



West Lothian
Council



West Lothian Shadow Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

19 August 2015

A meeting of the **West Lothian Shadow Integration Joint Board** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189 (a) West Main Street, Broxburn EH52 5LH** on **Tuesday 25 August 2015 at 2:00pm**.

For Chief Executive

BUSINESS

Public Session

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. Confirm Draft Minute of Meeting of West Lothian Shadow Integration Joint Board held on Tuesday 02 June 2015 (herewith)
5. Running Action Note (herewith)
6. Integration Scheme Update - Report by Director (herewith)
7. IJB Membership - Process to Recruit Non-Voting Members - Report by Director (herewith)
8. Standing Orders - Report by Director (herewith)
9. Strategic Planning Group - Verbal Update

10. Integration Joint Board Induction - Report by Head of Health (herewith)
11. Consultation and Engagement - Report by Director (herewith)
12. Performance Management Framework - Report by Director (herewith)
13. 2015/16 Budget Update - Report by Director (herewith)
14. Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) - Report by Director (herewith)

NOTE **For further information contact Anne Higgins, Tel: 01506 281601 or email: anne.higgins@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN SHADOW INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 2 JUNE 2015.

Present – Frank Toner (Chair), David Farquharson, Brian Houston (substitute for Julie McDowell), Alex Joyce, Danny Logue, John McGinty, Anne McMillan, and Alison Meiklejohn.

Apologies – Julie McDowell

In Attendance – Jim Forrest (CHCP Director), Rhona Anderson (CHCP Development), Alan Bell (Senior Manager, Communities and Information), Marion Christie (Head of Health) and James Millar (Committee Services Manager).

1. DECLARATIONS OF INTEREST

Councillor Danny Logue declared an interest as an employee of NHS Lothian.

Councillor Frank Toner declared a non-financial interest as a council appointee to the Board of NHS Lothian as a Non-Executive Director.

2. MINUTE

The shadow Board approved the minute of meeting of the West Lothian Community Health and Care Partnership Board held on Tuesday 7 April 2015.

3. MEMBERSHIP - ARRANGEMENTS FOR APPOINTMENT OF VOTING MEMBERS AND NON-VOTING MEMBERS

A report had been circulated by the CHCP Director inviting the Shadow Board to consider the membership requirements and arrangements of the Integration Joint Board.

The report explained that the requirements regarding the membership of the IJB was set out in the Public Bodies Joint Working (Integration Joint Boards) (Scotland) Order 2014. This included minimum prescribed members and provision for additional, discretionary members to be appointed.

The report went on to advise that West Lothian Council and NHS Lothian had confirmed the eight voting IJB members. These were:-

West Lothian Council

Frank Toner (Chair)
Anne McMillan

NHS Lothian

Julie McDowell
David Farquharson

John McGinty
Danny Logue

Alex Joyce
Alison Meiklejohn

The Order set out a minimum requirement for the non-voting advisory members and allowed flexibility to add additional nominations as the Parties saw fit (subject to those members not being a Health Board member or a Councillor). The minimum advisory membership required was outlined in the report.

The Shadow Board was informed that West Lothian Council and NHS Lothian had agreed that it would be appropriate for there to be two Board members appointed in respect of the combined staff of the Parties engaged in the provision of the delegated services covered by the scheme.

The Director recommended that the shadow IJB formally note its prescribed membership and agree the process to identify and approve the discretionary members.

Decision

To approve the terms of the report and to note, in particular, that the process would include the recruitment of two staff-side representatives.

4. IJB GOVERNANCE AND DECISION-MAKING

A report had been circulated by the CHCP Director setting out the structures and procedures which would be required of the Board in relation to governance and decision-making, both in terms of the relevant legislation and good practice.

The report explained that, under the Public Bodies (Joint Working) (Scotland) Act 2014, the Board was required to make Standing Orders regulating its proceedings.

The report provided a summary of the content required of Standing Orders, or related governance documents, by the 2014 Act and relevant subordinate legislation, both expressly and by implication.

In addition, there were a number of matters that were felt to be desirable in the interests of good decision-making and good governance, and these matters were listed in the report.

