Parties will support the IJB in ensuring that the consultation process associated with the preparation of each Strategic Plan for the Edinburgh Area includes other integration authorities likely to be affected by the Strategic Plan. The integration authorities that are most likely to be affected by the Strategic Plan for the Edinburgh Area are:
- (a) East Lothian integration joint board
 - (b) Midlothian integration joint board
 - (c) West Lothian integration joint board.
- 5.1.16 NHS Lothian will procure that reciprocal provisions to those set out in Sections 5.1, 5.2 and to 5.3 are contained in the integration schemes of the Neighbouring IJBs.
- 5.1.17 The Parties will provide appropriate support (through the measures specified in Section 5.1.18) with a view to ensuring that the IJB can:
- (a) effectively engage in all of the planning processes and support the Neighbouring IJBs in discharging their role, including contributing to the work of the Strategic Planning Groups for the Neighbouring IJBs as required;
 - (b) provide such information and analysis as Neighbouring IJBs reasonably require for the production of their Strategic Plans
 - (c) inform Neighbouring IJBs as to how the services, facilities and resources associated with the functions delegated to the IJB by the Parties are being or are intended to be used with respect to carrying out of those functions in line with these planning processes;

- (d) in a situation where Strategic Plans in one area are likely to have an impact on the plans in another area, ensure that these matters are raised with other relevant integration joint boards and resolved in an appropriate manner.
- (e) in a situation where Strategic Plans in another area are likely to have an impact on the Edinburgh Area, ensure that these matters are raised and any associated risks are mitigated for the benefit of service users.
- (a)

5.1.18 The measures referred to in Section 5.1.17 are as follows:

- (a) The Chief Officers for the Lothian IJBs sharing information and working collaboratively, taking reasonable steps to ensure that each of the Lothian IJBs is aware of emerging proposals intended to be described in any of the Strategic Plans which are under preparation by the Lothian IJBs;
- (b) Regular meetings between the Chief Officers for the Lothian IJBs and relevant managers of NHS Lothian to provide the Chief Officers with an opportunity to communicate any proposed changes likely to be required by their integration joint boards which will impact on service provision for the population served by another integration joint board and to allow NHS Lothian managers to make the Chief Officers of the Lothian IJBs aware of any new developments which could have a bearing on Strategic Plans.
- (c) Regular meetings between the Chief Officer of the IJB and relevant senior officers of CEC to provide the Chief Officer with an opportunity to communicate any proposed changes likely to be required by the IJB which may impact on service provision for other services delivered by CEC, and to allow CEC senior officers to make the Chief Officer aware of any developments which could have a bearing on the Strategic Plan.

5.1.19 In addition, a template will be introduced for the IJB, with the support of each of the Parties, to help to ensure that all major strategic matters are considered in light of the potential impact on Neighbouring IJBs, and on services provided by the Parties which are not delivered in the course of carrying out functions delegated to the IJB.

5.2 Lothian Hospitals Strategic Plan

- 5.2.1 NHS Lothian will develop a plan (the “**Lothian Hospitals Strategic Plan**”) to avoid destabilisation of hospital provision and to support the Lothian IJBs to achieve their purpose. The Lothian Hospitals Strategic Plan will encompass both functions delegated to the Lothian IJBs and functions that are not so delegated.
- 5.2.2 The Lothian Hospitals Strategic Plan will be developed in partnership with the Lothian IJBs where integration functions are delivered by NHS Lothian in a hospital. It will reflect the relevant provisions of the Strategic Plans prepared by the respective Lothian IJBs, as well as NHS Lothian plans for non delegated functions. The first Lothian Hospitals Strategic Plan will be published by 1 December 2015
- 5.2.3 The purpose of the Lothian Hospitals Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities is:
- (a) responsive to and supports each Strategic Plan prepared by the Lothian IJBs for delegated functions; and
 - (b) supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the Lothian IJBs (e.g. tertiary, trauma, surgical, planned and children’s services).
- 5.2.4 The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.
- 5.2.5 The Lothian Hospitals Strategic Plan will be updated at least every three years; the process to update the plan (which will include appropriate consultation) will be led by NHS Lothian.

5.3 Professional, technical or administrative support services

- 5.3.1 In the short term, the Parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to

Community Health Partnerships, social care services and joint working more generally.

5.3.2 In order to develop a sustainable long term solution, a working party will be convened, with membership from NHS Lothian and the four local authorities which prepared integration schemes for the Lothian IJBs. This working party will develop recommendations for approval by NHS Lothian, the four local authorities, and the Lothian IJBs.

5.3.3 Key matters that the working party will address are:

- (a) understanding the needs of the Lothian IJBs (in relation to functions delegated to them), as well as the continuing needs of the Parties (for non-delegated functions);
- (b) defining what is meant by “professional, technical or administrative services”;
- (c) systems to appoint the Chief Officer and Chief Finance Officer, as well as addressing their requirements for support;
- (d) bringing all these elements together and devising a pragmatic and sustainable solution.

5.3.4 The working party will link in with any ongoing initiatives that are pertinent to its agenda, so that all relevant work is co-ordinated. Any changes will be taken forward through the existing systems in NHS Lothian and CEC for consultation and managing organisational change.

5.3.5 As soon as the proposals have been finalised by the working party and agreed by NHS Lothian and the four local authorities which prepared the integration schemes for the Lothian IJBs, a draft agreement will be prepared reflecting the agreed proposals. The draft agreement will be adjusted in line with discussions among the parties, and, as soon as the terms have been finalised, it is intended that the agreement will then be formally executed by NHS Lothian, the four local authorities, and the Lothian IJBs (including the IJB).

5.4 Performance targets, improvement measures and reporting arrangements

5.4.1 All national and local outcomes, improvement measures and performance targets which are connected exclusively with the functions delegated by the Parties to the IJB

under the Scheme will become the responsibility of the IJB to deliver; and the IJB will also be responsible for providing all such information regarding integration functions which is required by either of the Parties to enable each of them to fulfil its obligations regarding reporting arrangements in respect of those functions.

- 5.4.2 Where particular national or local outcomes, measures or targets (and associated reporting arrangements) relate to services which are associated with both integration functions and functions which are not delegated by a Party to the IJB, the responsibility for the outcomes, measures or targets (and associated reporting arrangements) will be shared between the IJB and the Party or Parties which exercise those functions, and the IJB will be responsible for providing all such information regarding those integration functions as is required by the relevant Party to enable it to fulfil its obligations regarding reporting arrangements.
- 5.4.3 A set of shared principles will be developed and agreed between the Parties for targets and measurement based on existing best practice.
- 5.4.4 A core group of senior managers and relevant support staff from each Party will develop the performance framework for the IJB, taking account of relevant national guidance. In addition, a collaborative approach will be adopted with wider partners involved in the strategic planning group to develop a holistic approach to performance across the whole system. The framework will be underpinned by the Outcomes and will be developed to drive change and improve effectiveness. The framework will be informed by an assessment of current performance arrangements across the whole system and the development of a set of objectives which the framework will be intended to achieve.
- 5.4.5 A core set of indicators and measures will be identified by the Parties from publicly accountable and national indicators and targets which relate to services delivered in carrying out the functions delegated to the IJB.
- 5.4.6 An integration dataset ("**Integration Dataset**") will be created for the IJB. This will include information on the data gathering, reporting requirements and accountability for each of these measures and targets and including, in relation to each target, the extent to which responsibility is to transfer to the IJB. This work will be shared with and reviewed by the IJB and amended as appropriate following such review.
- 5.4.7 Indicators will be aligned with the priority areas identified in the joint strategic needs assessment and the Strategic Plan and will be refined as these documents are reviewed and refreshed. These priority areas will be aligned with all the indicators

within the Integration Dataset and will be linked to the Outcomes to demonstrate progress in delivering these.

5.4.8 The Parties have obligations to meet targets for functions which are not delegated to the IJB, but which are affected by the performance and funding of integration functions. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details must be provided of any targets, measures and arrangements for the IJB to take into account when preparing the Strategic Plan. Where responsibility for performance measures and targets is shared, this will be set out clearly for agreement by the relevant Parties.

5.4.9 The Integration Dataset will include information on functions which are not delegated to the IJB. Either one of the Parties, or the IJB, will be able to reasonably require information of that nature to be included within the Integration Dataset.

5.4.10 The principles for an Integration Dataset will be prepared by the Parties by 1 April 2015 and this will be reviewed and developed into the Integration Dataset during the strategic planning process in 2015. A final Integration Dataset will be submitted for approval by the IJB and the Parties before 1 March 2016.

5.4.11 The Integration Dataset will be reviewed on at least an annual basis, through a process similar to that outlined above.

