Finance and Resources Committee

Wednesday, 13 May 2015

Health and Social Care Integration – Update

Item number	7.2
Report number	
Executive/routine	
Wards	All

Executive summary

This report presents an update on the Health and Social Care Integration Scheme.

It reports progress of the Integration Scheme, notes the need to review Council governance arrangements in light of operational responsibility of IJB and provides an indicative timetable for the establishment of the IJB and delegation of functions and resources.

Links

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

Health and Social Care Integration – Update

Recommendations

1.1 Members are recommended to note:

1.1.1 the submission of the Final Integration Scheme;

1.1.2 the Scottish Government timeline for approval;

1.1.3 work in progress; and

1.1.4 the indicative timeline to establish the IJB and delegate functions and resources.

Background

2.1 Finance and Resources Committee requested regular update reports to track progress with the work associated with Health and social Care Integration. This is the fourth report in 2015.

Main report

Consultation Responses on the Draft Integration Scheme

3.1 Consultation ran from 20 January to 23 February 2015.

3.2 In order to maximise time available for consultation, the period between the close of the consultation and the deadlines for Council and NHS Lothian Board meetings was reduced to less than one week. This necessitated a two stage approach to handling responses. Stage 1 responses: matters material to the content or to the submission of the Integration Scheme; and Stage 2 responses: matters affecting other elements of integration.

3.3 Stage 1 responses were collated and presented to the Integration Joint Chief Officers Oversight Group for review. The review included legal input from the Council's external solicitors, and changes were accepted / rejected based on joint decision and legal advice. The Integration Scheme was amended in light of the accepted comments and submitted to Scottish Government on 16 March.

3.4 Stage 2 responses have now been collated and a combined response on Stage 1 and Stage 2 responses prepared. This has been shared with NHS Lothian and was reported to Council on 30/4/15 and will be published via the Council's

'Consulting Edinburgh' website. A summary of responses is provided in Appendix 1.

3.5 The main themes emerging from the overall consultation were:

- the need for strong representation from a range of stakeholders on the Integrated Joint Board and Strategic Planning Group, and for a truly collaborative approach, which the Integrated Joint Board 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 as a result of the consultation process
- support for the delegation of additional functions, but some concerns regarding the impact on the relationship with functions that will not be delegated, 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.

3.6 The outputs will be shared with Integration Joint Board, once established, and with the shadow Strategic Planning Group.

Operational Responsibility of the Integration Joint Board

3.7 The expectation of Scottish Government is that the Integration Joint Board will be fully responsible for carrying out the functions delegated to it. Scottish Ministers expect that the IJB or its members will have an operational responsibility for the delegated functions.

3.8 However, as the IJB cannot employ or contract staff, it requires to direct the Health Board and the Council must deliver services on its behalf. The Health Board and the Council will deliver services in line with IJB directions and yet will always be responsible in law for that delivery.

3.9 The effect of this is that the operational governance of integrated functions will be a combination of the governance activities of the Integration Joint Board and those of the Health Board and the Council. This means that governance responsibility lies across three organisations (the Health Board, the Council and the Integration Joint Board).

3.10 This matter has been taken into account in the preparation of the Scheme, whilst seeking to minimise duplication of governance functions. The principle followed in developing the Edinburgh Integration Scheme has been that existing

governance structures will be reviewed and amended, to reduce potential for duplication and to be clear that the IJB will have the authority to develop additional governance committees if these are required.

3.11 The Edinburgh 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 Integration Joint Board members are involved in overseeing the carrying out of integrated 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 Integration Joint Board 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 Integration Joint Board, a working group will be convened, with membership from all four Lothian Integration Joint Boards and the parties. This working group will develop recommendations for approval by each Integration Joint Board.

3.12 An overarching purpose of the Public Bodies legislation is to integrate health and social care functions from the point of view of recipients. This is to be achieved via the role of the Chief Officer who is required to also manage the majority of integrated services.

3.13 It is important, at an early juncture, to work through dependencies with the Council's Transformation work streams around organisational structures to ensure compliance with statute and guidance. This work has begun and the report to Finance and Resources committee in June 2015 will outline assumptions and dependencies around the two programmes.

Final Edinburgh Integration Scheme Update

3.14 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.

3.15 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 Integration Joint Board can be constituted legally. As at 21 April, no additional information or clarity had been sought by Scottish Government.

3.16 If the Final Scheme is approved within this timetable is likely that the Edinburgh IJB will be established by the end of June 2015 and can formally begin preparations for the delegation of functions. The first scheduled meeting of the IJB could be as soon as 17 July.