The Board was required to have in place an internal audit service, to conduct a periodic review of its system of internal control, to prepare an annual governance statement and to have in place a process for consideration and approval of its unaudited financial statements and governance statement and then its audit accounts and report by its external auditor.

Finally, the shadow Board was informed that the programme of proposed meeting dates, times and venues, attached as Appendix 1 to the report, could be adjusted at a later date.

The Director recommended that the Board:-

1. note the legislative requirements for the Board's governance and decision-making processes and procedures, and the advice in relation to good practice in governance terms.
2. note that officers would develop and prepare for approval a set of Standing Orders for Board Meetings.
3. agree that those Standing Orders should include a proposal for a committee to deal with risk, audit and governance, roles and responsibilities of Board members; and roles and responsibilities for the Board's Director and Finance Officer.
4. note and agree the proposed meeting arrangements for the shadow Board and then for the Board when formally established, as set out in Appendix 1.

Decision

To approve the terms of the report.

5. STRATEGIC PLANNING GROUP

The shadow Board considered a report (copies of which had been circulated) by the CHCP Director setting out proposals for the establishment of a Strategic Planning Group in shadow form.

The report advised that, as set out in the regulations to the Public Bodies (Joint Working) (Scotland) Act, the Integration Joint Board was required to establish a strategic planning group which would be involved throughout the process of developing, consulting on and finalising a strategic plan.

Appendix 1 to the report outlined the terms of reference and members of the Strategic Planning Group. It was proposed that the group operate in a shadow mode only until such times as the Integrated Joint Board was fully established and had confirmed the terms of reference and membership of the group.

The CHCP Director recommended that the shadow Board approve the establishment of the Strategic Planning Group in shadow form until approved by the full Integration Joint Board.

In response to a question raised concerning membership of the Strategic Planning Group, the shadow Board was informed that it was open to the Integrated Joint Board to consider the inclusion of Staff-side Representatives.

Decision

1. To approve the terms of the report; and

2. To agree to consider representation on the Strategic Planning Group from staff-side representatives once the Board had been formally established and staff-side representatives had been confirmed.

6. PROVISION OF SUPPORT SERVICES AND PROPOSED REPORT TEMPLATE

The shadow Board considered a report (copies of which had been circulated) by the CHCP Director advising of the requirement to make arrangements for the provision of professional, technical, administrative and support services to the IJB.

The shadow Board was informed that, in the short term, the Parties would continue to use the arrangements that had already been put in place to provide professional, technical and administrative support to Community Health Partnerships and joint working more generally.

In order to develop a sustainable long term solution, it was proposed that a working party be convened, with membership from the Health Board and the four local authorities in Lothian. The working party would develop recommendations for approval by the Health Board, the four local authorities, and the four Partnerships. Once approved, a draft agreement would be prepared reflecting the agreed proposals. The report went on to outline a proposed process for an annual review of the support services required by the IJB.

Finally, it was noted that a report template had been drafted for use by the IJB, and this was attached as Appendix 1 to the report. The template would ensure that reports were presented in a consistent and comprehensive manner and that all relevant areas and implications were considered in the production of the report.

The Director recommended that the shadow IJB:-

- agree the process to develop arrangements for the provision of support services
- approve the draft report template.

Decision

To approve the terms of the report.

7. ORGANISATIONAL DEVELOPMENT AND TRAINING SESSION FOR MEMBERS OF THE WEST LOTHIAN INTEGRATION JOINT BOARD

The shadow Board considered a report (copies of which had been circulated) by the Head of Health Services providing information on organisational development for IJB members.

The report advised that a programme for induction and development for IJB members was being progressed within NHS Lothian through NES. It would be open to all members and relevant senior officers for all four Lothian IJBs. It would be available on several dates so that all the Lothian IJBs' members had the chance to attend and it would provide a good grounding for IJB members and senior officers in how things were to work in the new IJB regime.

The shadow Board then heard an update by the Head of Health Services. Dates and times for the induction and development sessions were now available and the information would be forwarded to the Clerk for circulation to Board members.