6. Clinical and Care Governance

6.1 Introduction

6.1.1 The Parties are to delegate certain of their respective clinical and care functions to the IJB in accordance with Section 4 of the Scheme. The Parties have had regard to their continuing duties regarding clinical and care governance as well as the integration planning principles (as set out in the Act) and the Outcomes when preparing the Scheme .

6.1.2 This section of the Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place.

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- 6.1.3 The Parties have well established governance systems (including committees of NHS Lothian and Committees of CEC, to provide governance oversight in terms of clinical and care governance, as well as assurance for professional accountabilities. Those existing systems will continue following the establishment of the IJB and their scope will be extended so as to support the IJB in fulfilling its clinical and care governance responsibilities.
- 6.1.4 Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's performance management framework pursuant to Section 5 of the Scheme.
- 6.1.5 The arrangements for local operational oversight by the IJB as Specified in section 5 will also apply to clinical and care governance.
- 6.1.6 Within its existing governance framework, NHS Lothian has:
- (a) a healthcare governance committee, the remit of which is to provide assurance to the Board of NHS Lothian that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that NHS Lothian meets its responsibilities with respect to:-
 - i. NHS Lothian participation standards
 - ii. Volunteers/Carers
 - iii. information governance
 - iv. Protection of vulnerable people including children, adults, offenders
 - v. Relevant statutory equalities duties;
- and
- (b) a staff governance committee, the remit of which is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The staff governance committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored.
- 6.1.7 The staff governance committee has the primary role on staff governance matters, but can and does refer matters of relevance to the healthcare governance committee.

- 6.1.8 The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.
- 6.1.9 Within CEC, the Chief Social Work Officer has overall responsibility for the professional standards of CEC's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all social work professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by CEC and the voluntary and independent sectors. Allied health professionals are required to register with their relevant professional body.
- 6.1.10 The Chief Social Work Officer reports annually to CEC on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. The Chief Social Work Officer will provide a copy of this annual report to the IJB.
- 6.1.11 The Chief Social Work Officer also reports annually to CEC on standards achieved, governance arrangements and volume/quantity of statutory functions discharged. This report must comply with national guidance issued by the Scottish Government. The Chief Social Work officer will provide a copy of this annual report to the IJB.
- 6.1.12 For the avoidance of doubt, the rationale for using the relevant existing NHS Lothian and CEC committees (and associated arrangements) as a primary source of assurance for the IJB regarding clinical and care governance is that, following the establishment of the IJB, the Parties will have continuing governance responsibilities for both delegated and non-delegated functions and, against that background, the use of existing NHS Lothian and CEC committees avoids unnecessary bureaucracy. The IJB will be engaged through its membership on these committees and its relationship with the chairs of these committees. The IJB will be in a position to holistically consider the information and assurance received from the Parties in exercising its functions. If at any time the IJB is not satisfied with the information or assurance that it receives from the Parties, or with the effectiveness of the Parties' committees, it may address the issues of concern (a) by requesting a Party to take appropriate steps to revise its clinical and care governance systems, or (b) by revising its own clinical and care governance systems.

6.2 Professional advice

There is a risk that a Strategic Plan and/or a direction issued by the IJB could have a negative impact on clinical and care governance and/or on professional accountabilities. This section of the Scheme sets out the arrangements that will be put in place to avoid this.

- 6.2.1 NHS Lothian's Board has within its executive membership three clinical members (referred to below as "**Executive Clinical Directors**"): a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.
- 6.2.2 CEC has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at risk. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health, criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.
- 6.2.3 The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership, and he or she will remain the lead and accountable professional for his or her profession.
- 6.2.4 The Chief Social Work Officer must be a non-voting member of the IJB
- 6.2.5 The IJB may elect to appoint one or both of the Medical Director and Nurse Director as additional non-voting members of the IJB.
- 6.2.6 The Integration Joint Boards Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:
 - (a) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;

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- (b) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
 - (c) a registered medical practitioner employed by the Health Board and not providing primary medical services.
- 6.2.7 NHS Lothian will consider the advice of the Executive Clinical Directors, and of any other relevant officer it deems fit, before making appointments to fill the membership positions referred to in Section 7.2.6. The appointees will be professionally accountable to the relevant Executive Clinical Director.
- 6.2.8 NHS Lothian will develop a role description for the appointments referred to in Section 7.2.6, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.
- 6.2.9 The three health professional representatives referred to in Section 7.2.6 will each also be:
- (a) a member of an integrated professional group (should it be established), and/or
 - (b) a member of an NHS Lothian Board committee, and/or
 - (c) a member of a consultative committee established by NHS Lothian.
- 6.2.10 If a new 'integrated professional group' is established, then the Chief Social Work Officer must also be a member.
- 6.2.11 The three health professional representatives set out in Section [7.2.6] and the Chief Social Work Officer will be expected by the Parties to play a lead role in:
- (a) communicating and having regard to their duties to NHS Lothian or CEC as the case may be whilst discharging their role as a member of the IJB;
 - (b) communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) CEC.
- 6.2.12 The members will be expected to communicate regularly with the Executive Clinical Directors, and CEC's Chief Executive as and when appropriate.

- 6.2.13 The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.
- 6.2.14 As noted in Section 7.1.10, the Chief Social Work Officer reports annually to CEC on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.
- 6.2.15 NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.
- 6.2.16 The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.
- 6.2.17 The engagement of professionals throughout the process to develop and consult on the Strategic Plan, is intended to ensure that the IJB has all the required information to prepare a Strategic Plan which will not compromise professional standards.
- 6.2.18 In the unlikely event that the IJB issues a direction to NHS Lothian which is reasonably likely to compromise professional standards, then in the first instance the relevant Executive Clinical Director will write to the IJB.
- 6.2.19 If the issue is not resolved to his/her satisfaction, he/she must inform the Board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:
- (a) the relevant Executive Clinical Director must ensure that appropriate advice is tendered to the Board of NHS Lothian on all matters relating to professional standards;
 - (b) the relevant Executive Clinical Director must set out in writing to the Board of NHS Lothian any objections he/she may have on a proposal that may compromise compliance with professional standards;

- (c) the Board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the Board of NHS Lothian on those objections;
- (d) if the Board of NHS Lothian decides to proceed with a proposal despite those objections, then the relevant Executive Clinical Director must obtain written authority from the Board of NHS Lothian to act on the proposal. The Board of NHS Lothian must inform the Scottish Government Health & Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council;
- (e) once the relevant Executive Clinical Director has received that written authority, then he/she must comply with it;

6.2.20 Regardless of whether written authority has been given, the Executive Clinical Directors, in their capacity as members of the board of NHS Lothian, should always vote against a proposal that they cannot endorse as accountable officers. It is not sufficient to abstain from a decision.

6.2.21 The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.

6.2.22 If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business which may compromise professional standards, he/she must immediately notify the Chief Officer of the IJB of his/her concerns, and if his/her concerns are not resolved by the Chief Officer to his/her satisfaction, must then raise the matter with the Chief Executive of NHS Lothian.

6.2.23 The Chief Social Work Officer will be a non-voting member of the IJB, and as such, will contribute to decision-making, and will provide relevant professional advice to influence service development.

6.2.24 In the event that the IJB issues an instruction to a Party which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Chief Officer of the IJB of his/her concerns, and if his/her concerns are not resolved by the Chief Officer to his/her satisfaction, must then raise the matter with the Chief Executive of CEC.

6.3 Professionals Informing the IJB Strategic Plan

6.3.1 With regard to the development and approval of its Strategic Plan, the IJB is required by the Act to:

- (a) establish a strategic planning group (which will review the draft Strategic Plan). This strategic planning group must include a nominee from each Party in its membership, as well as representation from health professionals and social care professionals. The Parties will make recommendations to the IJB with regard to the representation from health professionals and social care professionals;
- (b) formally consult both Parties on its Strategic Plan, and take into account their views before it finalises the Strategic Plan.

6.3.2 There will be three opportunities within these arrangements for professional engagement in the planning process;

- (a) at the IJB
- (b) in the context of the work of the strategic planning group; and
- (c) as part of the consultation process with the Parties associated with the Strategic Plan.

6.3.3 The membership of the IJB will not be the only source of professional advice available to the IJB, In advance of the establishment of the IJB, the Parties agree that the chairs of all appropriate committees and groups will be informed that they are able to, and expected to, directly provide advice to the IJB. Those committees and groups may also advise an integrated professional group that provides advice to the IJB. Those committees and groups include, but are not limited to:

- (a) Area Clinical Forum
- (b) Local consultative committees that have been established under Section 9 of the National Health Service (Scotland) Act 1978.
- (c) Managed Clinical/ Care Networks

- (d) Edinburgh Public Protection Committees (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult these committees on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk
- (e) any integrated professional group which may be established.