3.17 If the Scottish Government timetable slips it is likely that the order will not be laid before Parliament until after the summer recess and IJB will be established by late August/early September.

Next steps

3.18 Work is progressing on the key steps required to establish the IJB to allow it to get ready for the delegation of functions and resources. This includes progressing the variety of tasks agreed in the Scheme and the development of the Strategic Plan (N.B. functions and resources cannot be formally delegated until the Strategic Plan has been approved by the IJB).

3.19 The tasks are being undertaken across NHS Lothian and the four councils within the Lothian area and outputs are being shared and adjusted to local circumstances.

3.20 Specific areas include:

- Work has begun in the Council to formalise the governance arrangements of the IJB e.g. prepare Standing Orders and further work is required on clinical and care governance arrangements.
- The financial work stream is being progressed by the Pan-Lothian work group and the current focus is on financial regulations/scheme of delegation.
- Discussions have taken place between the respective internal auditors to start the process of agreeing a joint financial assurance work programme. The Council, NHS Lothian and the IJB itself need to be assured that the arrangements are established on a sustainable footing and that all associated planning assumptions and risks are well understood by all parties.
- Consultation on the first draft of the Joint Strategic Needs Assessment, which will inform the content of the Strategic Plan.
- Consultation on stakeholder aspirations for the Strategic Plan through the shadow strategic planning arrangements.
- Development of the process for appointing both the Chief Officer and Chief Financial officer for the Edinburgh IJB

3.21 An indicative timeline, subject to prompt approval of the Scheme is provided in Appendix 2. Should the IJB not be established by late June, the shadow Health and Social Care Partnership will approve the Draft Strategic Plan for consultation.

Measures of success

4.1 The Scottish Government has issued National Outcomes for the delivery of integrated Health and Social Care as part of the final Regulations. These are as expected. National Health and Wellbeing Outcomes Framework

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 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 Final Edinburgh Integration Scheme outlines the process for determining the performance arrangements and for allocating responsibility for performance.

Financial impact

5.1 It is estimated that the Integration Joint Board will encompass a combined budget in the transition year of 2015/16 of around £590 million; c£200 million of Council funds, c£300 million of community health NHS Lothian funds, and an early estimate of acute hospital related 'set aside' funds of c£90 million.

5.2 A report is due in May 2015 on the Council's financial strategy, which will give an early estimate of the Council element of the Integration Joint Board resources for 2016/17, i.e. the first full financial year of the Integration Joint Board. The position in NHS Lothian is more complex, due to the need to 'disaggregate' regional budgets for 2015/16, in line with Scottish Government guidance and then roll forward into 2016/17, in line with NHS financial planning arrangements.

5.3 The resources for the functions in scope will be delegated to the Integration Joint Board for governance, planning and resourcing purposes. The delegated resources will be subject to financial assurance in order for the Integration Joint Board to understand any underlying financial risks. This process is set out in the Final Edinburgh Integration Scheme.

5.4 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. Planned variances will be retained by the Integration Joint Board, which will have the power to carry reserves.

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 and through the CPO Major Projects reporting procedure.

6.2 Major risks to both the Council and NHS Lothian as a result of the programme of change 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 Integration Authority and respective parties is set out in the Final Edinburgh Integration Scheme and discussions are ongoing between Council and NHS Lothian on further development.

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 impact assessment procedure between NHS Lothian and Health and Social Care has been developed. This will be used for all impact assessments as required across the joint service once the Integration Joint Board is fully established.

7.4 An impact assessment of all four Lothian Draft Schemes was completed on 10 February by representatives from NHS Lothian and the four Lothian councils.

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 included 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 wide range of staff and practitioners across health and social care services.

9.2 A full report on the consultation on the Integration Scheme was provided to Council on 30/4/15.

9.3 The Strategic Commissioning Plan process is developing a co-production approach to ensure timely and productive engagement with key stakeholders. The Statutory Strategic Planning Group has been established in shadow form and met for the first time in March 2015. Its programme of work includes consulting on the Draft Joint Strategic Needs Assessment, engaging to develop Edinburgh's priorities for the Strategic Plan and the form and content of the Plan itself.

Background reading/external references

Health, Social Care and Housing Committee – 21 April 2015, Health and Social Care Integration Update.

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

City of Edinburgh Council – 12 March 2015, Health and Social Care Integration Scheme: Final for Submission.

Finance and Resources Committee – 3 February 2015, Health and Social Care: Draft Integration Scheme Consultation.

Health, Social Care and Housing Committee – 27 January 2015, Draft Integration Scheme Consultation.

Corporate Policy and Strategy Committee – 20 January 2015, Health and Social Care Integration Scheme: Draft for Public Consultation.

