



West Lothian  
Council

## ***Health and Care Policy Development and Scrutiny Panel***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

16 December 2014

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Friday 19 December 2014** at **1:00pm**.

For Chief Executive

### **BUSINESS**

1. Apologies for Absence
2. Order of Business, including notice of urgent business
3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
4. Public Bodies (Joint Working) (Scotland) Act 2014 - Draft Integration Scheme - Report by Depute Chief Executive, Community Health and Care Partnership (herewith).

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NOTE      **For further information please contact Val Johnston on 01506 281604 or email [val.johnston@westlothian.gov.uk](mailto:val.johnston@westlothian.gov.uk)**





**HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL**

**PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 – DRAFT  
INTEGRATION SCHEME**

**REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE  
PARTNERSHIP**

**A. PURPOSE OF REPORT**

The purpose of this report is to present to the Panel the draft West Lothian Integration Scheme for the establishment of a Health and Social Care Partnership in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

**B. RECOMMENDATION**

The Panel are invited to consider the draft Scheme and comment on its terms prior to its consideration at Council Executive on 22 December.

**C. SUMMARY OF IMPLICATIONS**

- |            |  |  |
|------------|--|--|
| <b>I</b>   | <b>Council Values</b>  | <ul style="list-style-type: none"><li>• Focusing on our customers' needs</li><li>• Making best use of our resources</li><li>• Working in partnership</li></ul> |
| <b>II</b>  | <b>Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b> | Compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance.   |
| <b>III</b> | <b>Implications for Scheme of Delegations to Officers</b>  | Changes will be required when the Integration Scheme is approved and functions are delegated.  |
| <b>IV</b>  | <b>Impact on performance and performance Indicators</b>  | Supports the delivery of high level performance indicators.  |
| <b>V</b>   | <b>Relevance to Single Outcome Agreement</b>   | Supports the delivery of local and national health and wellbeing outcomes.   |

<b>VI</b>	<b>Resources - (Financial, Staffing and Property)</b>	Within existing resources.
<b>VII</b>	<b>Consideration at PDSP</b>	None.
<b>VIII</b>	<b>Other consultations</b>	The draft Scheme has been developed in consultation with the CHCP Senior Management Team and Short Life Working Group, and in discussion with NHS Lothian.

## **D. TERMS OF REPORT**

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care in Scotland. The Act requires each local authority and health board to delegate some of its functions to their Integration Authority. By delegating responsibility for health and social care functions to the Integration Authority it is intended that this will create a single system for local joint strategic commissioning of health and social care services.

The Act states that the purpose of an integration scheme is to set out which integration model will apply and the functions to be delegated in accordance with that model. Other required contents are set out in the Act, regulations and draft guidance.

The Act allows local authorities and health boards to integrate health and social care services in two ways. It is up to local authorities and health boards to agree which approach is best for local needs.

### **Option 1 Body Corporate**

The local authority and health board delegate the responsibility for planning and resourcing service provision for adult health and social care services to an Integration Joint Board (IJB). The IJB is a separate legal entity with an equal number of voting members from each side.

### **Option 2 Lead Agency**

The Health Board or the Local Authority takes the lead responsibility for planning, resourcing and delivering integrated adult health and social care services. They agree responsibility and allocate delivery of the services between them.

The draft Scheme has been developed on the basis that Option 1, the body corporate model, should be adopted in West Lothian. That is the preferred approach being taken in almost all areas across the country.

### **Functions to be delegated**

The minimum that local authorities and health boards must delegate is broadly, adult social care services, adult community health services and a proportion of adult acute services.

The Act describes which health and social care functions **must** and **may** be integrated under the legislation. The Act limits the functions that can be included in the **must** list to services provided to people over the age of 18. The draft Scheme has been developed on the basis that only the prescribed functions and services will be delegated. Separate governance arrangements will need to be agreed for those services that are not delegated.

#### Draft Integration Scheme

One of the key elements of this approach is the Integration Scheme which sets out the formal agreement between the NHS Board and Council on a range of matters, as prescribed in the regulations in support of the Act, including the delegation of functions and services to the partnership.

The Integration Scheme must be approved by Scottish Ministers before the Integration Joint Board may be formed. Scottish Ministers will restrict their approval to those matters which are prescribed for inclusion in the scheme and any changes to the scheme will require the scheme to be resubmitted. Matters that are not prescribed but which will provide assurance that the necessary arrangements are in place for the partnerships to function effectively will be included in supporting local protocols and guidance. Once the Scheme is approved, the IJB will be established, and council, health board and IJB will have to abide by its terms.

The Act sets out that the NHS Board and Council must consult on the content of the Integration Scheme and the groups to be involved are set out in the regulations.

The draft Integration Scheme (see Appendix 1) is based on the national model Integration Scheme as reflected in the Public Bodies (Joint Working) (Integration Scheme) Scotland Regulations 2014.

#### Consultation

The draft Integration Scheme requires to undergo a period of consultation with a prescribed list of consultees, as set out in the regulations (see Appendix 2). Following the consultation period the revised Integration Scheme will be brought back to Council Executive prior to formal submission to the Scottish Government.

### **E. CONCLUSION**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires new arrangements to be put in place. A draft Integration Scheme has been developed for West Lothian in line with the model issued by Scottish Government. In accordance with the Act the draft Scheme must be issued for consultation prior to submission for approval by Scottish Ministers.

### **F. BACKGROUND REFERENCES**

Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014

Appendices/Attachments: 2

- 1 Draft Integration Scheme between West Lothian Council and NHS Lothian
- 2 Prescribed List of Consultees

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Date of meeting: *19 December 2014*

**DRAFT**  
**INTEGRATION SCHEME**  
**BETWEEN**  
**WEST LoTHIAN COUNCIL**  
**AND**  
**NHS LoTHIAN**

**Version 3**

## Integration Scheme

### Introduction

### Aims and Outcomes of the Integration Scheme

The main purpose of integration is to improve the wellbeing of families, our communities and of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 (hereinafter referred to as “the Act”) namely:

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



## 1.0 The Partners

### The Partners

- a. The West Lothian Council, a local authority constituted under the local Government etc. (Scotland) Act 1994 and having its headquarters at West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF (“the Council”) and
- b. 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, 2-4 Waterloo Place, Edinburgh (“NHS Lothian”) together referred to as “the Partners”

## 2.0 Definitions and Interpretation

“West Lothian Health and Social Care Partnership Board” is the Integration Joint Board referred to in the Act, and is referred to as “the Board”

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

“The Partners” means the Council and NHS Lothian

“The Scheme” means this Integration Scheme

“Integration functions” means the functions delegated by the Partners to the Integration Joint Board

“Integration Joint Board” or “IJB” means the Integration Joint Board to be established by Order under section 9 of the Act

“Director” means the “Chief Officer” as referred to in section 10 of the Act

“Finance Officer” and “Proper Officer” mean the officer appointed under the finance and audit requirements in section 13 of the Act and section 95 of the Local Government (Scotland) Act 1973

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

- The payment for delegated functions from NHS Lothian under section 1(3) (e) of the Act;
- The payment for delegated functions from the Council under section 1(3) (e) of the Act; and
- The amount “set aside” by NHS Lothian for use by the Board 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

“Operational Budget” means the amount of budget delegated by one of the Partners to one of their managers in a financial year in order to carry out defined functions or services

“Strategic Plan” means the plan which the Board is to be prepared and implemented in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

“Outcomes” means the Health and Wellbeing outcomes prescribed in Regulations under section 5(1) of the Act and local outcomes set by the Partners and the Board, and set out in its Strategic Plan

In accordance with section 1(2) of the Act, the Partners have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place for the West Lothian Partnership, namely the delegation of functions by the Partners to an Integration Joint Board, a body corporate that is to be established by Order under section 9 of the Act.