6.3.4 The shadow arrangements established within the Shadow Edinburgh Health and Social Care Partnership will be reviewed in light of the legislation and guidance, in order to determine whether any new professional committees need to be established.

6.3.5 The Parties will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:

- (a) NHS Lothian Medical Director
- (b) NHS Lothian Nurse Director
- (c) NHS Lothian Director of Public Health & Health Policy
- (d) NHS Lothian Allied Health Professions Director
- (e) Chief Social Work Officer.

6.3.6 The engagement of CEC professionals will not be limited to social work staff, but will extend to related professionals within social care, such as, but not exclusively, occupational therapists, home care and social care staff.

6.3.7 The approach to locality planning and delivery including the arrangements for clinical and social care governance will be developed through the strategic planning process in a collaborative manner and determined by the IJB.

6.4 External scrutiny of clinical and care functions

6.4.1 NHS Lothian seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland.

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6.4.2 The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and its reports feed into CEC's system of governance.

6.4.3 The IJB will consequently be informed of any relevant issues from external scrutiny, as a consequence of drawing from the systems already established by the Parties.

6.5 Service User and Carer Feedback

6.5.1 The Parties have a range of systems already in place to capture and respond to service users' experience, and these will continue to be used as the Parties implement the directions of the IJB.

6.5.2 As part of the wider strategic planning process, (particularly the joint strategic needs assessment process) and the performance management framework, existing work streams on (a) standards and quality improvement and (b) service user feedback will be used to inform how the IJB can address the integration delivery principles and deliver on the Outcomes.

7. Chief Officer

7.1 The Chief Officer will be appointed by the IJB; he/she will be employed by one of the Parties and will be seconded to the IJB. .

7.2 The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the IJB and will also have an appropriate role in the operational delivery of services by the Parties in the carrying out of integration functions. The Chief Officer will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the Parties by the IJB and for monitoring compliance by the Parties with directions issued by the IJB. The Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved.

7.3 The Chief Officer will be jointly managed by both Parties in respect of operational delivery and will report directly to the Chief Executive of NHS Lothian and the Chief Executive of CEC. There will be a joint process for regular performance reviews, support and supervision with both Chief Executives. Some delegated functions are to be operationally managed on a hosted basis within the area served by the Lothian IJBs. Annex 3 provides an illustrative view of how these may be operationally managed, including the relationship to the respective Chief Officers of the Lothian iJBs.

- 7.4 Annual objectives for the Chief Officer will be agreed and the process will involve the chairperson of the IJB agreeing objectives with the Chief Officer relevant to his/her role with the IJB as well as the Chief Executives of CEC and NHS Lothian. The Chief Officer's performance against those annual objectives will be monitored through an agreed performance management framework established by the Party which is his/her employer.
- 7.5 If an interim replacement for the Chief Officer of the IJB is required, in accordance with a request from the IJB to that effect (on the grounds that the Chief Officer is absent or otherwise unable to carry out his/her functions), the Chief Executives of CEC and NHS Lothian will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the IJB on an interim basis.

8. Workforce

- 8.1 A human resources and organisational development working group established by the Parties has prepared a work plan for integrating the health and social care workforce in Edinburgh. This group includes NHS Lothian partnership representatives and trade union representatives from CEC. The work plan guiding the work of the group includes a number of work streams, two of which focus on the implementation of an integrated senior management model and an organisational development plan respectively.
- 8.2 The organisational development plan, agreed between the Parties, is currently being implemented. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership development and the training needs for those staff members who will be responsible for managing integrated teams. In particular, it includes procurement of team and leadership development programmes.
- 8.3 A workforce plan will be developed for the IJB to support the implementation of the Strategic Plan. The workforce plan will take into account the workforce supply and demand challenges that will need to be addressed in order to be able to implement the Strategic Plan.
- 8.4 Both the organisational development plan and workforce plan will be finalised following completion of the first Strategic Plan and will be refreshed annually to ensure that they take account of the Strategic Plan and the development needs of staff engaged in the delivery of integrated functions.
- 8.5 The Lothian-wide work plan for 2014 / 2015 guiding the group referred to in Section 9.1 is already agreed by the Parties. It will be reviewed in April 2015 and annually thereafter.

9. Finance

9.1 Financial Governance

Appointment of a Chief Finance Officer

- 9.1.1 The IJB will make arrangements for the proper administration of its financial affairs. This will include the appointment of a Chief Finance Officer with this responsibility.
- 9.1.2 The IJB will have regard to the current CIPFA guidance on the role of the chief financial officer in local government when appointing to this finance role. A job description will be developed with due regard to Scottish Government guidance in terms of financial functions.
- 9.1.3 The Chief Finance Officer will be employed by CEC or NHS Lothian and seconded to the IJB.
- 9.1.4 In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the CEC Section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

Financial Management of the IJB

- 9.1.5 The IJB will determine its own internal financial governance arrangements; and the Chief Finance Officer will be responsive to the decisions of the IJB, and the principles of financial governance set out in this Scheme.

Principles of Financial Governance

- 9.1.6 The following principles of financial governance shall apply:
- (a) The Parties have agreed to establish the IJB as a “joint operation” as defined by IFRS 11;
 - (b) The Parties will work together in a spirit of openness and transparency.

Financial Governance

- 9.1.7 CEC and NHS Lothian agree to the establishment of an IJB Budget (as defined in Section 1 of the Scheme). The Chief Officer will manage the IJB Budget. .
- 9.1.8 The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, provided that the costs incurred by the relevant Party in implementing a direction shall be met in full by the IJB.
- 9.1.9 The Parties will apply their established systems of financial governance to the payments they receive from the IJB. The NHS Lothian Accountable Officer and the CEC Section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.
- 9.1.10 The Chief Officer in his/her operational role within NHS Lothian and CEC is responsible for the financial management of any Operational Budget, and is accountable for this to the NHS Lothian Chief Executive and CEC Section 95 officer.
- 9.1.11 The IJB will develop its own financial regulations. The Chief Finance Officer will periodically review these financial regulations and present any proposed changes to the IJB for its approval.
- 9.1.12 CEC will host the IJB financial accounts and will be responsible for recording the IJB financial transactions through its existing financial systems, including the ability to establish reserves.
- 9.1.13 The IJB's Chief Finance Officer will be responsible for preparing the IJB's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.
- 9.1.14 The IJB's Chief Finance Officer will also be responsible for preparing a medium-term financial plan to be incorporated into the Strategic Plan. The IJB's Chief Finance Officer will also be responsible for preparing the annual financial statement that the IJB must publish under Section 39 of the Act, which sets out what the IJB intends to spend in implementation of the Strategic Plan.

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9.1.15 The Chief Finance Officer will be responsible for producing finance reports to the IJB, ensuring that those reports are comprehensive.

9.1.16 The Chief Finance Officer will liaise closely with the CEC Section 95 officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of his/her role. Section 6 of the Scheme sets out the process the Parties will undertake to determine how professional, technical and administrative services (including, without limitation, finance support) will be provided to the IJB.

9.2 Payments to the IJB (made under Section 1(3) (e) of the Act)

9.2.1 The Parties will agree annually a schedule of payments (covering their respective calculated payments for the financial year in accordance with the Strategic Plan) to the IJB . This schedule of payments will be agreed within the first 30 working days of each new financial year.

9.2.2 It is expected that the net difference between payments into and out from the IJB will result in a balancing payment between CEC and NHS Lothian which reflects the effect of the directions of the IJB in accordance with the Strategic Plan.

Payments to the IJB

9.2.3 The Parties will apply their respective financial planning processes to arrive at a core baseline Operational Budget for each function delegated to the IJB; this will be used to calculate their respective payments to the IJB for the financial year in question.

Hosted Services

9.2.4 Some of the functions that will be delegated by NHS Lothian to all four Lothian IJBs are currently provided as part of a single Lothian-wide service, (referred to below as “**Hosted Services**”). As such there is not currently a separately identifiable budget for Hosted Services allocated to each local authority area.

9.2.5 In order to identify the core baseline budget for each of the Hosted Services in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time:

- (a) local activity and cost data for each service within each local authority area;
- (b) population distribution across the local authority areas;
- (c) patient level activity and cost data;
- (d) historically applied and recognised percentages.

9.2.6 CEC and the IJB will review the proposals from NHS Lothian referred to above, as part of a due diligence process, and the core baseline budget will be jointly agreed.

Due Diligence

9.2.7 The Parties will share information on the financial performance over the previous two financial years of the functions which will be delegated to the IJB (and the services associated with the carrying out of those functions). This will allow the Parties to undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the IJB to fund the carrying out of the functions delegated to it.

