City of Edinburgh Council

10am, Thursday, 30 April 2015

Health and Social Care Integration Scheme: Consultation responses

Item number	8.3
Report number	
Executive/routine	
Wards	All

Executive summary

The report presents a summary of the responses received to the public consultation on the Draft 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 responses received;
- A reminder of the Stage 1 analysis and changes made to the Integration Scheme prior to submission to Scottish Government; and
- The NHS and Council response to the remainder of responses (Stage 2 analysis).

Links

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

Health and Social Care Integration Scheme: Consultation responses

Recommendations

1.1 Note the responses to the consultation and the approach taken due to the timescale for submission.

1.2 Note the summary of responses received and the feedback from the Council and NHS Lothian.

1.3 Note that changes were made to the Integration Scheme prior to submission to Scottish Government.

1.4 Note that the remainder of the comments and suggestions will be forwarded to the shadow IJB and shadow Strategic Planning Group for action.

Background

2.1 The report presents a summary of the responses to the public consultation on the Draft 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, a summary of the responses received and the consideration given to these responses by NHS Lothian and the Council.

Main report

Public Bodies (Joint Working) (Scotland) Act

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS Lothian and the Council to establish a new Integration Authority for the Edinburgh area.

3.2 The Integration Scheme is the document which sets out how the Integration Authority will be established. The Scottish Government requires that:

- a Draft Scheme is prepared and agreed by NHS Lothian and City of Edinburgh Council;
- the Draft Scheme is consulted upon publicly;
- the Draft Scheme is amended, as appropriate, from the consultation; and

- a Final Scheme is submitted to Scottish Government for approval by 31 March 2015.

Consultation Process

3.3 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.

3.4 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.

3.5 It was 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.

3.6 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.

3.7 The Draft Integration Scheme was submitted to Scottish Government for informal guidance on improving the content of the Scheme during the consultation period.

3.8 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.

Consultation Responses and Feedback

3.9 Responses to the consultation were accepted up to 1pm on 23 February.

3.10 There were 23 responses to the consultation. Eleven on behalf of organisations and twelve from individuals.

3.11 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.

3.12 Matters material to the content or submission of the Integration Scheme (Stage 1 responses), were collated and presented to the Integration Joint Chief Officers Oversight Group for review on 23 February. This included legal input from the Council's external solicitors.

3.13 Stage 1 matters were reviewed by the Group and changes were accepted / rejected based on joint decision and legal advice. The Integration Scheme was updated with the accepted changes and approved by NHS Lothian on 4 March 2015 and 12 March by City of Edinburgh Council.

3.14 Matters affecting other elements of integration (Stage 2 responses) have since been collated and are presented to Council in this report.

3.15 Appendix 1 provides a summary of stage 1 and stage 2 consultations responses and the feedback and rationale from the Council and NHS Lothian.

3.16 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. Sections of the Scheme were refined to better reflect the spirit of these comments;
- Some support for the approach to use existing structures for clinical and care governance structures, but also the need to consider an integrated approach to clinical and care governance. This section of the Scheme was 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. This is a reality of the statute and will need to be managed carefully.
- Difficulty in understanding a complex legal document and some complaints on the short length of the consultation which was driven by the national process. This point is acknowledged.

3.17 Matters identified in the Stage 2 analysis are mostly matters for the new IJB and Strategic Planning Group to consider. They will be reported to the IJB once established and to the shadow Strategic Planning Group shortly.

Final Integration Scheme

3.18 The Final Integration Scheme was submitted to Scottish Government on 16th March 2015. It contained the amendments agreed from the Stage 1 analysis of responses.

3.19 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.

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.

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 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 Risks with and organisational impact are also recorded on Council Corporate Management Team, Health and Social Care and NHS Lothian risk registers.

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.

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 bring 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 a summary of responses to the consultation on the Draft Integration Scheme and the feedback from the Council and NHS Lothian.