The Partners have decided to name that body corporate the “West Lothian Health and Social Care Partnership Board”.

This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force and the integration functions shall be delegated with from 1 April 2016.

The Act calls for the Scheme to be reviewed by the Partners jointly within five years of it being approved. In addition, one or both of the Partners can require that the Scheme is reviewed at any time, and that review is to be carried out jointly by the Partners. When the Scheme is reviewed, the Partners will carry out a consultation process as required by the Act prior to obtaining approval.

### **3.0 Background**

This Scheme has been produced in accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The vision of the Partners is to enhance and develop the delivery of integrated health and social care services to the population of West Lothian with the intended impact of increasing the wellbeing of West Lothian citizens and reducing health inequalities across all communities in West Lothian.

In order to achieve this vision the Board will be strongly committed to the development of a preventative outcomes-based approach focusing on effective early interventions to tackle health and social inequalities.

The prescribed functions stated in the Act will be delegated. A list of functions delegated by the Partners to the Board, and of the services related to these functions, is appended at Annexes 1 and 2.

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

### **4.0 Local Governance Arrangements**

#### **Role of the Board**

The Board is to be established as a separate and distinct legal entity from the council and the health board. All three bodies have their own roles to play under this Scheme and to deliver on agreed outcomes – the Board’s role is strategic and the council’s and health board’s roles are operational.

The legislation contains many legal requirements in relation to the Board's membership and constitution, but allows for some voluntary additional rules to be put in place. Prior to the Board being established the Partners will cooperate in preparing a proposed constitutional structure and draft constitutional documents to assist the Board in meeting those legal requirements, and including any voluntary additional rules the Partners consider are appropriate. On its establishment, the Board will adopt that structure and those constitutional documents. It will not put in place any rules which depart from the requirements of the legislation or the other provisions of the Scheme.

The Board's task is to set the strategic direction for the delegated functions through the Strategic Plan developed by its Strategic Planning Group in accordance with the policy framework and direction set by the Partners, and which will inform the method of determining the budget contributions to be made by the Partners. It receives payments from the council and health board determined in accordance with this Scheme to enable it to deliver on local strategic outcomes. It gives directions to the council and health board as to how they must deliver the delegated functions in pursuit of the Strategic Plan and allocates payments to them to permit them to do that.

The link between the three bodies is the Board Director. The Director reports to the Board on strategy, finance and performance, and is responsible to the council and health board for the management and delivery of the delegated functions in accordance with this Scheme and in accordance with the directions issued by the Board to the Partners. As well as being responsible for the Strategic Planning Group and the Strategic Plan, the Board also requires to publish an annual financial statement and an annual performance report covering both service delivery and financial performance. The members of the Board therefore have a role to play in the strategic oversight and scrutiny of the performance by the council and the health board of their roles in implementing the Scheme, and will be able to carry out those responsibilities through receipt of regular and detailed reports on service and financial performance at Board meetings and advice about them at those meetings from the Director and other senior advisers.

As well as the requirement for the Partners to provide service and performance information to the Board, the Partners recognise that it is important that they are given assurance about the Board's performance of its roles and responsibilities in relation to its financial management of the budget to which the Partners will have contributed and its strategic role within the policy framework set by the Partners. Arrangements will therefore be put in place to ensure that regular monitoring reports are made by the Director to the Partners to assist them in that regard.

The Board will meet quarterly and the Partners shall provide or shall ensure the provision to the Board of the professional, technical, administrative and support services it reasonably requires. In the short term the Partners will maintain the arrangements already in place in relation to the provision of such services to the existing West Lothian Community Health and Care Partnership. In the period between approval of this Scheme and the formal delegation of functions, a sustainable longer-term solution will be developed by the Partners between themselves and in conjunction with the other integration authorities in the area of NHS Lothian. They shall identify the services and the extent of the support required

by the Board and shall consider and have regard to the needs of the Board as well as the continuing needs of the Partners (in particular concerning financial and budgetary constraints). The provision of services shall be kept under review by the Partners and the Board to ensure adequate provision to meet the Board's needs. The cost of that service provision will be agreed by the Partners as part of the process set out in the Scheme for budget-setting and the determination of the payments to be made by the Partners to the Board.

The Partners shall agree prior to the date when the Board is established the arrangements for the provision of those, and other similar services, and the way in which the cost of their provision will be borne amongst the Partners and the Board. After the establishment of the Board, the Board and the Partners shall keep under review the arrangements for the provision of support services and the costs of providing them, and shall agree amongst them such adjustments to the initial arrangements as are deemed by them to be appropriate to reflect experience and any changes in circumstances.

### **Board Membership**

Prior to the Board being constituted it will have the following members who will be appointed, will remain as members and will have their membership terminated in accordance with the Scheme and the governing legislation.

- There will be four West Lothian councillors as voting members on the Board, chosen by the council, and appointed for periods of three years unless their appointment is terminated earlier. The first period of appointment shall start on the date the Board is established. Members leaving their position at the end of a three year period are eligible for reappointment.
- There will be four health board members as voting members on the Board, chosen by the health board and appointed for periods of three years unless their appointment is terminated earlier. The first period of appointment shall start on the date the Board is established. Members leaving position at the end of a three year period are eligible for reappointment.
- The council's Chief Social Work Officer will be a non-voting member.
- A registered medical practitioner chosen by the health board from its list of primary medical services performers will be a non-voting member.
- A registered medical practitioner chosen by the health board and employed by it otherwise than in the delivery of primary medical services will be a non-voting member.
- A registered nurse chosen by the health board and who is either employed by it or by a person or body with which the health board has entered into a general medical services contract will be a non-voting member.
- The Director will be a non-voting member.
- The Finance Officer shall be a non-voting member.

After it is constituted, the Board shall have in addition the following as non-voting members:-

- One member in respect of the combined staff of the Partners engaged in the provision of the delegated services covered by the Scheme.
- One member in respect of third sector bodies carrying out activities in West Lothian in relation to health or social care.

- One member in respect of service users in West Lothian.
- One member in respect of persons providing unpaid care in West Lothian.

The Board has the legal power to appoint additional members if it wishes to do so, but the Partners recognise the importance of close co-operation and working in securing the delivery of the outcomes. The Board will therefore consult with and take account of the views of the Partners before proceeding to consider making such additional appointments. Any such member appointed shall not be a councillor or a non-executive director of the health board.

### **Chair and Vice Chair**

The holders of the positions of Chair and Vice-Chair of the Board shall be filled from the voting members of the Board. Those appointed will hold their posts for periods of three years at a time. The holders of the posts will alternate between the partners every three years. For each three year appointing period, one of the partners shall nominate the Chair and the other the Vice-Chair, so that in any three-year period both posts are not held by Board members appointed by the same partner. (The regulations provide that the only exception to that is where the number of voting members appointed by the Partner nominating the current Chair falls to one or none. Until the number of appointed members is increased again, the other Partner must appoint the Chair on a temporary basis from its own voting Board members.

The first holder of the position of Board Chair shall be appointed by XXXX and the first holder of the position of Vice-Chair shall be appointed by ZZZZ.

The Vice-Chair assumes the role and responsibilities of the Chair in his absence or inability to act.

### **Corporate Governance**

Corporate governance is a means of showing that the Board is properly run. It refers to the systems by which the Board directs and controls its functions and relates to the community. Good corporate governance demonstrates to the Board's stakeholders and everyone interested in the delivery of the delegated services the Board is well organised to direct the delivery of the delegated services.