9.2.8 Where a Party reasonably believes in relation to a function which it is to delegate to the IJB, that there is potential for the actual expenditure to vary significantly from projections, it will identify that function, and will ensure that sufficient information is provided to the IJB so that it may build up its working knowledge of the issues, and focus on those functions within their systems for risk management and financial reporting..

9.2.9 This process of due diligence will be applied in future years, and this will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the IJB will routinely receive.

Determining the schedules for the Initial Payments

9.2.10 The CEC Section 95 officer and the NHS Lothian Director of Finance are responsible for preparing the draft schedules for their respective constituent authorities setting out the initial payment to the IJB. The CEC Section 95 officer and the NHS Lothian

Director of Finance will consult with the Chief Officer (designate) and officers of both Parties as part of this process.

9.2.11 The CEC Section 95 officer and the NHS Lothian Director of Finance will each prepare a draft schedule outlining the detail and total value of the proposed payment from each Party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The draft schedules will also contain the detail and total value of set aside resources for hospital services, made under Section 1(3) (d) of the Act.

9.2.12 The CEC Section 95 officer and the NHS Lothian Director of Finance will refer the draft schedules to the Chief Officer (designate) so that he/she has an opportunity to formally consider it. This draft schedule must be agreed by the Director of Finance of NHS Lothian, the CEC Section 95 Officer and the Chief Officer (designate). The CEC Section 95 officer and the NHS Lothian Director of Finance will thereafter present the final draft schedules to CEC and NHS Lothian for approval in line with their respective governance procedures.

Subsequent Section 1(3) (e) Payments to the IJB

9.2.13 The calculation of payments in each subsequent financial year will follow the same processes as are described above for the initial payment subject to the following:

- (a) the starting position will be the payments made to the IJB in the previous financial year;
- (b) the Parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the IJB, the IJB's performance report for the previous year, and the content of the Strategic Plan;
- (c) the Parties will also have due regard to the impact of any service re-design activities that have been a direct consequence of IJB directions;
- (d) the Parties will engage the IJB, Chief Officer, and Chief Financial Officer in the process of calculating payments for subsequent financial years through the following arrangements:

- (e) both Parties will provide indicative three year allocations to the IJB, subject to annual approval through their respective budget setting processes;
- (f) the Parties will ensure that the Chief Officer and Chief Finance Officer are actively engaged in their financial planning processes. The Chief Officer will be expected to feed into the respective planning processes of the Parties with any intelligence that is relevant, such as the effect of previous directions on activity and expenditure, and projected changes in activity and expenditure.

The set-aside of resources for use by the IJB under Section 1(3) (d) of the Act

9.2.14 In order to identify the core baseline budget for each of the set aside functions in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time:

- (a) local activity and cost data for each service within each local authority area;
- (b) population distribution across the local authority areas;
- (c) patient level activity and cost data;
- (d) historically applied and recognised percentages.

9.2.15 CEC and the IJB will review the proposals from NHS Lothian referred to above, as part of a due diligence process, and the core baseline budget for the set-aside functions will be jointly agreed by CEC, NHS Lothian and the IJB.

Process to agree payments from the IJB to NHS Lothian and CEC

9.2.16 The IJB will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions delegated to the IJB. The Party receiving a direction from the IJB shall implement it to the extent its costs in doing so are met by the payment received from the IJB.

9.2.17 Each direction from the IJB to a Party will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- (a) the delegated function(s) that are to be carried out;
- (b) the outcomes to be delivered for those delegated functions;
- (c) the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

9.2.18 Once issued, directions can be amended by a subsequent direction by the IJB.

9.2.19 Where amounts paid to the IJB are subject to separate legislation or subject to restrictions stipulated by third party funders, the IJB must reflect these amounts in full, in determining the level of the payments to be made to CEC and/or NHS Lothian in respect of the carrying out of the relevant function or functions. However, the IJB is not precluded from increasing the resource allocated to the relevant services.

9.3 Financial Reporting to the IJB

9.3.1 Budgetary control and monitoring reports (in such form as the IJB may reasonably request from time to time) will be provided to the IJB as and when reasonably required. The reports will set out the financial position and outturn forecast against the payments by the IJB to each Party in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure for delegated functions and highlight any financial risks and areas where further action is required by the IJB to manage its budget pressures.

9.3.2 NHS Lothian will provide reports to the IJB on the set aside budget in accordance with Section 9.3.1 above.

9.3.3 Through the process of reviewing the professional, technical and administrative support to the IJB, and the development of accounting for the set-aside, the Parties will devise a sustainable model to support financial reporting to the new IJB. Until that model is in place, both Parties will provide the required information from their respective finance systems, and this will be co-ordinated and consolidated by the

Chief Finance Officer to provide reports to the IJB on all the IJB's integration functions.

9.4 Process for addressing variance in the spending of the Integration Joint Board

Treatment of forecast over- and under-spends against the Operational Budget

- 9.4.1 The Integration Joint Board is required to deliver its financial outturn for a given financial year within the IJB Budget applicable to that financial year...
- 9.4.2 The Parties will ensure that their respective budget monitoring and management systems will be applied to monitor and manage their expenditure in relation to delivery of integrated functions in accordance with directions issued to them by the IJB.
- 9.4.3 Where financial monitoring reports indicate that an overspend is forecast on the Operational Budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend.
- 9.4.4 In the event that such remedial action will not prevent the overspend, the IJB Chief Finance Officer will develop a proposed recovery plan to address the forecast overspend. The Chief Finance Officer will then present that recovery plan to the IJB as soon as practically possible. The recovery plan will be subject to the approval of the IJB.

Additional Payments by the Parties to the Integration Joint Board

- 9.4.5 Where such a recovery plan is projected to be unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties may consider making additional payments to the Integration Joint Board.
- 9.4.6 NHS Lothian and CEC will consider making interim funding available on a basis to be agreed between the Parties, with repayment in future years on the basis of the revised recovery plan by the IJB. If the revised plan cannot be agreed by NHS Lothian and CEC or is not approved by the IJB, the dispute resolution arrangements provided for in the Scheme will apply.

Underspends

9.4.7 In the event of an underspend in the Operational Budgets, the following shall apply:

- (a) if the underspend is fortuitous, and unrelated to any direction by the IJB, then the underspend shall be returned to the relevant Party (through a corresponding reduction in the payments to be made by it to the IJB);
- (b) the IJB will retain all other underspends.

9.4.8 The IJB can hold reserves. It is a matter for the IJB to determine what its reserves strategy will be.

Treatment of variations against the amounts set aside for use by the IJB

9.4.9 A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Operational Budgets as specified above.

9.4.10 The Parties agree that the primary responsibility for providing the capacity required in terms of the relevant direction issued by the IJB within the resources allocated by the IJB (being the amount of the set-aside amount specified in the relevant direction) shall lie with NHS Lothian.

9.5 Redetermination of payments (made under Section 1(3)(e)) to the IJB

9.5.1 Redeterminations of payments made by CEC and NHS Lothian for the carrying out of integration functions would apply under the following circumstances:

- (a) additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the IJB;
- (b) the Parties agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels;

- (c) there is a transfer of resources between set aside hospital resources and integrated budget resources delegated to the IJB and managed by the Chief Officer.

9.5.2 The Parties and the IJB would be required to agree to the redetermination. The Parties would apply the process used to calculate the payment to the IJB to the affected functions and the Strategic Plan would require to be amended accordingly.

9.5.3 Any agreed additional payments shall be added to the schedule of payments for the financial year in question.

9.6 Redetermination of payments (made under Section 1(3)(d)) to the IJB

A process will be agreed between NHS Lothian and the IJB to manage any redetermination of payments within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Operational Budgets as specified above.

9.7 Use of Capital Assets

9.7.1 The IJB, NHS Lothian and CEC will identify all capital assets which will be used in the delivery of the Strategic Plan. Further to this, the associated revenue and future capital liabilities will be identified for each asset

9.7.2 An agreement will be developed which specifies and regulates the use (in relation to integration functions) of capital assets belonging to one Party by the other Party, or jointly by both Parties. A similar agreement will specify and regulate the use by the IJB, in the carrying out of its functions, of assets belonging to the Parties. These agreements will be updated as required.

9.7.3 Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the IJB to the Parties. The Strategic Plan process will outline any implications or requirements for capital assets.

9.7.4 The Parties will ensure that their respective capital asset planning arrangements take due cognisance of the above implications and requirements.

9.7.5 The Chief Officer of the IJB will consult with CEC and NHS Lothian to identify the specific need for improvements/changes to assets owned by each which may be

required in connection with the carrying out of integration functions. Where a capital investment need is identified, the Chief Officer will present a business case to CEC and NHS Lothian to make best use of existing resources and develop capital programmes. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals.