In addition to the central programme, it was proposed that a local West Lothian away-day be held in August, with a view to covering local aspects of integration, to add an understanding of local arrangements and services to the common ground being covered at the NES sessions.

It was strongly recommended that IJB members, as well as senior officers who would be involved in managing and delivering integrated functions, attend these sessions to ensure as full an understanding of all aspects of integration from the outset. The underpinning aims of a development programme were outlined in the report.

The Head of Health Services recommended that the shadow Board note the contents of the report and consider what arrangements should be made for induction, training and organisational development.

Decision

1. To note the terms of the report.
2. To note that, in relation to the central programme, information concerning dates/times was now available and this would be circulated to Board members by the Clerk.

8. JIT READINESS FOR INTEGRATION TOOL

The shadow Board considered a report (copies of which had been circulated) by the CHCP Director concerning a new self-evaluation tool produced by the Joint Improvement Team for IJBs to highlight actions needed to meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The report provided a link to the Readiness for Integration Tool which was available on the Joint Improvement Team website. It covered the key themes that partnerships had previously and continued to identify as important, for successful integration.

The shadow Board was informed that it was for health and social care partnerships to decide how to use the tool to best effect. This would include what sections to use, who to involve, how regularly, and how the

findings were reported and utilised.

Members were asked to note the JIT Readiness for Integration Tool and consider how it might be used in West Lothian.

Decision

1. To note the terms of the report.
2. To agree that the self-evaluation tool be used as outlined in the report, with the results of the evaluation being brought back to the IJB at regular intervals.

West Lothian Shadow Integration Joint Board

Date: 25 August 2015

Agenda Item: **5**

Running Action Note for West Lothian Shadow Integration Joint Board 2015

Number	Minute reference	Matter arising and responsible officer	Action taken	Outcome
1	Action Note 2/6/15 Item 005	2. To agree the process to recruit non-voting members for consideration at the next meeting of the shadow IJB and to note, in particular, that the process would include the recruitment of two Staff-side representatives. Action: Jim Forrest	Report on the process to recruit non-voting members on the agenda of shadow IJB meeting on 25/8/15.	In progress.
2	Item 006	2. To note that officers would develop and prepare for approval a set of Standing Orders for Board meetings. Action: Jim Forrest / James Millar	Report on Standing Orders on the agenda of shadow IJB meeting of 25/8/15.	Completed.
3	Item 007	1. To agree that a Strategic Planning Group be established in shadow form until approved by the full IJB. Action: Jim Forrest / Alan Bell	First meeting of shadow Strategic Planning Group scheduled for 20/8/15.	Completed.
4	Item 007	3. To agree to consider representation on the Strategic Planning Group from Staff-side Representatives once the Board had been formally established and Staff-side Representatives had been confirmed. Action: Jim Forrest / Alan Bell		In progress.

18 August 2015

West Lothian Shadow Integration Joint Board

Date: 25 August
2015

Agenda Item: **6**

INTEGRATION SCHEME UPDATE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to update the Shadow IJB on the status of the West Lothian Integration Scheme.

B RECOMMENDATION

It is recommended that the IJB notes that the West Lothian Integration Scheme has been approved by Scottish Ministers.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 requires new arrangements to be put in place for the delivery of integrated health and social care functions.

In accordance with the Act West Lothian Council and NHS Lothian prepared an integration scheme for West Lothian. A pan Lothian approach was taken to develop the scheme and, following consultation, the West Lothian scheme was submitted to Scottish Ministers for approval.

The scheme was approved on 16 June 2015 and subsequently the Order to establish the IJB was laid in the Scottish Parliament for 28 days. Allowing for summer recess, West Lothian IJB will be legally established from 21 September 2015.

West Lothian Shadow IJB has been in operation since June 2015. The first meeting of the legally constituted IJB will take place on 20 October 2015. All functions must be delegated on or before 1 April 2016.

D CONSULTATION

The Integration Scheme was subject to extensive consultation which included key partners, stakeholders and the public.