In accordance with principles of good corporate governance, on its establishment the Board shall adopt and abide by sets of rules and procedures designed to ensure that

- the Board has a defined and effective decision-making structure
- decisions are taken by a body or person with the power to do so
- decisions are taken with regard to all relevant factors and circumstances, including access to health and social care professional advice, financial advice, risk advice and legal advice
- decisions are taken in a way which is open and transparent and with public access available unless in defined and exceptional circumstances
- decisions are properly recorded
- structures are in place to ensure decisions are acted upon and implemented
- legislation, rules and professional practice standards and guidelines about financial reporting and accounting practice are applied

- systems are in place to ensure performance and legal and financial compliance are monitored and scrutinised and any failures reported to the Board.

These are systems and procedures such as financial controls, decision-making procedures, standing orders, the risk register, internal audit service and codes of conduct.

The Board will meet the requirements of good corporate governance by adopting standing orders and regulations which give effect to the requirements of the governing legislation, of this Scheme and of good corporate governance and good practice.

These will comprise regulations, systems and procedures such as financial controls, decision-making procedures, standing orders, risk register, internal audit and codes of conduct.

They will cover matters such as the creation of committees and sub-committees, and their membership and remits; the calling of meetings and giving notice of meetings and meeting papers to members and to the public; the regulation and conduct of meetings and the keeping of a record of proceedings; wide public access to meetings and meeting papers and records; delegation of powers and authority to the Director and other officers of the Board; roles and responsibilities of Chair, Vice-Chair and Board members; payments to Board members; financial and performance monitoring and reporting; the management of risk; internal audit arrangements; and relationship with external auditors.

The Board shall through those governance documents and rules establish a Risk, Audit and Governance Committee to take a pro-active approach to risk, audit and governance and to have a scrutiny and advisory role in relation to those matters. The remit of the Risk, Audit and Governance Committee and the arrangements for the way it is to be run are contained in Annex 3. It will not be a decision-making committee – it will have a scrutiny function and will be able to make recommendations to the Board about the matters within its remit. It will however be for the Board to accept or reject its recommendations and take whatever action it considers appropriate.

The functions of the committee will be carried out with the support of the partners, and the Board and the partners shall cooperate in ensuring the committee operates as an effective tool of corporate governance.

## **5.0 Delegation of Functions**

The functions that are to be delegated by the NHS Board to the Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by the NHS Board and which are to be integrated, are set out in Part 2 of Annex 1.

The functions that are to be delegated by the Council to the Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.

## **6.0 Local Operational Delivery Arrangements**

### **Management Arrangements**

The Director shall be employed by one of the Partners and shall be seconded to the Board as its Chief Officer and a member of its staff. The Director will nevertheless be responsible and accountable to the Partners for the management and delivery of the integration functions in accordance with the directions issued by the Board to the Partners. He will be directed and managed by the Chief Executives of both Partners in that regard, and in relation to any additional responsibilities and duties he may hold in relation to council and health board functions and services that are not integrated. The Director is in addition responsible for

- ensuring that service delivery improves the agreed outcomes and any locally agreed responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators that will demonstrate progress.

The Director is responsible to the Board for the delivery of the Strategic Plan.

The Partners and the Director shall secure the operational delivery of the integration functions in accordance with the Directions issued to the Partners by the Board.

They shall put in place a management structure, headed by the Director, to manage the delivery of and performance by them of the integration functions, and to manage the staff employed by the partners in doing so. The integration services will be managed and delivered through close partnership working and protocols, and in conjunction with the health and social care and other functions of the Partners which are not integration functions.

The Partners shall provide the Board with information and performance management information required by it in terms of the powers conferred by the Act. The Partners recognise the importance of close co-operation and working in securing the delivery of the outcomes. The Board will therefore consult with and take account of the views of the Partners in decisions regarding the information to be provided and the dates and regularity to apply to its provision. The Director shall use that information to provide regular reports to the Board on at least a quarterly basis, and including sufficient information to ensure that the membership of the Board is able to adequately oversee the carrying-out of the integration functions by the Partners. The Board shall have the ability to request and receive such additional information in relation to service performance and financial performance as is reasonably required by them to perform that duty.

### **Staff**

The Board does not have the power to employ staff directly to carry out its functions.

There will be no transfer of staff between the council and the health board, or from the council or the health board to the Board, as a result of the approval and implementation of this Scheme. The staff of the Partners will work as colleagues in the delivery of health and social care functions. They will be managed by the

management team or teams to be put in place by the Partners, led by and under the direction and management of the Director.

### **Strategic Planning**

The Board will establish a strategic planning group to develop a strategic plan describing the strategic vision and direction for the Board over the next decade, within the policy framework and direction of the Partners. The Strategic Plan will detail the high level outcomes to be achieved, the performance management approach to monitor progress against these, and the strategic commissioning priorities for the Board. The strategic plan will provide a rolling three year action plan which will be reviewed and updated on an annual basis.

The Board is one of four Boards in the area of the Health Board and the Partners and the Board require to work in co-operation amongst themselves and with those other local authorities and Boards in preparing their Integration Schemes, in developing their respective Strategic Plans, in the delivery of the integration functions, and in the interaction with health and social care functions which are not integrated.

In developing this Scheme the Partners have taken into account the other Schemes being developed between the health board and other councils in its area, and the effects that all of those Schemes, and this one, may have on the others.

The Board also requires to have regard to the impact its Strategic Plan will have on services, facilities and resources to be used in relation to the Strategic Plans after their adoption or whilst they are being developed in those other areas. The Board shall, with the support and co-operation of the Partners, put in place a process and system to secure close collaboration, co-operation and the sharing of relevant information amongst the Chief Officers of the four integration authorities and amongst the Strategic Planning Groups of those integration authorities. The Board shall ensure, and the Partners shall ensure through the line management arrangements for the Director set out in the Scheme, that the Director provides information to the other integration authorities where the Board's Strategic Plan is likely to have a significant impact on the Strategic Plans of those other integration authorities and makes representations on behalf of the Board to those other integration authorities where the interests and objectives of the Board and its Strategic Plan may be affected by the Strategic Plans elsewhere .

In particular, the Board shall adopt reporting arrangements and processes which ensure that the strategic impacts on the other integration authorities and their strategic plans are brought to the attention of the Board in its decision making, both in regard to integration functions and other functions and services which are not integrated or delegated.

### **Procurement & Contracts**

The Board does not have specific powers in relation to public procurement, only the general power to enter into contracts for any goods and services it requires to enable it to carry out its statutory role and functions.



## **Performance**

The Partners shall develop and agree between them a list of the targets, measures and arrangement in relation to the performance of the integration functions, and shall do so prior to the constitution of the Board. After the constitution of the Board, the Partners shall agree with the Board and, prior to the date of delegation of functions, a final list of such targets, measures and arrangements and the frequency with which information about them is to be provided.

The targets, measures and arrangements developed and approved through that process, shall include and shall reflect targets, measures and arrangements in relation to health and social care functions which have not been integrated and which are to be taken into account by the Board in its preparation of the strategic plan.

In developing and agreeing those matters, the Partners shall build on the successful performance measuring, monitoring and reporting systems operated through the West Lothian Community Health and Care Partnership. They shall through officers of both Partners develop those systems further by identifying those performance indicators and outcomes for which responsibility shall pass to the Board in relation exclusively to integration functions and those for which responsibility shall be shared where they relate to both integration functions and functions and services which have not been integrated or delegated. Those outcomes and indicators will be refined to reflect and support the priorities set out in the Board's Strategic Plan. The Partners and the Board shall ensure that the systems, outcomes and indicators put in place are regularly reviewed, refreshed and updated to reflect changes to those priorities, to the Strategic Plan and other changes in circumstances.

The Board will be responsible for the development of a performance management approach to enable the Board to monitor progress against quality improvement and service delivery required to achieve the high level outcomes in the strategic plan. The approach to performance management will detail the suite of performance indicators to be used to monitor progress against the high level outcomes and will confirm the reporting arrangements on performance.