- 9.7.6 The IJB, CEC and NHS Lothian will work together to ensure that assets required in connection with the carrying out of integration functions are used as effectively as possible and in compliance with the relevant legislation relating to use of public assets.

Financial Statements and External Audit

- 9.7.7 The legislation requires that the IJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the IJB whilst complying with the requirements for transparency and true and fair reporting in the public sector.
- 9.7.8 The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.
- 9.7.9 The Chief Finance Officer of the IJB will supply any information required to support the development of the year-end financial statements and annual report for both NHS Lothian and CEC. Both NHS Lothian and CEC will need to disclose their interest in the IJB as a joint arrangement under IAS 31 and comply in their annual accounts with IAS 27. Both NHS Lothian and CEC will report the IJB as a related party under IAS 24.
- 9.7.10 The IJB financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The Parties will agree a timetable for the

preparation of the IJB's annual accounts, which will incorporate a process to agree any balances between the Parties and the IJB.

9.7.11 The Accounts Commission will appoint the external auditors to the IJB.

9.7.12 The financial statements will be signed in line with the governance arrangements for the IJB and as specified in the Regulations under section 105 of the Local Government (Scotland) Act 1973.

9.7.13 In all forms of audit, the Parties are expected to comply with related requests and to aid the audit process.

10. Participation and Engagement

10.1 Consultation in the development of the Scheme

10.1.1 The development of the Scheme has involved consultation with:

- (a) the groups represented on the shadow strategic planning group (the "SPG") established by the Parties as set out in the regulations issued under the Act. (further details of such groups being set out in Annex 4);
- (b) the service user and carer members of the shadow Integration Joint Board established by the Parties, and their wider networks; and
- (c) groups and fora that represent a combination of staff (practitioners and clinicians) service users and service providers (further details of such groups and fora being set out in Annex 5).

10.1.2 A collaborative three stage approach was adopted:

- (d) Stage 1 – officers of NHS Lothian and CEC produced a first draft in line with guidance and in discussion with a range of professionals
- (e) Stage 2 – a wide consultation was undertaken, following the framework for 'Consulting Edinburgh' with the groups and fora referred to in Section 10.1.1(c) above, including members of the Shadow Strategic Planning Group.

- (f) Stage 3 – a second draft was prepared by NHS Lothian and CEC (which included adjustments to reflect points arising from the consultation process) for submission to the Scottish Ministers.

10.2 Participation and engagement strategy in relation to decisions about carrying out integration functions

10.2.1 The Parties recognise the importance of building on existing approaches of engagement and participation and will support the IJB to produce a strategy for engagement with, and participation by members of the public, representative groups or other organisations in relation to decisions about the carrying out of integration functions as set out in this Section 10.2.

10.2.2 A draft of the IJB's participation and engagement strategy has been produced for consultation with key stakeholders, and with the public, using the 'Consulting Edinburgh' electronic portal.

10.2.3 The draft participation and engagement strategy will be amended following consultation and submitted to the IJB for approval.

10.2.4 The ongoing development of the participation and engagement strategy will be achieved using a collaborative approach, involving the membership of the strategic planning group and will be underpinned by the very best practice in participation and involvement approaches.

10.2.5 It is envisaged that the strategic planning group will take both an advisory and active role in the undertaking of future participation and engagement around the implications of service development and re-design.

10.2.6 The action plan for delivering the strategy will be reviewed at regular meetings of the strategic planning group and if necessary, changes will be recommended for approval by the IJB, to take account of new audiences or service design and re-design.

10.2.7 CEC's 'Consulting Edinburgh' framework will be used for engagement; and NHS Lothian has contributed to the development of the consultation framework that supports the approach and has agreed to follow the framework and make use of the consultation hub (a digital platform) to launch future consultations. Further details are set out in Annex 6.

10.2.8 The IJB Participation and Engagement Strategy will be produced before the date when the IJB approves the Strategic Plan. When the IJB approves the Strategic Plan, the members of the IJB must be satisfied that the Strategic Plan has had sufficient consultation and that the Participation and Engagement Strategy has been followed.

11. Information-Sharing and Data Handling

- 11.1 There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, CEC, East Lothian Council, Midlothian Council and West Lothian Council are all signatories. This is currently being reviewed by a sub group on behalf of the Pan-Lothian Data Sharing Partnership for any minor modifications required to comply with the Integration Scheme Regulations. The final Protocol, following consultation, will be recommended for signature by Chief Executives of the respective organisations, and the Chief Officers of the Lothian IJBs, on behalf of the Data Sharing Partnership.
- 11.2 The Pan-Lothian and Borders General Information Sharing Protocol update will be agreed by 31 March 2015.
- 11.3 Procedures for sharing information between the relevant local authority, Health Board, and, where applicable, the relevant integration joint board will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the Pan-Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Lothian IJBs and the functions respectively delegated to them.
- 11.4 CEC and NHS Lothian will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements where these are jointly controlled by agreement. The IJB may require to be Data Controller for personal data if it is not held by either CEC or NHS Lothian.
- 11.5 Procedures will be based on a single point of governance model. This allows data and resources to be shared; with governance standards and their implementation being the separate responsibility of each organisation.
- 11.6 Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of the respective organisations, and by the Chief Officers of the Lothian IJBs(once established).
- 11.7 Once established, Agreements and Procedures will be reviewed bi-annually by the sub group of the Pan-Lothian Data Sharing Partnership, or more frequently if required.

11.8 The Information Sharing Agreements and procedures applicable to the IJB will be agreed by 31 March 2015.

12. Complaints

12.1 People who use services provided in pursuance of integration functions will continue to make complaints either to CEC or to NHS Lothian. Both organisations have in place well publicised, clearly explained and accessible complaints procedures that allow for timely recourse and signpost independent advocacy services, where relevant.

12.2 Complaints about the delivery of an integration function may be made to, and dealt with by, the Party which is required to deliver that function in pursuance of a direction issued by the IJB or (in a case where the direction is issued in respect of a given function to both constituent authorities jointly) to either of those constituent authorities.

12.3 When responding to complaints about a service which is delivered jointly, officers responsible for complaints handling within CEC and NHS Lothian will discuss the complaint, and identify which elements that are the subject of the complaint will be investigated by each Party, and agree which Party will prepare the written response at the end of the investigation. Failing agreement, the Chief Officer acting reasonably will decide which of the constituent authorities should prepare the written response and this will be signed by the Chief Officer.

12.4 Any investigation will be carried out in line with the published complaints procedure of the relevant Party, mindful of any statutory complaints handling arrangements that might apply. It will be the responsibility of the Party preparing the written response to ensure that the complainant is correctly signposted to the options open to him/her to progress his/her complaint if he/she remains dissatisfied.

12.5 On completion of the complaints procedure, complaints about specific social work functions may be referred to a Complaints Review Committee (CRC) at the complainant's request and thereafter the Scottish Public Services Ombudsman. At the end of the complaints process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman. Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate.

12.6 The Chief Officer will have an overview of complaints made about integration services and subsequent responses. Complaints about integration services will be recorded and reported to the Chief Officer on a regular and agreed basis. Regular trend analysis of complaints and complaint outcomes will also be carried out as part of a wider quality assurance framework.

APPENDIX 2

- 12.7 Responsibility for responding to Scottish Public Services Ombudsman complaints enquiries will lie with the Party that dealt with the original complaint.
- 12.8 Where necessary, officers responsible for complaints handling within CEC and NHS Lothian will work together to provide a full response to any Scottish Public Services Ombudsman enquiry that covers both health and social care functions.
- 12.9 All independent contractors involved in the delivery of services associated with an integration function will be required to have a complaints procedure. Where complaints are received about the service provided by an independent contractor, the relevant Party will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received about independent contractors will be recorded for contract monitoring purposes.
- 12.10 Complaints about the IJB should be made to the chairperson of the IJB. Staff within CEC and NHS Lothian will support the Chief Officer with the investigation and written response to the complainant, which will be signed by the Chief Officer.
- 12.11 The Parties will work together to align their complaints processes in as far as reasonably practicable and put in place a joint working protocol to adopt an integrated approach to complaints handling, so that the process of making a complaint is as simple as possible for service users and complaints about services associated with integration functions are responded to clearly, thoroughly and timeously. This joint working protocol will identify the lead organisation for each service which is delivered jointly and will include the contact details of officers responsible for managing any complaints received.
- 12.12 For the avoidance of doubt:
- 12.12.1 the Parties and the IJB shall use all reasonable endeavours, in implementing their respective complaints processes, to avoid taking any step which could prejudice the ability of either Party (or the IJB, where applicable) to access the benefit of any relevant insurance policy or, as the case may be, the CNORIS scheme in the event of any claim associated with the event or circumstances which are the subject of the complaint;
- 12.12.2 any claim for compensation shall be dealt with in accordance with the provisions of Section 13, and not in accordance with the provisions of this Section 12.