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

Finance and Resources Committee – 19 March 2015, Health and Social Care Integration - Update

City of Edinburgh Council - 12 March 2015, Final Integration Scheme

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

Finance and Resources Committee – 27 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

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 Consultation Responses and Feedback from Council and NHS Lothian

Appendix 1 Summary of Consultation responses on the Edinburgh Draft Integration Scheme for Consultation (v2.7) and Feedback from Council and NHS Lothian

Please note: Total Responses received – 23: 11 Organisations and 12 Individuals.

Summary of matters raised by Responders	NHS Lothian and Council Feedback and Rationale
Preamble - Aims and Vision	
1. Some concerns expressed about role of Councillors in health services and about the cost involved in a new body. 2. Reference need to be made to sustainable development. 3. Several organisations support the aims and vision. **4.** 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. ***5.*** A need for more service user focussed 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. ***6.*** 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'. ***7.*** Bullet point d) could something be added about efficiencies in terms of coordination of care. ***8.*** 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? ***9.*** Need to translate into integrated approach at point of delivery to individuals.	1. The role of Councillors in the provision of health services comes about through the models available to create the Integration Authority and as such Scottish Government consider this model acceptable. The costs involved will be kept to a minimum and will be covered by making changes to existing processes which this will replace. 2. Guidance was to keep the Scheme short and concise. While we recognise the importance of sustainable development and its role in supporting healthy lives it was decided not to include in the Scheme. The comments will be shared with the Strategic Planning Group. 3. This is welcomed. 4. We are not able to change the Integration Planning Principles as these are set down in statute. We have amended the statement of ambition/vision slightly instead. 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. 5. Scheme amended. 6. Scheme amended. 7. Scheme amended. 8. Scheme amended. 9. Noted.

Section 1 - Parties and Definitions	
1. Define sustainable development **2.** Term 'Authority' gives the wrong message. Can a different name be used?	1. See point 2. Above 2. While, in law, the body will be the Integration Authority it is likely that it will be named the Health and Social Care Partnership.
Section 2 - Model to be implemented	
Weaknesses 1. Additional bureaucracy. There should be one IJB for NHS and all four Council areas. 2. Exclusion of some hospital functions may be problematic. 3. Need to better express role of third and independent sectors and ensure how views from these diverse sectors can be captured. 4. Concern about Council having such a large influence over NHS money and about the cost of the IJB itself. 5. Need to bring in independent, third sectors and communities. 6. More professional membership is required. 7. Commitment to consult the public. **Strengths** 8. Strengths include – working in tandem, 50/50 approach. 9. Chief Officer Role. 10. Opportunity for open discussions and transparency. 11. Need to build on good practice and learn from 'failures'. 12. Need to communicate a common purpose between all Board members from the start to avoid the potential weakness of a division between an equally weighted group of decision-makers. 13. Transparency will be key to making this work, across good practice, 'failures', risks and devolution of budgets. 14. Need to ensure good training for members.	**Weaknesses** 1. 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 the moment. 2. We are constrained by the requirements of the Public Bodies Act on the functions that can be delegated. 3. The IJB will have a non-voting role for Third Sector representative. It is for the IJB, once established, to decide how it wishes to develop this and any other non-voting roles. The third sector will also be represented in the Strategic planning group and the representative will have a role to engage with their wider constituency. 4. Noted, however the requirement is now in statute and must be delivered. The IJB will be made up of equal number of Councillors and NHS Board members and a number of existing committees and arrangements will be dissolved or reviewed to avoid duplication and additional costs. Councillors are elected representatives of their communities. 5. IJB will consider its wider membership once established. 6. The IJB must have non-voting roles for three NHS professional members. 7. Noted and will be shared with IJB. **Strengths** 8. Noted and will be shared with IJB. 9. Noted and will be shared with IJB. 10. Noted and will be shared with IJB.