E REFERENCES/BACKGROUND

F APPENDICES

- 1 Letter of Approval of the West Lothian Integration Scheme
- 2 West Lothian Integration Scheme

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	Compliance with the Public Bodies (Joint Working) (Scotland) Act 2014
Risk	None.

H CONTACT

Jim Forrest, Director
01506 281002
Jim.Forrest@westlothian.gov.uk

25 August 2015

Mr Tim Davison
Chief Executive, NHS Lothian

Mr Graham Hope
Chief Executive, West Lothian Council

Mr Jim Forrest
Chief Officer, West Lothian Health and Social Care Partnership



16 June 2015

Dear Colleagues

Approval of Integration Scheme under section 7(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014

I write to provide notification of approval of your Integration Scheme by the Cabinet Secretary for Health, Wellbeing and Sport.

The Order to establish the Integration Joint Board will be laid in the Scottish Parliament on Friday 19 June and will lie in Parliament for 28 days before coming in to force on Monday 21 September (allowing for summer recess). From 21 September the Integrated Joint Board for the area of West Lothian Council will be legally established.

I would like to take this opportunity to thank colleagues for collaboratively working together in order to get to this key stage and I look forward to continuing to work with you over the forthcoming months as you progress implementation.

Yours faithfully



Alison Taylor
Head of Integration Partnerships
Directorate for Health and Social Care Integration

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

INTRODUCTION TO THE INTEGRATION SCHEME

This document is in two parts.

This first part of the document is a general Introduction and explanation of the vision and intentions of the council and NHS Lothian. The legislation leaves many things to be decided by the Integration Authority when it is established. Nevertheless, building on the successful West Lothian Community Health and Care Partnership model and working arrangements which have been in place since 2005, the council and NHS Lothian have a joint vision of the arrangements which will assist the Integration Authority in developing its Strategic Plan and carrying out its statutory role, and this Introduction sets out some of that vision.

The second part is the formal Scheme which has been agreed between the council and NHS Lothian and approved by both for submission to the Scottish Government for approval in accordance with section 7 of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”). It contains the provisions required by the Act and associated regulations, and those are the provisions which will be approved and which will be binding on the council, NHS Lothian and the new Integration Authority.

It is though essential to understand that the contents of this Introduction are not part of the Scheme and so will not be binding on the Integration Authority – when it is constituted it will be entitled in law to make its own decisions.

Aims and Outcomes of the Integration Scheme

The main purpose of integration is to improve the wellbeing of families, of 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 will assist the IJB in achieving the statutory National Health and Wellbeing Outcomes 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.

The vision of the Parties 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 Parties are strongly committed to the development of a preventative outcomes-based approach focusing on effective early interventions to tackle health and social inequalities. They will assist the Integration Authority to develop such an approach through their Board members and the support services to be provided by them to the Integration Authority.

The work of the Integration Authority, and in particular the preparation of its Strategic Plan, will be guided by the integration delivery principles, namely:-

- that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service users,
- that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:-
 - is integrated from the point of view of service users
 - takes account of the particular needs of different service users
 - takes account of the particular needs of service users in different parts of the area in which the service is being provided
 - takes account of the particular characteristics and circumstances of different service users
 - respects the rights of service users
 - takes account of the dignity of service users
 - takes account of the participation by service users in the community in which service users live
 - protects and improves the safety of service users
 - improves the quality of the service
 - is planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care)

- best anticipates needs and prevents them arising
- makes the best use of the available facilities, people and other resources.

Name of the Integration Authority

The legislation does not specify what name should be given to the new Integration Authority – it prescribes what form the body should take, but not the name to be used. The Parties have agreed that the name to be used for the Integration Authority in West Lothian should be “West Lothian Integration Joint Board”. It is referred to in the rest of this Introduction and in the Scheme as “the Board”.

The Chief Officer, or Director

The legislation requires the Board to appoint a Chief Officer who has responsibilities to the Board and for the management and operational delivery of the delegated functions. The Parties have chosen to use the word “Director” instead of Chief Officer – that designation fits better with terminology used within the Parties’ existing organisations and using the phrase “Chief Officer” risks confusion with the Chief Finance Officer to be appointed, the Chief Finance Officer of the council and even the Chief Executives of both Parties.