The Board will be a strategic partnership within West Lothian's community planning arrangements and the Board's Strategic Plan will support wider community planning processes, in particular in delivering the agreed outcomes as defined in the West Lothian Community Planning Partnership Single Outcome Agreement.

The high level outcomes will be set within the context of West Lothian's Community Plan and Single Outcome Agreement and reporting arrangements will include a commitment to report on progress against these to the Community Planning Partnership.

## **7.0 Clinical and Care Governance**

The Board will be accountable for continually improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in care will flourish. In doing so, it requires to have regard to the clinical and care governance in relation to the outcomes; in its decision making; in developing and approving its Strategic Plan; in the planning and delivery of services in the localities

to be established by the Board through its strategic plan; in framing the directions it will give to the Partners; and in monitoring and reporting on performance and delivery.

The Board will establish a framework and process, in consultation with the Partners, through which the arrangements for clinical and care governance will be applied to services provided in delivery of delegated functions.

The Board's framework and process will cover in particular education and training of Board members, and officers employed by the Partners; clinical audit; clinical effectiveness; research and development; openness; risk and information management. It will seek to:-

- ensure that users/clients/patients and their families receive high quality services which are person centred, safe, effective and efficient, in line with national and local health and social care standards, whether provided directly or in partnership or by commission
- set out how the quality of services is to be measured within and across pathways of service and make available information needed to monitor, review and improve service quality including inspection reports
- ensure decisions to redesign services to improve outcomes are inclusive and transparent
- ensure there is a system in place to identify and respond to failures and variation in service delivery
- ensure that arrangements are made by and through the Partners in relation to securing assurance on clinical and care governance matters relevant to services commissioned by the Partners from third parties.

The framework and process will include the establishment of a team with membership from Health and Social Care professionals employed by the Partners with accountability for continuous improvement in the quality of services and for safeguarding high standards of care. This team will be led by the Clinical Director (appointed by the health board) and the Chief Social Work Officer (appointed by the council) with responsibility for delivery and review of the framework and for ensuring activities designed to improve service quality and address local and national priorities are delivered for the delegated functions.

Clinical engagement will be achieved through professional leadership and representation on the Strategic Planning Group, on the Board and through the groups, committees and other bodies in the Partners' decision-making structures with responsibility for clinical and care governance matters in relation to both the integration functions and the functions and services which are not integrated or delegated. The Partners and the Board shall ensure that information, concerns and risks identified by them singly or together in relation to clinical and care governance are communicated to the others and that there is co-operation in addressing and resolving them.

The Board's membership shall include three registered healthcare professionals as members, who will be able to advise and guide the Board on care and governance matters, and the Chief Social Work Officer.

The Council is required by law to appoint a Chief Social Work Officer to oversee and make decisions in relation to specified social work services, some of which are delegated in relation to integration functions, and to report to and alert the council and councillors of any matters of professional concern in the management and delivery of those functions. They have a duty to make an annual report to the council in relation to the discharge of the role and responsibilities. The Chief Social Work Officer will be a non-voting member of the Board. The Board's Standing Orders and other constitutional documents shall make provision for the Chief Social Work Officer to be given the same rights and privileges of access to the Board and Board members as they have in relation to the council and councillors. They shall also be required to make an annual report to the Board in relation to the aspects of their position which relate to the delivery of the delegated functions. The Chief Social Work Officer will retain all of the statutory decision-making and advisory powers they are given by statute and guidance, and the Director shall not be entitled to countermand or over-rule any decisions or instructions given by the Chief Social Work Officer in carrying out that statutory role.

The health board has within its executive membership three clinical members and their roles include responsibility for the professional leadership and governance of the clinical workforce as well as clinical governance within NHS Lothian generally. The establishment of the Board and the delegation of functions and services does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.

The West Lothian Community Health and Care Partnership has as part of its arrangements in relation to clinical and care governance appointed a Clinical Director to advise and report to that Partnership Board. That arrangement will continue, with the Clinical Director being appointed by NHS Lothian to that role. The Board's Standing Orders and other constitutional documents shall ensure that the Clinical Director is given the same rights and privileges of access as are to be afforded to the Chief Social Work Officer. The Clinical Director shall also be required to make an annual report to the Board in relation to the aspects of their position which relate to the delivery of the delegated functions.

The Clinical Director and Chief Social Work Officer will provide regular reports and professional advice to the Board, to its Risk Audit and Governance Committee, and to the Strategic Planning Group in addition to reporting into the committees established by the Partners in relation to risk, audit and governance matters.

All of these clinical and care professionals and Board members will be expected by the Partners to play a lead role in communicating with and having regard to their duties to the Partners whilst discharging their role as a member of the Board; and communicating with and having regard to the interests of the Board whilst discharging their duties as professionals employed by the Partners.

The presence of the four clinical and care professionals on the Board, and the rights of access to the Board to be afforded to the Chief Social Work Officer and the Clinical Director, shall ensure that the deliberations of the Board are informed by appropriate professional advice.

The Board's Standing Orders shall include a process to be followed in the event that the Board seeks to disregard the professional advice it receives in relation to clinical

and care governance in relation to its decisions, directions and Strategic Plan. Upon the Chair of the Board being notified or becoming aware of any such intention, he shall refer the issue to the Director and to the Chief Executives of the partners to address, and the dispute resolution procedure in this Scheme shall, if necessary, be implemented.

## **8.0 Director**

### **Appointment of the Director**

The Director will be appointed to the post by the Board as required by the Act, but to reflect the significance of the post to the Partners and the Director's duties and responsibilities after consultation by the Board with the Partners.

Prior to the establishment of the Board the Director's job description, person specification, terms and conditions, salary, pension, responsibilities and powers shall be agreed jointly between the Partners, and appropriate approval obtained under the separate mechanism contained in the Act. Those will reflect and include the responsibilities the Director will have, by agreement amongst the Partners and the Board, to the Partners in relation to matters other than those affecting the integration functions.

The person to be appointed to the post of Director on the establishment of the Board shall be recruited and selected by the Partners working together in light of the legislative requirements to have the Director appointed as a member of staff of one of them and seconded to the Board. The recruitment and selection procedure shall ensure equal representation and participation by the Partners in relation to the involvement of members of the Board and the provision of advice and guidance by the Chief Executives and senior Human Resources professionals of the Partners.

Upon the establishment of the Board, the Board members appointed by the Partners shall ensure the appointment is made in accordance with the outcome of the recruitment process carried out by the Partners. The Partners shall at the same time confirm the appointment of the Director in relation to their own organisations and shall ensure that appropriate powers are delegated to him by the Partners to enable him to meet the requirements of the post.

Any future appointment to the post of Director shall follow the same process, except that the recruitment, selection and appointment process shall be carried out by the Board, after consultation with and in co-operation with the Partners. In so doing, the partners shall ensure the availability of appropriate technical, legal and human resources advice through the arrangements to be put in place for the provision of support services as set out in the Scheme, and through an appointment process involving an equal number of voting members of the Board appointed by the Partners.

If an interim replacement for the Director of the Board is required, in line with a request from the Board to that effect (on the grounds that the Director is absent or otherwise unable to carry out their functions), the Chief Executives of the Partners 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 Partners and will be seconded to the Board on an interim basis.

### **Operational Role of the Director**

In terms of the Act they will report to and advise the Board in relation to its role and powers over the delegated functions, and they will also be accountable to the Chief Executives of the Partners in relation to operational and service delivery matters.

The Director will be a member of each of the council and health board senior management teams and together with the Chief Social Work Officer will have appropriate delegated powers to enable them to discharge their duties and to manage the two services and secure the operational delivery of the integration functions jointly and in an integrated manner.