	11. Noted and will be shared with IJB. 12. Noted and will be shared with IJB. 13. Noted and will be shared with IJB. 14. Noted and will be shared with IJB.
Section 3 Local Governance Arrangements	
1. Concerns about Councillors influence health services; the balance of voting membership just NHS and Council; that there are no voting representatives for Trade Unions. 2. Need to improve the presences of Third Sector and service user /carer representatives. 3. How will the wider public be able to influence the IJB?	1. The membership and voting rights of representatives are set down in the legislation. Voting representation must be an equal number of councillors and NHS Board members. 2. The IJB will have a non-voting role for Third Sector representative. It is for the IJB, once established, to decide how it wishes to develop this and any other non-voting roles. 3. It is expected that the meetings will be held in public. The IJB will determine its standing orders for operation and this comment will be forwarded to them once established.
Representativeness across different groups - IJB Membership	
1. 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. *2.* 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 3. 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. 4. 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?	1. The integration Scheme guidance and the regulations specify what must be included in the section about membership. The IJB itself will have the power to broaden representativeness 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. 2. See point 1 above. 3. A Third sector representative, a service user and carer representative are all required on the IJB as specified in the regulations. The guidance for the Scheme does not require us to provide detail of this. It will be up to the IJB to develop this representation within its own membership. The comments will be forwarded to the IJB for consideration in these matters. 4. The legislation prescribes the voting arrangements. The IJB will develop its own standing orders. Given the approaches currently within the

5. Many concerns expressed that the presence 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). 6. Suggestion of one third NHS, one third Council and one third from third sector voting arrangements	Council and NHS Lothian, it is likely that these 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. 5. The Scottish Government have set down in regulations the requirements. The IJB will consider how it may wish to extend this once it is formally established. The comments will be forwarded to IJB. The details of the Strategic Plan Group are not included in the Integration Scheme. Further information on the wide representation being developed. The comments will be forwarded to the IJB for consideration in relation to the Strategic Plan. 6. The legislation and regulations prescribe voting arrangements and third sector non-voting membership. The IJB will consider its wider membership once established but cannot alter voting arrangements.
Section 4 - Delegation of Functions	
1. Please advise on position re children's services. 2. An opportunity has been missed to delegate under 18s functions. 3. Housing functions should be included as joint working across housing and health can reduce hospital admissions, speed up hospital discharge and help address health inequalities. 4. Opportunity missed to delegate Criminal Justice functions and NHS prisons health care arrangements and the potential to move to rehabilitation based approaches.	1. The Council and NHS Lothian are entering into voluntary arrangements for the integrated management of Children's Services in Edinburgh. A number of reports have been to the Council Children's and Families Committee outlining the approach and a consultation has been undertaken recently. Where it makes sense for NHS Lothian to do so they have included services for those under 18, i.e. when part of 'cradle to grave' services such as General Practice. 2. See point 1 above. 3. Housing functions required by the Act have been delegated and the Strategic Planning Group will be strengthened by inclusion of a Housing representative. 4. The recent changes to Criminal Justice governance and the extent of partnership working beyond health functions were deciding factors for retaining Criminal Justice functions within the Council for the time being. NHS Lothian decided, during the consultation period, to delegate prison healthcare in Lothian to the Edinburgh IJB.