Finance and Resources Committee – 15 January 2015, Health and Social Care Integration; General Update.

City of Edinburgh Council – 11 December 2014, Health and Social Care Integration Scheme; Update on Draft Integration Scheme.

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.

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 to the Consultation on the Draft Integration Scheme. Appendix 2 Indicative timeline

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.

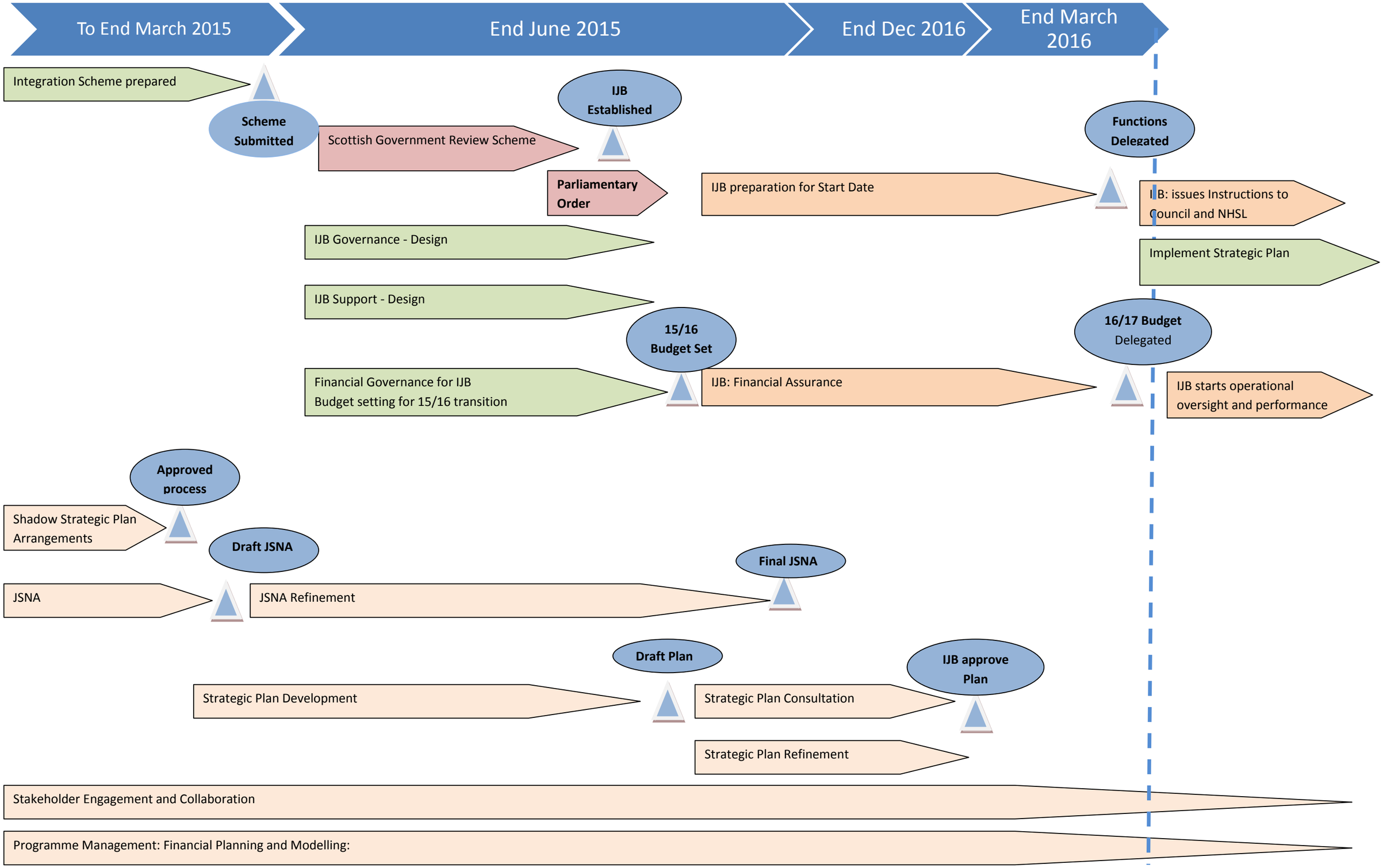
Comments received from:

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

Appendix 2 Health and Social Care Integration: Indicative Timeline



Appendix 2 Health and Social Care Integration: Indicative Timeline

Assumptions

1. Scottish Government approve Scheme
2. Agreed joint budget is achieved
3. Financial Assurance is satisfactory
4. IJB approve Strategic Plan
5. 1 April Integration Start Date - start of new financial year

Key