The Director will be the senior manager in each of the Partners responsible for delivery of the delegated functions in accordance with directions from the Board, and for the delivery of other health and social care functions which have not been delegated to the Board.

## **9.0 Workforce**

The Partners will provide for workforce development in relation to the staff employed in the delivery of the integration functions and will develop an integrated Workforce Development and Support Plan, and an Organisational Development Plan in relation to teams delivering services. The Partners shall ensure the completion of those Plans prior to the constitution of the Board and they shall be put in place at the date of delegation of the integration functions.

## **10.0 Finance**

### **Appointment of a Finance Officer**

The Board will make arrangements for the proper administration of its financial affairs; this will include the appointment of a Finance Officer with this responsibility.

The Finance Officer will be a CCAB-qualified accountant. The Board 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.

The Finance Officer will be employed by the Council or NHS Lothian and seconded to the Board.

In the event that the Finance Officer position is vacant, the Director shall secure, through agreement with both the Council section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

## **Financial Management of the Board**

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

## **Principles of Financial Governance**

The following principles of financial governance shall apply:

- NHS Lothian and the Council recognise that they each have continuing financial governance responsibilities, and have agreed to establish the Board as a “joint operation” as defined by IFRS 11;
- NHS Lothian and the Council will work together in a spirit of openness and transparency;
- NHS Lothian and the Council will ensure their payments to the Board are sufficient to fund the delegated functions in line with the financial elements of the Strategic Plan.
- NHS Lothian and the Council payments to the Board derive from a process that recognises that both organisations have expenditure commitments that cannot be avoided in the short to medium term. The Board, through its Strategic Plan and through the directions issued by it, may, however, be able to influence such commitments over time; and both Partners will work with the Board on service redesign proposals in relation to integration functions.

## **Financial Governance**

The Partners agree to the establishment of a Board budget. The Director will manage the Board budget.

The Partners will apply their established systems of financial governance to the payments they receive from the Board. The NHS Lothian Accountable Officer and the Council section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.

The Director in their operational role within NHS Lothian and the Council is responsible for the financial management of any operational budgets (as defined in section 10 of this Scheme) that may be delegated to them by the Partners, and is accountable for this to the NHS Lothian Chief Executive and WLC section 95 officer. The Director will not necessarily be the operational budget holder in relation to all of the functions that the Board directs the Partners to carry out. Additionally the Partners may give the Director responsibility for operational budgets that are unrelated to the Board’s delegated functions.

The Board will develop its own financial regulations. The Finance Officer will periodically review these financial regulations and present any proposed changes to the Board for its approval.

The Council will host the Board Financial Accounts and will be responsible for recording the Board financial transactions through its existing financial systems. This will include the ability to establish reserves.

The Board's Finance Officer will be responsible for preparing the Board's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

The Finance Officer will also be responsible for preparing a medium-term financial plan to be incorporated into the Board's Strategic Plan. The Finance Officer will also be responsible for preparing the annual financial statement that the Board must publish under section 39 of the Act, which sets out what the Board intends to spend in implementation of its Strategic Plan.

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

The Finance Officer will liaise closely with the Council s95 officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of their role section 6 of this scheme has set out the process the Partners will undertake to determine how professional, technical and administrative services will be provided to the Board. The initial focus of this work includes finance support.

### **Payments to the Board (made under section 1(3) (e) of the Act)**

Note – the legislation on Integration uses the term 'payment' to describe the budget contributions that the partners will delegate to the Board. In the interests of clarity, whilst the term 'payment' is used in this document to remain consistent with the legislation, it is not anticipated that cash transfers will take place between Partners and the Board. Rather, the term 'payment' can be taken to mean the budget contributions of the partner organisations that have been agreed as resources delegated to the Board.

Prior to the start of each financial year, the Partners will agree a schedule of payments to the Board (covering their initial calculated payment for the financial year and the dates for transactions).

Any difference between payments into and out from the Board will result in a balancing payment between the Council and NHS Lothian which reflects the effect of the directions of the Board.

### **Initial Payments to the Board**

The Council and NHS Lothian will identify a core baseline operational budget for each function that is delegated to the Board. This will be used as the basis to calculate their respective payments into the Board budget.

The Council and NHS Lothian already have established financial planning processes which take into account the financial settlements they have received, and identified and assumed expenditure pressures, to arrive at opening budgets for the forthcoming financial year. These same processes will be applied to the core baseline operational budgets for the delegated functions in order to arrive at the initial payments to the Board.

### **Resource Transfer**

The “resource transfer” payments from NHS Lothian to the Council will continue to be made after the Board is established, as these payments are effectively core funding of functions that will be delegated by the Council. Taking account of the process above, the resource transfer payment from NHS Lothian to the Council will be reviewed on an annual basis.

### **Hosted Services**

NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to all four Integration Joint Boards in the NHS Lothian boundary are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. As such there is not currently a separately identifiable budget for those services by local authority area.

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:

- Local activity and cost data for each service within each local authority area
- Population distribution across the local authority areas
- Patient level activity and cost data
- Historically applied and recognised percentages

The Council and the Board will review the proposals from NHS Lothian as part of a due diligence process, and the core baseline budget will be collectively agreed.

### **Due Diligence**

The Partners will share information on the financial performance over the previous two financial years of the functions and associated services which will be delegated to the Board. This will allow the Partners 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 Board to carry out its integration functions.

If any such review indicates that the projected expenditure is likely to exceed the initial payments to the Board, then the relevant Partner will be notified. The relevant Partner will be required to take action to ensure that services can be delivered within the available operational budget



The Partners recognise that of the functions which are to be delegated to the Board, there are some where there is greater potential for the actual expenditure to vary significantly from projections. The Partners will identify what those functions are, and will ensure that information is provided to the Board 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. This will help the Board and the Partners determine how any particular variances (should they arise) should be handled (see section below), as well as how the Board decides to direct the use of the Board budget in the future.

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 Board will routinely receive.

### **Determining the schedules for the Initial Payments**

The Council section 95 officer and the NHS Lothian Director of Finance are responsible for preparing the schedules for their respective party. The amounts to be paid will be the outcome of the above processes. They will consult with the Director and officers in both Partners as part of this process.

- The Council section 95 officer and the NHS Lothian Director of Finance will each prepare a 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 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.
- The Council section 95 officer and the NHS Lothian Director of Finance will refer the draft schedules to the Director so that they may have an opportunity to formally consider it.
- The Council section 95 officer and the NHS Lothian Director of Finance will thereafter present the final draft schedules to the Partners. This schedule must be approved by the Director of Finance of NHS Lothian, the Council section 95 officer and the Director.
- The Council and NHS Lothian must approve their respective payments, in line with their governing policies.

### **Subsequent section 1(3) (e) Payments to the Board**

The calculation of payments in each subsequent financial year will essentially follow the same processes as has been described for the initial payment. This section highlights the key differences from the process of calculating the initial payment.

The starting position will be the payments made to the Board in the previous financial year. The Partners 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 Board, the Board's

performance report for the previous year, and the content of the Board's Strategic Plan.

The Partners will also have due regard to the impact of any service re-design activities that have been direct consequence of Board directions.

In all subsequent financial years, the Board will be established and the Director and Finance Officer will have been appointed to their posts. The Partners will engage the Board, Director, and Finance Officer in the process of calculating subsequent payments through:

- Both Partners will provide indicative three year allocations to the Board, subject to annual approval through their respective budget setting processes.
- The Partners will ensure the Director and Finance Officer are actively engaged in their financial planning processes. The Director will be expected to feed into the planning processes with any intelligence that is relevant, e.g. the aims of the Strategic Plan, the effect of previous directions on activity and expenditure, projected changes in activity and expenditure. The Director of Finance of NHS Lothian, the section 95 Officer of the Council and the Board Finance Officer will ensure a consistency of approach and consistent application of processes in considering budget assumptions and proposals.