Section 5 Local Arrangements to Support the Preparation of the Strategic Plan	
1. Effective support is required. 2. Listening to other views, local understanding of needs and priorities including representation from third sector and housing at city wide and local level. Specific proposal for increasing third sector representation on SPG to 5, one each for localities and 1 for city-wide. 3. Many small and detailed amendments on Draft Scheme. 4. Marie Curie made a direct offer of assistance in the re-design of palliative care. 5. Should be informed by local understanding of needs and priorities within communities. 6. Clear mechanism for professional input and feedback to Strategic Plan. 7. There must be clear mechanisms for all professions to have feedback considered. The existence of a Professional Advisory Committee on the shadow arrangements has facilitated this wider engagement. The Scheme should go further in describing the opportunity for an integrated professional group in the new formal arrangements. 8. Real joint approaches required at every level of the planning process. 9. Acknowledge that it is a difficult process and that hard decisions will be required. 10. How will the relationships of the IJB with the other IJBs enhance or undermine the overall integration work. A divided approach across 4 local authorities may create confusion. 11. The way community participants are to be consulted is insufficiently clear. There is a need to listen to the community. 12. Welcome engagement of professionals in the development of Strategic Plan and Area Clinical Forum (ACF) offer support in this. 13. ACF offer some key principles for professional leadership and would welcome further engagement and discussion.	1. Noted. A working group is to be established to determine how this will be best supported from the range of staff available. 2. The Third sector, independent and housing sector are all represented on (amongst many others) the Strategic Planning Group. Work will start soon as to how these representatives will engage with their wider constituencies in order to bring shared views to the table. 3. Amendments proposed were accepted. 4. Noted. This will be shared with Strategic Planning Steering Group. 5. Noted and will be shared with the IJB. 6. The Professional Advisory Committee Chair and Vice Chair have been asked to nominate representatives to the Strategic planning group for professional input. The representative will have a role to engage and represent a wider health and care constituency. 7. Details of this were not required in the Scheme. The IJB will have the power to broaden representativeness 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. 8. Noted and will be shared with IJB. 9. Noted and will be shared with IJB. 10. The IJBs will need to determine how they will communicate and cooperate. Comment noted and will be shared with the IJB. 11. Noted. Plans are in development to engage with local communities, local fora and local practitioners. The Strategic planning group will lead on this. 12. Noted and will be forwarded to Strategic Planning Group. 13. Noted and will be shared with the IJB.

Section 6 Local Operational Delivery	
1. Robust monitoring and evaluation is required. 2. Need to work with Third and Housing Sectors. 3. Balancing needs across four local authority areas will be challenging and a joint approach between the Council will be required. 4. It may be worth noting that there should be no duplication across governance and the IJB is the final arbiter. 5. Should para 6.1.3 also include other stakeholder info? 6. Should the performance core group have a collaborative approach with wider membership? 7. Working Group on Prof, Tech Admin services – Should this include wider membership? 8. 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. 9. Balancing the ambitions for four council areas in joint arrangements with NHS Lothian will be complex. A joint approach from the start with Councils will need to be taken to avoid risks and ensure a better collaborative approach to change. 10. Need substantive locality structures which will be difficult if we are to make cuts to management budgets.	1. Noted. This will be forwarded to the group addressing performance. 2. Noted see point 2 above. 3. It is proposed that the new chief officers will meet regularly to ensure a balanced and sustainable approach. 4. Noted and the remits of existing committees will be reviewed to avoid duplication wherever possible. 5. The Scheme is an agreement between the NHS and Council and cannot commit on behalf of other agencies. 6. Noted and accepted. 7. The guidance around the Professional, Technical and Administrative services 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). 8. Noted. However comment does not require an amendment to the Scheme. It will be picked up in Standing Orders and governance arrangements of the IJB which will be developed once the body is established. 9. Noted and will be shared with IJB. 10. Noted and will be shared with the IJB.
Section 7 Clinical and Care Governance – General	
1. 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. 2. It may be worth being explicit that there should be no duplication and that if an existing group /structure is retained there must be a clear rationale for doing so – to avoid the assumption that everything is	1. The point about duplication is a real concern in these new arrangements. The IJB does not employ any staff and so can rely on existing mechanisms, and it may also establish additional mechanisms. Revision 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