The Director has responsibilities which are set out in the legislation, and which will be contained in a separate document to be approved by the Scottish Ministers under section 10 of the Act.

As well as the responsibilities of the post in relation to the delegated functions, the post will carry additional responsibilities and duties in relation to council and health board functions and services that are not delegated. 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 assisting the Board in measuring, monitoring and reporting on the underpinning measures and indicators that will demonstrate progress.

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. As part of the support services to be provided to the Board prior to and after its establishment the Parties will co-operate in preparing a proposed structure and draft constitutional documents to assist the Board in meeting those legal requirements, and including any voluntary additional rules the Parties consider are appropriate. On its establishment, the Parties intend that the Board will adopt that structure and those constitutional documents, but they recognise that the Board has the ultimate legal power to make those decisions for itself.

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 Parties, and which will inform the method of determining the budget contributions to be made by the Parties. 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 carry out the delegated functions in pursuit of the Strategic Plan and allocates payments to them to permit them to do that.

The practical and day-to-day link amongst the three bodies is the 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 Parties.

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 complying with directions from the Board and 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 Parties to provide service and performance information to the Board, the Parties 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 Parties will have contributed and its strategic role within the policy framework set by the Parties. The Parties intend that arrangements will therefore be put in place to ensure that regular monitoring reports are made by the Director to the Parties to assist them in that regard.

Board Membership

The legislation sets out the compulsory and additional Board membership but only requires the Scheme itself to say how many voting members will be appointed by the Parties. The Parties consider it is helpful in understanding the Scheme and how the Board will operate to set out those statutory rules about membership here in this Introduction.

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 is to appoint in addition the following as non-voting members:-

- One member in respect of the combined staff of the Parties 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.

In order to assist in the integration process, the Parties in preparing and agreeing their draft Scheme for consultation, agreed that it would be appropriate for there to be two Board members appointed in respect of the combined staff of the Parties engaged in the provision of the delegated services covered by the Scheme. That cannot be imposed on the Board as a requirement, since the Board must appoint its own additional Board members after it is established, but the Parties have agreed that they will co-operate in promoting that additional appointment after the Board is set up.

The Board has the legal power to appoint additional members if it wishes to do so, and the Parties recognise that the Board has the final decision-making powers about those additional members. The Parties however recognise the importance of close co-operation and working in securing the delivery of the outcomes and the success of the Board and so they have agreed that they will co-operate in securing the Board's agreement that it shall consult with them prior to making any such appointments and shall take their respective views into account in that process.

Corporate Governance

Apart from a requirement for the Board to establish Standing Orders containing certain prescribed rules, the legislation does not require any content in the Scheme in relation to the important aspect of corporate governance. The Parties nevertheless consider it appropriate and a matter of good practice to set out their intentions. Although they cannot restrict the Board's ability to decide and make its own structures and rules, nevertheless the Parties have agreed an approach which

recognises the place and importance of good corporate governance in any public body.

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

In accordance with principles of good corporate governance, on its establishment the Parties shall assist and encourage the Board to 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.

They should 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.

Audit

In relation to internal and external audit of its accounts, the Board is subject to the recently introduced regime of internal and external audit and governance under the Local Authority Accounts (Scotland) Regulations 2014. The legislation does not call for the Scheme to contain provisions in relation to these important aspects of financial governance, but the Parties nevertheless consider that they should prepare the way for the Board to make appropriate arrangements and to comply with its statutory responsibilities.

The way in which it will comply with those requirements is ultimately for the Board to determine when it is established but the Parties have agreed to encourage the Board to 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. It should 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 Parties, and the Board and the Parties shall co-operate in ensuring the committee operates as an effective tool of corporate governance. The Parties shall make arrangements for the provision of the professional services and advice the Board needs in relation to the keeping of its accounting records and financial statements and their audit as it will for other more general support services which the Board will require in order for it to function.