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

In addition to the section 1 (3) (e) payments to the Board, NHS Lothian will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant NHS Lothian budgets for the delegated hospital services (excluding overheads) based on historic activity within the respective areas served by the Lothian IJBs.

At the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The Partners will therefore develop this part of the Scheme at a later date.

### **Process to agree payments from the Board to the Partners**

The Board will determine and approve the payments to the Partners which will accompany its directions to them for carrying out functions .

The Finance Officer is responsible for providing the Board with appropriate information and advice, so that it may determine what those payments should be.

Each direction from the Board to the Partners will take the form of a letter from the Director referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

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

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

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

### **Financial Reporting to the Board**

Budgetary control and monitoring reports (in such form as the Board may request from time to time) will be provided to the Board as and when it requires. The reports will set out the financial position and outturn forecast against the payments by the Board to the Partners 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 compared to operational budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

NHS Lothian will provide reports to the Board on the set aside budget. However at the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The Partners will therefore further develop this part of the Scheme at a later date.

Through the process of reviewing the professional, technical and administrative support to the Board and the development of accounting for the set-aside, the Partners will devise a sustainable model to support financial reporting to the new Board. Until that model is in place, both Partners will provide the required information on operational budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Finance Officer to provide reports to the Board on all the Board's integration functions.

### **Process for addressing variance in the spending of the Board**

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

The Board is required to break even each financial year.

Section 15 of this scheme sets out the arrangements for risk management, and financial risk (within the Board and both Partners) will be managed in line with those arrangements.

The Partners will make every effort to avoid variances arising. A key measure in this regard will be the due diligence activities, and the sharing of information with the Board, so that the Board has the best opportunity to allocate resources effectively. The Partners will also ensure that the systems that are already applied to delivering public services within fixed and limited resources will continue.

Where financial monitoring reports indicate that an overspend is forecast on the NHS Lothian or the Council operational budget for delegated functions, it is agreed by the Partners that the relevant party should take immediate and appropriate remedial

action to prevent the overspend. The manager leading this remedial action could be the Director in his or her operational capacity within the affected party.

In the event that such remedial action will not prevent the overspend, then Finance Officer will, together with the relevant Partner, develop a proposed recovery plan to address the forecast overspend. The Finance Officer will then present that recovery plan to the Board as soon as practically possible. The Board has to be satisfied with the recovery plan, and the plan is subject to its approval.

### **Additional Payments by the Partners to the Board**

Where such a recovery plans is projected to be unsuccessful and an overspend occurs at the financial year end, and where there are insufficient reserves held by the Board to meet the overspend, then the Partners may make additional payments to the Board. The Finance Officer and the Partners shall engage in discussion and negotiation about the amounts to be paid by each partner and the date or dates upon which any such payments are to be made.

The Partners recognise that the delivery of integrated functions in accordance with the Strategic Plan depends on their cooperation between each other and with the Board and that all three parties must approach such discussions in good faith, recognising the pressures and constraints on their respective budgets and services. In such discussions the Partners recognise and accept that an overspend is at the risk of the Partner incurring the overspend and the residual amount of overspend after usage of reserves must, in the absence of any other agreement, be met by that Partner.

Recurring overspends will be considered as part of the following year's budget process. If a solution to the overspend cannot be agreed by the Partners, or is not agreed by the Board, then the dispute resolution mechanism in this Scheme may require to be implemented.

### **Underspends**

As part of their normal financial management systems, the Partners conduct in-year reviews of financial performance, and occasionally this may lead to a forecast of an underspend at the year-end on one or more budgets.

In the event that this happens within the operational budgets, any underspend shall be returned to the integration partner delivering that service for the Board, except where the Partners agree that the underspend should be retained by the Board for future use. For example, this could relate to specific management action planned to result in an underspend.

The Board may hold reserves. However the Board will only hold reserves if both Partners and the Board agree that this is appropriate.

### **Treatment of variations against the amounts set aside for use by the Board**

At the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The Partners will therefore develop this part of the Scheme at a later date.

**Redetermination of payments (made under section 1(3) (e)) to the Board**

Redeterminations of payments made by the Partners for the carrying out of integration functions would apply under the following circumstances:

- Additional one off funding is provided to a Partner or Partners by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the Board
- The Partners agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels
- Transfer of resources between set aside hospital resources and integrated budget resources delegated to the Board and managed by the Director.
- The Partners need to recover funds to offset a material overspend in their non delegated health and social care budgets subject to availability of funds.

In all cases full justification for the proposed change would be required and both Partners and the Board would be required to agree to the redetermination. The Partners would apply the process used to calculate the payment to the Board (described earlier) to the affected functions.

Any required additional payments will be added to the schedule of payments for the financial year.

**Redetermination of payments (made under section 1(3) (d)) to the Board**

At the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The Partners will therefore develop this part of the Scheme at a later date.

**Use of Capital Assets**

The Board, NHS Lothian and the Council will identify all capital assets which will be used in the delivery of the Strategic Plan.

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

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

The Director of the Board will consult with the Partners 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 Director will present a business case to the Partners 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.

The Board, the Council and NHS Lothian will work together to ensure 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.

## **Audit and Financial Statements**

### **Internal Audit**

It is the responsibility of the Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Board.

The head of the internal audit service will report to the Director and the Board on the annual audit plan, delivery of the plan and recommendations and will provide an annual internal audit report including the audit opinion. These matters will be overseen by the Audit and Risk Committee established by the Board.

### **Financial Statements and External Audit**

The legislation requires that the Board 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 Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

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.

The Finance Officer of the Board will supply any information required to support the development of the year-end financial statements and annual report for both Partners. Both Partners will need to disclose their interest in the Board as a joint arrangement under IAS 31 and comply in their annual accounts with IAS 27. Both Partners will report the Board as a related party under IAS 24.

The Board 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 Accounts Commission will appoint the external auditors to the Board.

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

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

## **11.0 Participation and Engagement**

In developing this Scheme the Partners have consulted with the following persons and organisations:-

*(list to be inserted when finalised)*

That consultation was carried out by the Partners *(method and means of consultation to be inserted, covering how initial consultation happened and then how it was analysed, responded to and taken into account in the final version submitted)*.

Prior to the date of delegation of the integration functions, the Board will develop participation and engagement strategy, a framework to develop and promote participation and engagement of members of the public, representative groups and other organisations in relation to decisions about the carrying out of the integration functions. The Partners will support the Board in the development and implementation of that strategy by *(insert details of what the Partners will do to support the Board. This is different to supporting the strategic plan development and was a new thing in the final version of the regulations)*.

In developing this Scheme the Partners have also taken into account the other such Schemes being developed between the Health Board and other councils in its area, and the effects that all of those Schemes, and this one, may have on the others.

The approved Scheme will be published on the Partners' websites.

## **12.0 Information Sharing and Confidentiality**

It is not anticipated that the Board will be holding personal data. However, the Board will establish a records management policy detailing the approach to be taken to meet the commitment to create, store, protect, manage and archive accurate and reliable records that document the activities of the Board. This policy will accord with and support the partnership's values of being honest, open and accountable, and making best use of resources.

The records management policy will establish the overall security principles that apply to information management and all other information security documentation.

The Partners already adhere to the Pan-Lothian Information Sharing Protocol, and the Board will join them, and other councils in the area of Lothian Health Board, in adhering to that Protocol. The Partners and the Board shall review their use of that protocol on a regular basis and shall agree amongst them any changes or improvements required.