'business as usual'. 3. 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). 4. Clarification required on non-medical health professional roles will have a route to direct IJB representation through the medical representatives. 5. Please correct the info on professional registration for OTs. (This is now amended in V1 of Final Scheme). 6. Clinical and social care governance should work together rather than be separate. 7. The opportunity for an integrated professional group would be welcomed – The Integration Scheme could go further in defining this 8. Strong professional leadership is vital to support uni-professional and multi-professional working. 9. Support for an open and transparent process for making the professional appointments to the IJB. 10. There is a need for clarity regarding management and leadership responsibilities within teams is paramount and difference between the two clearly acknowledged. 11. 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. 12. Need to ask patients and carers throughout their experience about the quality of their care. 13. Policies and governance will need to be re-written /reviewed where integration of services means separate policies are confusing or unhelpful	Council and NHS Lothian in order to minimise bureaucracy. 2. See above 3. All existing NHS Lothian Board and Council Committees that have a role in clinical and care governance are included within the existing arrangements and / or will be reviewed to ensure they provide appropriate support to the IJBs in Lothian. Officer/management groups may change depending on the management arrangements which flow from the IJB directions. 4. Noted and will be shared with IJB. 5. The reference to OT registration has been amended in the Scheme. 6. The IJB has the option to establish an integrated professional clinical and care governance group. This is referenced within the Scheme, It will be the IB decision on whether and how this is taken forward and as such the Council and NHS are not allowed comment further in the Scheme. The comments will be forwarded to the IJB once established. 7. See 6 above 8. Noted and will be shared with IJB. 9. Noted and will be shared with IJB. 10. Noted and will be shared with IJB and Chief Officer 11. The IJB will determine its own non-voting membership and arrangements for representation in the Strategic Planning Group. The comments will be forwarded to the IJB once established. There will be professional social care representatives with a remit to engage a wider constituency of professions which will need to include OTs. Point to the shared with SP Group. 12. Noted and will be shared with IJB 13. Noted and will be shared with IJB

Section 8 Chief Officer	
1. Should be a new appointment and open competition. 2. The role should be broader than it seems and should lead the IJB forward with the Chair. A position which is not embedded in either partner would be better. 3. The Chief Finance Officer role should be independent from significant ties to either party. 4. Should understand the needs of the Edinburgh community. 5. Needs to ensure transparency and engage personally with communities.	1. A Joint Director has been in place in Edinburgh. It is likely this role will be continued 2. The role is set out in statute and guidance, but will develop over time as required by the IJB 3. Noted. The consequences of this are likely to be additional costs which must be considered carefully. 4. Noted and will be shared with the IJB. 5. Noted and will be shared with the IJB.
Section 9 Workforce	
1. There is a risk of losing specialist knowledge and skills if you integrate teams without ensuring full clarity of role. 2. Staff training to respect roles but ensure integrated approaches. Home care should be the same kind of health service as in hospital for matters such as changing dressings etc). 3. Reconsider the four days on four days off patters for home care and bring into line with hospital shift patterns. 4. Joint training with a solution focus. 5. Improve understanding of roles and responsibilities to improve trust and joint working. 6. Map what is already working. 7. Coordinated referral mechanism for all services.	1. Noted and will be forwarded to Human Resources Group. 2. Noted and will be forwarded to Human Resources Group. 3. Noted and will be forwarded to Strategic Planning Group. 4. Noted and will be forwarded to Human Resources Group. 5. Noted and will be shared with the IJB.
Section 10 Finance	
1. 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. ***2.*** Section 10.4 of v2.7 process for addressing variance re prescribing budget. It is unlikely that any prescribing savings will be fortuitous as	1. 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 become the remit and decision of the IJB once established. 2. This point is true. The prescribing budget will be determined on a health board basis and then will be delegated to each IJB according to the