13. Claims Handling, Liability & Indemnity

- 13.1 The liability of either or both Parties and/or the IJB in respect of any claim that may be made by a third party in relation to any matter connected with the carrying out of integration functions shall be determined in accordance with principles of common law and/or any applicable legislation.
- 13.2 Where a claim by a third party is received by either of the Parties or the IJB in relation to any matter connected with the carrying out of integration functions (the body receiving such a claim being referred to as the "Claim Recipient"), the Claim Recipient, shall, as soon as reasonably practicable, notify the other Party and the IJB (or, in the case of a claim received by the IJB, both Parties); and the Parties and the IJB (each being bound to act reasonably in this respect) shall then jointly assess:
- 13.2.1 which of them could be held to be liable (whether wholly or partly) in relation to the claim were it to be upheld by the court; and
- 13.2.2 (where two or more of them could potentially be liable) which of them is more likely to carry the primary liability.
- 13.3 For the avoidance of doubt, in the circumstances referred to in Section 13.2:
- 13.3.1 the Claim Recipient may acknowledge receipt of the claim, but shall avoid taking any step (without the prior written consent of the other Party and the IJB; or, in the case of a claim received by the IJB, the prior written consent of both Parties) which could prejudice the defence of the claim, pending completion of the assessment referred to in that Section; and
- 13.3.2 the Claim Recipient shall provide such information available to it as may be required to facilitate any formal intimation or other steps which either Party or the IJB may require to take under the terms of any relevant insurance policy or (as the case may be) the CNORIS scheme.
- 13.4 Where, on the basis of the assessment carried out in pursuance of Section 13.2, it is considered that only the Claim Recipient could be held to be liable in relation to the claim should it be upheld by the court, the Claim Recipient may conduct the defence of the claim and any associated negotiations as it sees fit, but shall continue to keep the others informed in that regard.
- 13.5 Where, on the basis of the assessment carried out in pursuance of Section 13.2, it is considered that the other Party and/or the IJB (or, in the case of a claim received by the IJB,

both Parties) could be held to be liable in relation to the claim should it be upheld by the court, the Claim Recipient shall, following that assessment:

13.5.1 provide the other body or bodies which (on the basis of that assessment) could be liable in respect of the claim, with all such information in relation to the claim as is available to the Claim Recipient;

13.5.2 allow that other body or bodies (and/or its or their insurers or, as the case may be, the relevant officers acting under the CNORIS scheme) to conduct the defence of the claim and any associated negotiations, subject to that other body or bodies indemnifying the Claim Recipient in relation to any loss or liability (including legal expenses on a solicitor-client basis, and any award of expenses) which the Claim Recipient might thereby incur; and

13.5.3 avoid taking any step which could prejudice the defence of the claim without the prior written consent of that other body or bodies.

13.6 Where, on the basis of the assessment carried out in pursuance of Section 13.2, it is considered that the Claim Recipient could be held to be liable along with another Party and/or the IJB (or, where the Claim Recipient is the IJB, along with either or both Parties) in relation to the relevant claim were it to be upheld by the court:

13.6.1 the Claim Recipient and the other body or bodies (and/or their respective insurers or, as the case may be, the relevant officers acting under the CNORIS scheme) shall conduct the defence of the claim and any associated negotiations; and

13.6.2 the costs of defending the claim (and any associated negotiations) shall be shared between the bodies (including the Claim Recipient) who (on the basis of the assessment carried out in pursuance of Section 13.2) could be held to be liable in respect of the claim, and the indemnity by the other body or bodies referred to in Section 13.5.2 shall be qualified accordingly.

13.7 Where two or more bodies are to conduct the defence of any claim (and any associated negotiations) under Section 13.5.2 or 13.6.1, the body which is considered (on the basis of the assessment carried out in pursuance of Section 13.2) to be more likely to carry the primary liability shall have overall control of the conduct of the defence (and any associated negotiations), subject to liaising closely with the other relevant body or bodies and taking due account of the requirements of its or their insurers (and/or, as the case may be, any requirements associated with the CNORIS scheme).

APPENDIX 2

- 13.8 If both Parties, or if either or both Parties and the IJB, receive a claim relating to the same matter, the procedures set out in Sections 13.1 to 13.7 shall (subject to Section 13.9) apply, subject to such adjustments (as agreed among the relevant bodies) as may be appropriate to facilitate the efficient handling of the claims.
- 13.9 If both Parties, or if either or both Parties and the IJB, are parties to the same court proceedings arising out of a claim, each of them (and/or its or their insurers or, as the case may be, the relevant officers acting under the CNORIS scheme) may conduct its own defence of the claim against it (and any associated negotiations) in such manner as it may see fit and at its own expense; and the liability of each body in respect of the claim shall be as determined by the court (or, if the claim is settled outwith the court proceedings) as agreed by each body in the context of the negotiations regarding settlement of the claim.
- 13.10 If a claim by a third party in relation to any matter connected with the carrying out of integration functions relates to services delivered in an area served by a Neighbouring IJB, or relates to services delivered within the Edinburgh Area under arrangements involving a Neighbouring IJB, each of the Parties, and the IJB, will liaise with each other and with the Neighbouring IJB in order to reach agreement as to how the claim is to be handled; the IJB and Neighbouring IJBs shall jointly develop and agree a protocol for the handling of claims of that nature.
- 13.11 The Parties and the IJB shall use all reasonable endeavours to operate the procedures set out in Sections 13.1 to 13.10 as rapidly as possible, and in a manner which complies with the requirements from time to time of relevant insurers and/or (as applicable) the CNORIS scheme; each of them undertakes to the others:
- 13.11.1 to provide all such information and render all such co-operation as may be reasonably required from time to time in connection with any such claim; and
- 13.11.2 if and to the extent that any matter which cannot be agreed between them requires to be dealt with under the dispute resolution procedure set out in Section 16, to operate the dispute resolution procedure as rapidly as possible so as to minimise any prejudice to (a) the efficient defence of the claim and/or (b) the ability of any body to access the benefit of any insurance policy or (as the case may be) the CNORIS scheme.
- 13.12 Where payment is made by either Party or by the IJB in settlement of a claim by a third party in relation to any matter connected with the carrying out of integration functions, the body which made payment (if that body is not wholly liable, on the basis of principles of common law and/or any applicable legislation, in respect of the matter which gave rise to the claim) shall be entitled to be indemnified by the other Party and/or the IJB (or, in a case where

payment was made by the IJB, by either or both Parties) to the extent of its or their liability (as determined in accordance with principles of common law and/or any applicable legislation) in respect of the matter which gave rise to the claim; but due account shall be taken of any prejudice to the indemnifying body or bodies (including its/their ability to access the benefit of any insurance policy or, as the case may be, the CNORIS scheme) arising from any failure to comply with the other provisions of this Section 13.

13.13 For the avoidance of doubt, the principles set out in Section 13.12 shall also apply in respect of the expenses of defending any claim by a third party in relation to any matter connected with the carrying out of integration functions, and in respect of any award of expenses in connection with any such claim.

13.14 The arrangements set out in this Section 13 shall be subject to periodic review and adjustment, in order to reflect the requirements from time to time of insurers and the CNORIS scheme and to ensure efficiency in the handling of claims; any revised arrangements shall be recorded in a written agreement entered into by the Parties and the IJB.

14. Risk Management

14.1 IJB

14.1.1 The IJB will develop and agree a risk management strategy in relation to carrying out of integration functions by 31st March 2016 or the integration start date if sooner.

14.1.2 The risk management strategy will include:-

- (a) a statement of the IJB's risk appetite and associated tolerance measures;
- (b) a description of how the system of risk management will work in practice, including the procedures for identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within NHS Lothian and CEC will inform the IJB's system of risk management as well as ensuring that any risks associated with proposals from the Strategic Plan are captured, assessed and managed appropriately and shared with NHS Lothian and CEC;
- (c) a description of how the IJB system of risk management is informed by other related systems of NHS Lothian and CEC, such as complaints management, health & safety, adverse events management, emergency planning and business resilience;

- (d) an agreement between NHS Lothian and CEC on the resources to be made available to support risk management in the IJB and how this will work;
- (e) a description of how risk will be monitored by the IJB, the framework for reporting and frequency.

14.1.3 A group of officers from across NHS Lothian and CEC have worked collaboratively to develop a first draft risk register for the IJB. The IJB will update and amend its risk register should there be any emerging themes/risks which have a bearing on its activities.