### **13.0 Complaints**

There are separate complaints regimes and procedures which apply to councils and health boards. Complaints made to the Board or to one or both of the Partners in relation to the integration functions shall be allocated by the Director to one of the Partners to address, having regard in particular to the statutory social work services complaints procedure. The Director shall ensure that the Partners cooperate in the investigation and handling of complaints.

### **14.0 Claims Handling, Liability & Indemnity**

The Partners agree that the Partners will manage and settle claims arising from the exercise of integration functions in accordance with common law and statute.

### **15.0 Risk Management**

The Partners already operate an agreed Risk Management Strategy through the past successful operation of the West Lothian Community Health and Care Partnership (CHCP). The Director will be responsible for implementing the Board's risk strategy and profile and developing the risk reporting arrangements for the Board based on the current arrangements in place through the CHCP. Each partner, in conjunction with the Director, will identify and produce a list of the risks proposed to be reported under the risk management strategy. The Partners shall provide the support and expertise of their own risk officers in developing and implementing the Board's strategy and risk management measures and procedures. Risk management resources within each partner body will continue to be available to support risk areas that have been delegated to the Board and the development of the Board risk strategy. The Board will receive regular reports on the risk management strategy. An integrated Health and Social Care Risk Register, based on an agreed methodology for the assessment of risk, will be maintained and reviewed at regular intervals.

These arrangements shall be put in place by the Board, supported by the Partners, prior to the date of delegation of the integration functions.

### **16.0 Localities**

Arrangements for localities will be developed by the Strategic Planning Group as part of the Strategic Plan, within the context of arrangements developed by West Lothian Community Planning Partnership Board.

### **17.0 Business Continuity and Emergency Planning**

The Board will seek assurance from the Partners that appropriate business continuity and emergency planning arrangements are in place.

### **18.0 Dispute Resolution Mechanism**

In the event of a failure by the Partners and the Board to reach agreement between or amongst themselves in relation to any aspect of the Scheme or the integration functions, the Director shall use his best endeavours to reach a resolution through discussion and negotiation with the Partners and the Board.



In the event that the matter remains unresolved, a meeting to seek a resolution shall take place amongst the Chief Executives of the Partners, the Chair of the health board, the Leader of the council, the Director and the Chair and Vice-Chair of the Board.

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## ANNEX 1

## Part 1 Functions delegated by the health board to the Board

## Functions prescribed for the purposes of section 1(6) of the Act

<i>Column A</i>	<i>Column B</i>
<p><b>The National Health Service (Scotland) Act 1978</b></p> <p>All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</p>	<p>Except functions conferred by or by virtue of –</p> <p>section 2(7) (Health Boards);</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 17J (Health Boards' power to enter into general medical services contracts);</p> <p>section 28A (remuneration for Part II services);</p> <p>section 48 (residential and practice accommodation);</p> <p>section 57 (accommodation and services for private patients);</p> <p>section 64 (permission for use of facilities in private practice);</p> <p>section 79 (purchase of land and moveable property);</p> <p>section 86 (accounts of Health Boards and the Agency);</p> <p>section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);</p>

	<p>paragraphs 4, 5, 11A and 13 of Schedule 1 (Health Boards);</p> <p>and functions conferred by—</p> <p>The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;</p> <p>The Health Boards (Membership and Procedure) (Scotland) Regulations 2001,</p> <p>The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p> <p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004</p> <p>The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;</p> <p>The National Health Service (Discipline Committees) (Scotland) Regulations 2006(i);</p> <p>The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009;</p> <p>The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and</p> <p>The National Health Service (General Dental Services) (Scotland) Regulations 2010</p>
<p><b>Disabled Persons (Services, Consultation and Representation) Act 1986(a)</b></p> <p>Section 7</p>	

(persons discharged from hospital)	
<b>Community Care and Health (Scotland) Act 2002(b)</b>  All functions of Health Boards conferred by, or by virtue of, the Community	
<b>Mental Health (Care and Treatment) (Scotland) Act 2003(c)</b>  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).
<b>Education (Additional Support for Learning) (Scotland) Act 2004(d)</b>  Section 23 (other agencies etc. to help in exercise of functions under this Act)	
<b>Public Health etc. (Scotland) Act 2008(e)</b>  Section 2 (duty of Health Boards to protect public health)  Section 7 (joint public health protection plans)	
<b>Public Services Reform (Scotland) Act 2010(f)</b>  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).
<b>Patient Rights (Scotland) Act 2011(g)</b>  All functions of Health Boards conferred by, or by virtue of, the Patient Rights	

(Scotland) Act 2011.

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

<i>Column A</i>	<i>Column B</i>
<p><b>The National Health Service (Scotland) Act 1978(a)</b></p> <p>All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</p>	<p>Except functions conferred by or by virtue of –</p> <p>section 2(7) (Health Boards);</p> <p>section 2CA (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 (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 (care of mothers and young children);</p> <p>section 38A (breastfeeding);</p> <p>section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);</p> <p>section 48 (residential and practice accommodation);</p> <p>section 55 (hospital accommodation on part payment);</p>

	<p>section 57 (accommodation and services for private patients);</p> <p>section 64 (permission for use of facilities in private practice);</p> <p>section 75A (remission and repayment of charges and payment of travelling expenses);</p> <p>section 75B (reimbursement of the cost of services provided in another EEA state);</p> <p>section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25th October 2013);</p> <p>section 79 (purchase of land and moveable property);</p> <p>section 82 (use and administration of certain endowments and other property held by Health Boards);</p> <p>section 83 (power of Health Boards and local health councils to hold property on trust);</p> <p>section 84A (power to raise money, etc., by appeals, collections etc.);</p> <p>section 86 (accounts of Health Boards and the Agency);</p> <p>section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);</p> <p>section 98 (charges in respect of non residents);</p> <p>and</p> <p>paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);</p> <p>and functions conferred by—</p>
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	<p>The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;</p> <p>The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;</p> <p>The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;</p> <p>The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p> <p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;</p> <p>The National Health Service (Discipline Committees) (Scotland) Regulations 2006;</p> <p>The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;</p> <p>The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;</p> <p>The National Health Service (General Dental Services) (Scotland) Regulations 2010; and</p> <p>The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.</p>
<p><b>Disabled Persons (Services, Consultation and Representation) Act 1986</b></p> <p>Section 7 (persons discharged from hospital)</p>	

<p><b>Community Care and Health (Scotland) Act 2002</b></p> <p>All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p><b>Mental Health (Care and Treatment) (Scotland) Act 2003</b></p> <p>All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by—</p> <p>section 22 (approved medical practitioners);</p> <p>section 34 (inquiries under section 33: cooperation);</p> <p>section 38 (duties on hospital managers: examination, notification etc.);</p> <p>section 46 (hospital managers' duties: notification);</p> <p>section 124 (transfer to other hospital);</p> <p>section 228 (request for assessment of needs: duty on local authorities and Health Boards);</p> <p>section 230 (appointment of patient's responsible medical officer);</p> <p>section 260 (provision of information to patient);</p> <p>section 264 (detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266: recall);</p> <p>section 281 (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by—</p> <p>The Mental Health (Safety and Security) (Scotland) Regulations 2000);</p>



	<p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and</p> <p>The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<p><b>Education (Additional Support for Learning) (Scotland) Act 2004</b></p> <p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	
<p><b>Public Services Reform (Scotland) Act 2010</b></p> <p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and</p> <p>section 32 (public functions: duty to provide information on exercise of functions).</p>
<p><b>Patient Rights (Scotland) Act 2011</b></p> <p>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</p>	<p>Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.</p>

## **Part 2      Services currently provided by the Health Board which are to be integrated**

- accident and emergency services provided in a hospital
- inpatient hospital services relating to the following branches of medicine—
  - general medicine
  - geriatric medicine
  - rehabilitation medicine
  - respiratory medicine
  - psychiatry of learning disability,
- palliative care services provided in a hospital
- inpatient hospital services provided by general medical practitioners
- services provided in a hospital in relation to an addiction or dependence on any substance
- mental health services provided in a hospital, except secure forensic mental health services
- district nursing services
- services provided outwith a hospital in relation to an addiction or dependence on any substance
- services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital
- the public dental service
- 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
- general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
- ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- 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
- services providing primary medical services to patients during the out-of-hours period
- services provided outwith a hospital in relation to geriatric medicine
- palliative care services provided outwith a hospital
- community learning disability services
- mental health services provided outwith a hospital
- continence services provided outwith a hospital
- kidney dialysis services provided outwith a hospital
- services provided by health professionals that aim to promote public health.