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. ***3.*** There is a need to clarify language around Internal Audit and Financial Audit. ***4.*** The IJB recognise there is a huge opportunity to engage with localities in the planning of set-aside resources and that this should be maximised. ***5.*** IJB is supportive of dialogue with other IJBs to ensure sustainability of 'set-aside' resources and would welcome discussion on how the Chairs could come together	agree budget process. Under and overspends will be managed through the budget setting process and redetermination arrangements between NHSL and IJB as outlined in Sections 10.2.3 and 10.5 of the Draft Scheme. 3. The section on internal audit has been removed from the Scheme on the advice of the Scottish Government. It will be an IJB role and remit to establish its own internal audit arrangements and this cannot be specified by the Council of NHS Lothian. This should aid clarification. 4. Noted. 5. Noted.
Section 11 Participation and Engagement	
1. Need to be clear about how we consult the public 2. Importance of improving participation and engagement rather than relying on existing. 3. Need to include lay people in participation. 4. Need to engage with more than Community Councils and 'usual suspects'. 5. Consider drop in events, roving reporters in cafes, shops and community spaces and engage with advocacy groups. 6. PPF are listed but these are now abolished. Need to make clearer how community participants will be consulted. 7. 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. 8. Need to provide information leaflets and use television. 9. Recruit a health rep onto community councils. 10. Creation of fora that feed into the IJB.	1. Noted and will be shared with IJB. 2. Amendments have been made to this section of the Scheme and to the Annex to reflect these comments. 1. Noted and will be shared with the IJB. 2. Noted and will be shared with the IJB. 3. Noted and will be shared with the IJB. 4. Noted. The new arrangements are likely to be through Neighbourhood partnerships and associated groupings focusing on health. These arrangements are in development. 5. Noted and added to scheme. 6. Noted and will be shared with the IJB. 7. Noted and will be shared with the IJB. 8. Noted. The IJB will consider its wider membership and links to the Strategic Planning group arrangements once established. 9. Noted and will be shared with the IJB. 10. Noted and will be shared with the IJB.

11. Establish principles of transparency and responsive communications. 12. Importance of locality structures. 13. Engage with people in their communities, rather than expect them to travel to us. 14. Provide support and training and resources to help people engage. Avoid jargon and give people time to consider information. 15. Be honest about what can be changed. 16. Important to engage with third and housing sectors and to develop a mechanism for 'shared voices' from these sectors.	11. Noted and will be shared with the IJB. 12. Noted and will be shared with the IJB. 13. Noted and will be shared with the IJB. 14. Noted and will be shared with the IJB. 15. Noted and will be shared with the IJB. 16. Noted and will be shared with the IJB.
Section 12 Information Sharing	
1. People need to have the right to chose what is shared with whom. 2. Data handling must be secure and trust worthy with the purpose of helping people. 3. Experience of this between hospitals and GPS does not give confidence that this is currently well done. Informed consent must be given. 4. Use existing systems to keep costs down. 5. A leaflet would help explain this to people.	All comments are noted and will be shared with the IJB.
Section 13 Complaints	
1. Acknowledge complaint made, effective follow-up and action taken with reporting back to check complainant is satisfied with handling of matter. 2. Need to be swift effective and learn from errors. 3. Some concerns expressed about handling of complaints about the move to the 'four on four off' shift pattern for home care. 4. Very important to view clients as equal partners in their care arrangements.	All comments are noted and will be shared with the IJB.

Section 14 Claims and Liability	
1. 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.	1. Amendments have been made to this section of the Integration Scheme
Section 15 Risk Management	
No comments	
Section 16 Dispute Resolution	
1. 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.	1. The guidance from Scottish Government is clear that this section refers to dispute between the Council and NHS Lothian only. This point is noted, but cannot be included in the Scheme. The IJB will develop its own standing orders and governance procedures and this comment will be considered by the IJB during this process.
Other Comments	
1. There is a real opportunity to create a shared language and approach with real impact. For example the IJB may require shared assessments and planning for individuals where the plans follow the person to reduce the amount of reassessment and associated trauma for clients/patients. 2. Identities are important to the parties and this could be seen as a threat to existing identities. However integration is an opportunity to create new shared identity for people to pin the vision and ambition to. 3. SDS and integration must work together so that health funded support is included for when people exit hospital, not from a money perspective but in order to ensure the health supports them to live independently to live in the community. 4. A small number of comments related to the complexity of the consultation and the timescale.	1. Noted and will be shared with the IJB. 2. Noted and will be shared with the IJB. 3. Noted and will be shared with the IJB. 4. Noted. This was driven by the national arrangements.

Comments 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 x12