14.2 NHS Lothian and CEC

14.2.1 Both Parties will continue to apply their existing policies and systems for risk management, and will implement any required restructuring of their risk registers to recognise the creation of the IJB.

14.2.2 NHS Lothian covers four local authority areas, and there will be some services delivered by NHS Lothian under directions from the Lothian IJBs which one operational Chief Officer will manage on a Lothian-wide basis. The identification and management of risk for those Hosted Services will reflect the differing directions of the Lothian IJBs.

15. Dispute Resolution

15.1 In the event of any dispute between the Parties in relation to any matter provided for in this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act (a “**Dispute**”), the provisions of this section 16 will apply.

15.2 Either Party shall give to the other written notice of the Dispute, setting out its nature and full particulars (a “**Dispute Notice**”), together with relevant supporting documents. The Party giving the Dispute Notice will provide a copy to the chairperson of the IJB. On service of the Dispute Notice, the Chief Executives of the Parties shall meet and attempt in good faith to resolve the Dispute.

15.3 Where the matter remains unresolved within 21 days of service of the Dispute Notice, the Parties shall inform the chairperson of the IJB and may proceed to mediation with a view to resolving the issue. Any mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of NHS Lothian and the Leader of CEC and failing

APPENDIX 2

agreement within 21 days shall be nominated by the Centre for Effective Dispute Resolution (CEDR) on the request of either Party.

- 15.4 The mediation will start not later than 21 days after the date of appointment of the mediator.
- 15.5 The Parties agree that the cost of the mediator will be met equally by NHS Lothian and CEC. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Chair of NHS Lothian and the Leader of CEC and notified to the chairperson of the IJB.
- 15.6 The chairperson of the IJB will inform Scottish Ministers in writing of the Dispute and agreed timeframe to conclude the mediation process.
- 15.7 Where following mediation the issue remains unresolved, the chairperson of the IJB shall notify Scottish Ministers in writing. Scottish Ministers may then advise the Parties how to proceed.
- 15.8 The Parties shall cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.
- 15.9 Nothing in this Scheme shall prevent either of the Parties from seeking any legal remedy or from commencing or continuing court proceedings in relation to the Dispute.

Annex 1

Part 1A
Functions delegated by NHS Lothian to the IJB

Set out below is the list of functions that are to be delegated by NHS Lothian to the IJB, as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 (being the functions prescribed for the purposes of section 1(8) of the Act)

<i>Column A</i>	<i>Column B</i>
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	<p>Except functions conferred by or by virtue of—</p> <p>section 2(7) (Health Boards);</p> <p>section 2CB⁽¹⁾ (Functions of Health Boards outside Scotland);</p> <p>section 9 (local consultative committees);</p> <p>section 17A (NHS Contracts);</p> <p>section 17C (personal medical or dental services);</p> <p>section 17I⁽²⁾ (use of accommodation);</p> <p>section 17J (Health Boards' power to enter into general medical services contracts);</p> <p>section 28A (remuneration for Part II services);</p> <p>section 38⁽³⁾ (care of mothers and young children);</p> <p>section 38A⁽⁴⁾ (breastfeeding);</p> <p>section 39⁽⁵⁾ (medical and dental inspection, supervision and treatment of pupils and young persons);</p>

⁽¹⁾ Section 2CB was inserted by S.S.I. 2010/283, regulation 3(2).

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

⁽³⁾ The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

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

section 48 (provision of residential and practice accommodation);

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

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

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

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

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

section 79 (purchase of land and moveable property);

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and

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

and functions conferred by—

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

NHS Lothians (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

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

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

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽¹⁵⁾.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)⁽¹⁶⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁷⁾;

section 46 (Hospital managers' duties: notification)⁽¹⁸⁾;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

⁽¹⁵⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

⁽¹⁶⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁷⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽¹⁸⁾ Section 46 is amended by S.S.I. 2005/465.

section 264 (Detention in conditions of excessive security: state hospitals);
section 267 (Orders under sections 264 to 266: recall);
section 281⁽¹⁹⁾ (Correspondence of certain persons detained in hospital);
and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²⁰⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽²¹⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²²⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²³⁾.

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

Section 23

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

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—
section 31 (Public functions: duties to provide information on certain expenditure etc.); and
section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

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

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

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

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

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

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All functions of Health Boards
conferred by, or by virtue of, the
Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights
(Complaints Procedure and Consequential
Provisions) (Scotland) Regulations 2012/36⁽²⁴⁾.

But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working)
(Prescribed Health Board Functions) (Scotland) Regulations 2014

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

Annex 1

Part 1B

Additional functions delegated by NHS Lothian to the IJB

Set out below is the list of additional functions that are to be delegated by NHS Lothian to the IJB

- (A) The functions exercisable in relation to the following health services as they relate to provision for people under the age of 18:
- (a) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
 - (b) General Dental Services, Public Dental Services and the services provided by the Edinburgh Dental Institute
 - (c) General Ophthalmic Services
 - (d) General Pharmaceutical Services
 - (e) Out of Hours Primary Medical Services
 - (f) Services for people with Learning Disabilities.
- (B) The functions exercisable in relation to the prison health care service provided within HMP Edinburgh and HMP Addiewell

Annex 1

Part 2

Services associated with the functions delegated by NHS Lothian to the IJB

Set out below is an illustrative description of the services associated with the functions delegated by NHS Lothian to the IJB as specified in Parts 1A and 1B of Annex 1.

Interpretation of this Part 2 of Annex 1

In this Part 2—

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

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

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

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

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

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

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

- a)** Accident and Emergency services provided in a hospital.
- b)** 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.

⁽²⁵⁾ S.S.I. 2004/115.

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- c)** Palliative care services provided in a hospital.
- d)** Inpatient hospital services provided by General Medical Practitioners.
- e)** Services provided in a hospital in relation to an addiction or dependence on any substance.
- f)** Mental health services provided in a hospital, except secure forensic mental health services.
- g)** District nursing services.
- h)** Services provided outwith a hospital in relation to an addiction or dependence on any substance.
- i)** Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- j)** The public dental service.
- k)** Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978⁽²⁶⁾.
- l)** General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁷⁾.
- m)** Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽²⁸⁾.
- n)** Pharmaceutical services* and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978⁽²⁹⁾.
- o)** Services providing primary medical services to patients during the out-of-hours period.
- p)** Services provided outwith a hospital in relation to geriatric medicine.

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

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

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

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

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- q) Palliative care services provided outwith a hospital.
- r) Community learning disability services.
- s) Mental health services provided outwith a hospital.
- t) Continence services provided outwith a hospital.
- u) Kidney dialysis services provided outwith a hospital.
- v) Services provided by health professionals that aim to promote public health.

In each case, subject to the exceptions set out in Parts 1A and 1B of Annex 1 and to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

In addition to the services (as set out above) associated with the carrying out of functions that must be delegated, NHS Lothian has chosen to delegate

- (A) the following health services as they relate to provision for people under the age of 18:
 - a) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
 - b) General Dental Services, Public Dental Services and the Edinburgh Dental Institute
 - c) General Ophthalmic Services
 - d) General Pharmaceutical Services
 - e) Out of Hours Primary Medical Services
 - f) Learning Disabilities
- (B) The functions exercisable in relation to the prison health care service provided within HMP Edinburgh and HMP Addiewell

Annex 2**Part 1****Functions delegated by CEC to the IJB**

Set out below is the list of functions that are to be delegated by CEC to the IJB (being the functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014)

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
National Assistance Act 1948⁽³⁰⁾	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958⁽³¹⁾	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968⁽³²⁾	

⁽³⁰⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

⁽³¹⁾ 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

⁽³²⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the

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

2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

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<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽³³⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986⁽³⁴⁾	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	

⁽³³⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

⁽³⁴⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000⁽³⁵⁾	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of	Only in relation to residents of establishments which are managed under integration

⁽³⁵⁾ 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
authorised establishment.)	functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽³⁶⁾	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002⁽³⁷⁾	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003⁽³⁸⁾	
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.

⁽³⁶⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁷⁾ 2002 asp 5.

⁽³⁸⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
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.)	
The Housing (Scotland) Act 2006⁽³⁹⁾	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007⁽⁴⁰⁾	
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.)	

⁽³⁹⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

⁽⁴⁰⁾ 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽⁴¹⁾	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

⁽⁴¹⁾ 2013 asp 1.

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

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	
Section 4 ⁽⁴²⁾	
The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 ⁽⁴³⁾	

In each case, so far as the functions are exercisable in relation to persons of at least 18 years of age.

⁽⁴²⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

⁽⁴³⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Annex 2

Annex 2 Part 2

Services currently associated with the functions delegated by CEC to the IJB

Set out below is an illustrative description of the services associated with the functions delegated by CEC to the IJB as specified in Part 1 of Annex 2.