### **Local additions**

- Public Dental Service
- Edinburgh Dental Institute
- Psychology and Psychological Therapies

## ANNEX 2

## Part 1 Functions delegated by the council to the Board

<i>Column A Enactment conferring function</i>	<i>Column B Limitation</i>
<p><b>National Assistance Act 1948</b> Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</p> <p><b>The Disabled Persons (Employment) Act 1958</b> Section 3 (provision of sheltered employment by local authorities)</p> <p><b>The Social Work (Scotland) Act 1968</b> Section 1 (local authorities for the administration of the Act)</p> <p>Section 4 (provisions relating to performance of functions by local authorities)</p> <p>Section 8 (research)</p> <p>Section 10 (financial or other assistance to voluntary organisations etc for social work)</p> <p>Section 12 (general social welfare services of local authorities.)</p> <p>Section 12A (duty of local authorities to assess needs)</p> <p>Section 12AZA (assessments under section 12A - assistance)</p> <p>Section 12AA (assessment of ability to provide care)</p>	<p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another delegated function.</p> <p>Except in so far as it is exercisable in relation to the provision of housing support services.</p> <p>So far as it is exercisable in relation to another delegated function.</p> <p>So far as it is exercisable in relation to another delegated function.</p>

<p>Section 12AB (duty of local authority to provide information to carer.)</p> <p>Section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)</p> <p>Section 13ZA (provision of services to incapable adults)</p> <p>Section 13A (residential accommodation with nursing)</p> <p>Section 13B (provision of care or aftercare.)</p> <p>Section 14 (home help and laundry facilities)</p> <p>Section 28 (The burial or cremation of the dead)</p> <p>Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals)</p> <p>Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)</p>	<p>So far as it is exercisable in relation to another delegated function.</p> <p>So far as it is exercisable in relation to another delegated function.</p> <p>So far as it is exercisable in relation to another delegated function.</p>
<p><b>The Local Government and Planning (Scotland) Act 1982</b></p> <p>Section 24(1) (The provision of gardening assistance for the disabled and the elderly)</p>	
<p><b>Disabled Persons (Services, Consultation and Representation) Act 1986(b)</b></p> <p>Section 2 (rights of authorised representatives of disabled persons)</p>	

<p>Section 3 (assessment by local authorities of needs of disabled persons)</p> <p>Section 7 (persons discharged from hospital)</p> <p>Section 8 (duty of local authority to take into account abilities of carer)</p>	<p>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 are integration functions.</p> <p>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.</p>
<p><b>The Adults with Incapacity (Scotland) Act 2000(c)</b></p> <p>Section 10 (functions of local authorities)</p> <p>Section 12 (investigations)</p> <p>Section 37 (residents whose affairs may be managed)</p> <p>Section 39 (matters which may be managed)</p> <p>Section 41 (duties and functions of managers of authorised establishment)</p> <p>Section 42 (authorisation of named manager to withdraw from resident's account)</p> <p>Section 43 (statement of resident's affairs)</p> <p>Section 44 (resident ceasing to be resident of authorised establishment)</p> <p>Section 45 (appeal, revocation etc)</p>	<p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p> <p>Only in relation to residents of establishments which are managed under integration functions.</p>

	under integration functions.
<b>The Housing (Scotland) Act 2001</b>  Section 92 (assistance to a registered for housing purposes)	Only in so far as it relates to an aid or adaptation
<b>The Community Care and Health (Scotland) Act 2002</b>  Section 5 (local authority arrangements for residential accommodation outwith Scotland)  Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions)	
<b>The Mental Health (Care and Treatment) (Scotland) Act 2003</b>  Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission)  Section 25 (care and support services etc)  Section 26 (services designed to promote well-being and social development)  Section 27 (assistance with travel)  Section 33 (duty to inquire)  Section 34 (inquiries under section 33: Co-operation)  Section 228 (request for assessment of needs: duty	Except in so far as it is exercisable in relation to the provision of housing support services.  Except in so far as it is exercisable in relation to the provision of housing support services.  Except in so far as it is exercisable in relation to the provision of housing support services.

on local authorities and Health Boards) Section 259 (advocacy)	
<b>The Housing (Scotland) Act 2006</b>  Section 71(1)(b) (assistance for housing purposes)	Only in so far as it relates to an aid or adaptation.
<b>The Adult Support and Protection (Scotland) Act 2007</b>  Section 4 (council's duty to make inquiries)  Section 5 (co-operation)  Section 6 (duty to consider importance of providing advocacy and other services)  Section 11 (assessment Orders)  Section 14 (removal orders)  Section 18 (protection of moved persons property)  Section 22 (right to apply for a banning order)  Section 40 (urgent cases)  Section 42 (adult Protection Committees)  Section 43 (membership)	
<b>Social Care (Self-directed Support) (Scotland) Act 2013</b>  Section 3 (support for adult carers)  Section 5	Only in relation to assessments carried out under integration functions.

<p>(choice of options: adults)</p> <p>Section 6 (choice of options under section 5: assistances)</p> <p>Section 7 (choice of options: adult carers)</p> <p>Section 9 (provision of information about self-directed support)</p> <p>Section 11 (local authority functions)</p> <p>Section 12 (eligibility for direct payment: review)</p> <p>Section 13 (further choice of options on material change of circumstances)</p> <p>Section 16 (misuse of direct payment: recovery)</p> <p>Section 19 (promotion of options for self-directed support)</p>	<p>Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.</p>
<p><b>PART 2</b> Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014</p>	
<p><b>The Community Care and Health (Scotland) Act 2002</b></p> <p>Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002</p>	



**Part 2            Services currently provided by the Local Authority which are to be delegated**

- Social work services for adults and older people
- Services and support for adults with physical disabilities, 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 services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

**ANNEX 3 – RISK, AUDIT AND GOVERNANCE COMMITTEE****REMIT**

1. To undertake a corporate overview, and to promote awareness and understanding, of the Board's control environment, including financial controls, corporate governance and risk management
2. To develop a culture within the Board of good corporate governance, financial control and assurance
3. To give consideration to internal and external reports which identify issues in relation to the Board's control environment, to scrutinise action plans for compliance, and to ensure that such action plans are implemented
4. To develop an anti-fraud culture within the Board to ensure the highest standards of probity and public accountability
5. To evaluate the arrangements in place for securing the economical, efficient and effective management of the Board's resources
6. To review the External Auditor's annual report and management's response
7. To make recommendations to the Board, to another committee or the Director in relation to any of the matters within its remit

## APPENDIX 2

### PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### DRAFT INTEGRATION SCHEME

#### LIST OF PRESCRIBED CONSULTEES

Health professionals	
Users of health care	
Carers of users of health care	
Commercial providers of health care	
Non-commercial providers of health care	
Social care professionals	
Users of social care	
Carers of users of social care	
Commercial providers of social care	
Non-commercial providers of social care	
Staff of the Health Board and local authority who are not health professionals or social care professionals	
Non-commercial providers of social housing	
Third sector bodies carrying out activities related to health or social care	