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

Housing support/aids and adaptation in so far as they relate to adult with social care needs

Day services

Local area co-ordination

Respite provision

Occupational therapy services

Re-ablement services, equipment and telecare.

In each case, so far as the services are provided to persons of at least 18 years of age.

Annex 3

The provisions within this Annex 3 are not intended to create legally binding obligations. They are intended to be illustrative of the management arrangements which may be made in respect of the functions delegated to the IJB

The IJB will issue directions to the Parties via its Chief Officer. Those directions will in the main require that the Chief Officer take forward the development of the Strategic Plan, and leading on ensuring that the plan is delivered. As the Chief Officer will not be personally managing all of the integration functions, ensuring the Strategic Plan is being delivered will include getting assurance from the chief officers of Neighbouring IJBs (for hosted services – see below) and from other managers in Lothian NHS Board and CEC.

The Chief Officer will have direct management responsibility for the following services:

(A) all services described in Annex 2, Part 2, with the exception of the following:

The provision of aids and adaptations is an integrated service involving a number of CEC functions. The assessment of the need for aids or the adaptation of a property is carried out by Health and Social Care for adults with social care needs. Where an adaptation for a property is required these adaptations are project managed by the Housing Service. Where the adaption is to the home of a Council Tenant this adaptation is funded by the HRA Capital Programme. The HRA is a ring fenced account which is managed by CEC on behalf of tenants for the purpose of providing services to Council tenants. Adaptations required for homeowners and private tenants homes are supported by grant funding which is managed by the Housing Service. Funding for adaptations in the homes of RSL tenants is supported by Scottish Government grant. This is managed by the Housing Service as part of the wider delegated authority from Scottish Ministers for the management of the Affordable Housing Supply Programme (AHSP). The project management of adaptations for tenants and homeowners/private tenants will continue to be managed by CEC's Housing Service, as this primarily focuses on the project management of property-related work. It is more efficient and effective to manage all elements together. A clear reporting line from these management arrangements up to the IJB will be established.

(B) all services described in Annex 1, Part 2, with the exception of the following:

Hosted Services

There are Lothian NHS Board services for which it would not be suitable for the Chief Officer to have operational management responsibility. The factors contributing to determining these services are the degree of medical specialism of the service and scale of the service required

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for it to be safe, efficient and effective.

It is proposed that the following services will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as Joint Director of Lothian NHS Board (area in brackets confirms the Chief Officer who would manage this service)

- Dietetics (Midlothian)
- Art Therapy (Midlothian)
- Lothian Unscheduled Care Service (East Lothian)
- Integrated Sexual and Reproductive Health service (Edinburgh)
- Clinical Psychology Services (West Lothian)
- Continence Services (Edinburgh)
- Public Dental Service (including Edinburgh Dental Institute (West Lothian)
- Podiatry (West Lothian)
- Orthoptics (West Lothian)
- Independent Practitioners (East Lothian via the Primary Care Contracting Organisation)
- SMART Centre (Edinburgh)
- Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the Lothian NHS Board Chief Executive)
- Substance Misuse (only Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health accountable to the Chief Officer of Edinburgh and the Lothian NHS Board Chief Executive)

Acute Hospitals

Services provided from the three acute hospitals in Lothian NHS Board (Western General Hospital, Edinburgh Royal Infirmary, St Johns Hospital) will be managed by the relevant Hospital Site Director.

Prison Healthcare

The Chief Officer of the IJB will have direct operational responsibility for prison healthcare in HMP Edinburgh and Addiewell. This responsibility will be discharged by the Director of Mental Health who is accountable to the Chief Officer of the IJB and the Lothian NHS Board Chief Executive.

Annex 4**Part 1: Shadow Strategic Planning Group Consultees**

The list of individuals and their wider constituency consulted on the Scheme is as follows:

Member	Wider constituency
Health care member of the Professional Advisory Committee	Professional Advisory Committee
Social care member of Professional Advisory Committee	Professional Advisory Committee
Social care member of Professional Advisory Committee	Professional Advisory Committee
Non-voting service user rep from Shadow Partnership Board (health care)	Patients Council
Non-voting service user rep from Shadow Partnership Board (adult social care)	Network of service users and carers
Non-voting carer rep from Shadow Partnership Board (health)	Carers' network
Non-voting carer rep from Shadow Partnership Board (adult social care)	Carers' network
Officer or member of Scottish Care	Scottish Independent care providers
Representative from a third sector provider of non-commercial providers of health care	EVOC Named charities
Representative from a third sector provider of social care	Third sector providers of social care
Member of Edinburgh Affordable Housing Partnership	Edinburgh Affordable Housing Partnership
Rep of Third sector organisations carrying out activities related to health or social care	EVOC
Representative from one neighbourhood partnership in each locality	Neighbourhood Partnerships
Commercial providers of health care	Internet

Annex 5 List of Consultees

Key Audience - Groups and Fora that represent a combination of staff, services users, service providers and Party governance arrangements

All Council members

All Health Board members

Edinburgh Partnership Board

Shadow Health and Social Care Partnership

Edinburgh Alcohol and Drugs Partnership

Reducing Re-offending Partnership

Providers:

Mental Health and Substance Misuse services providers

Disability services providers

Care at Home providers

Care home providers

Care at Home Providers

Scottish Care

Coalition Care Providers

Planning Fora and Groups:

Joint Mental Health planning forum *

Dementia Delivery Group

Older People's Management Group *

Carer Support Hospital Discharge Steering Group

Carers strategic planning group *

Planning and Commissioning Officers

Edinburgh (Learning Disability) Plan Advisory Group Health & Social Care *

*These groups also have service user representatives

Service Users and Carers Groups: (please note that all of these groups may be involved in the planning of services)

Autism Champions

Young Carers Action Group

VolunteerNet

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Edinburgh Carers Reference Group
Carers Network
Housing and Care Group
Network/Core Group (for Personalisation) of service users and carers
Mental Health & Wellbeing Forum
Health related groups of the Neighbourhood Partnerships Edinburgh Partnership Equality Network
LGBT Age Capacity

Staff and Management Groups:

General cascade briefing/email for all staff
Departmental Joint Consultative Committee
Council Partnership at work Forum
NHS Lothian Partnership Forum
Health & Social Care Senior Management Team
Black and Minority Ethnic Workers Forum
Discharge Hubs
Social work sector and hospital teams managers
Older People and Disabilities Managers
Integrated Carers Team
Mental Health Service Managers
Criminal Justice Service Managers
Quality and Standards Managers
Business Development Managers
Contracts Team
Joint Consultative Forum/ DJCC/Trade Unions

Open staff meetings at key sites – RIE/WGH/AAH/Liberton
Staff open sessions (perhaps one on each hospital site in Edinburgh)
Offer to attend other sessions.

Health Board and Council Governance:

Acute Hospitals Committee
General Practitioners Sub Committee
Lothian Medical Committee
CHP committees (e.g. Primary Care)
NHS Lothian Finance and Resources Committee
NHS Lothian Staff Governance Committee
NHS Lothian Healthcare Governance Committee
NHS Lothian Strategic Planning Committee
Council Finance and Resources Committee

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Council Health, Social Care and Housing Committee

Council Education, Children and Families Committee

Council Administration and opposition

Governance Review and Best Value Committee (Audit)

Internal Audit of Council and NHS Lothian

Corporate Programme Office of Council – and relevant programmes e.g. BOLD

Other External Audiences:

Other Local Authorities in Lothian

Criminal Justice Authority Board

MSPs and MPs

Community Planning Partnerships

Scottish Government Health Department

Third Sector via TSIs – EVOC, Compact

External Audit of NHS Lothian and Council

SSSC

Care Commission

Relevant professional clinical and care bodies

Annex 6 Consultation framework – ‘Consulting Edinburgh’

Main features of ‘Consulting Edinburgh’

Presents the Consultation Charter based on the principles of integrity, visibility, accessibility, transparency, disclosure, fair interpretation and publication.

- Provides ability to evidence how views have been sought.
- Supports staff on how to undertake consultations.
- Acts as a benchmark for consistency and robust process and practice
- Provides a definition of consultation that incorporates ‘deliberative dialogue, i.e. decisions are taken **after** consultation.
- Offers an e-learning tool for officers to assess if a consultation is appropriate.
- Guides officers and stakeholders who are launching a consultation through all stages, including: preparation; pre-consultation; consultation and post-consultation. (The guidance includes the development of a communications strategy.)
- Defines the roles and responsibilities of officers who provide communications, research, data collection and analysis, equalities and rights and stakeholder mapping support.

There is other guidance for:

- when the consultation is out-sourced to an external agency
- setting up a consultation on the electronic ‘hub’ (which is open to the public to view and interact with) monitoring and evaluation.