Business Continuity and Emergency Planning

Although the legislation does not require the Scheme to make express provision for business continuity planning, the Parties nevertheless consider that appropriate and adequate arrangements should be made and that they are reviewed periodically and monitored for their effectiveness. The Parties shall therefore build on the existing arrangements in place through the West Lothian Community Health and Care Partnership, and shall develop those in the context of the statutory integration process and structure, under the control of the Director as part of the management arrangements applying to that post.

The Board will be able to seek assurance from the Director and from the Parties that appropriate business continuity and emergency planning arrangements are in place.

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. Any advice required in relation to future procurement or contract needs shall be provided by the Parties in accordance with the agreement they will put in place in relation to general support services the Board shall require to allow it to operate.

Strategic Plan

The Board is to approve a Strategic Plan which will be developed through its Strategic Planning Group in accordance with legislation. The Board has the legal authority to develop and approve a Plan of its own making. However, the Parties have agreed that the Board should be encouraged to develop and approve a Strategic Plan to cover the next decade, and that it should detail the high level outcomes to be achieved; the performance management approach to monitor progress against these; the strategic commissioning priorities for the Board; and a rolling three year action plan which will be reviewed and updated on an annual basis. Development of an approach like that will assist the Parties and the Board in

financial planning and policy making and assist in the achievement of goals, aims and outcomes.

Community Planning and Localities

Upon the enactment of the Community Empowerment (Scotland) Bill the Board will be a strategic partner within West Lothian's community planning arrangements and the Board's Strategic Plan will require to 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 the Parties intend that reporting arrangements will include a commitment to report on progress against these to the Community Planning Partnership.

The legislation requires that the Strategic Plan includes arrangements for the area of West Lothian to be divided into at least two localities, to be determined by the IJB, and for the Plan to include measures for strategic aspects of services to be delivered to those different localities. As an important partner in the Community Planning Partnership, the Parties will work to ensure that the Strategic Plan has regard to and is consistent with the overall approach to community planning amongst the community planning partners in West Lothian.

Clinical and Care Governance

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. The Chief Social Work Officer has 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 is to be a non-voting member of the Board but the Parties consider it is important that 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 also consider it to be a requirement of good corporate and care governance that the Board should adopt, that the Chief Social Work Officers 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 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 Parties consider it is important that the Board's Standing Orders 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, and that 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 also have roles in providing regular reports and professional advice to the Board, to its Risk Audit and Governance Committee should it establish such a committee, and to the Strategic Planning Group in addition to reporting into the committees established by the Parties in relation to risk, audit and governance matters.

Staff

The employment status of staff will not change as a result of this integration scheme ie staff will continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.

Review

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

The Act also calls for the Strategic Plan to be reviewed every three years, or for a new Plan to be made at any time when called for by both the Parties where they feel the present Plan is or is likely to prevent them from carrying out any of their functions appropriately.

INTEGRATION SCHEME

1.0 The Parties

The Parties

- 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 Parties”

2.0 Definitions and Interpretation

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

“The Parties” means the Council and NHS Lothian

“The Scheme” means this Integration Scheme (but not the Introduction)

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

“Integration Joint Board” or “IJB” means the West Lothian Integration Joint Board to be established by Order under section 9 of the Act, and is referred to as “the Board”

“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 Parties to one of their managers in a financial year in order to carry out defined functions or services

“Strategic Plan” means the plan by 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 Parties and the Board, and set out in its Strategic Plan.

3.0 Integration Model and Integration Functions

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

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4) (a) of the Act will be put in place, namely the delegation of functions by the Parties to an Integration Joint Board, a body corporate that is to be established by Order under section 9 of the Act.

This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force and the integration functions shall be delegated on a date to be determined by the IJB as part of its Strategic Plan but by 1 April 2016 at the latest.

4.0 Local Governance Arrangements

Membership

The IJB shall have the following voting members:

- a) **4** councillors nominated by the Council; and
- b) **4** non-executive directors nominated by NHS Lothian, in accordance with articles 3(4) and 3(5) of the Integration Joint Boards Order.

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

Non-voting members of the IJB will be appointed in accordance with article 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

The term of office of members shall be the maximum of three years prescribed by regulation 7 of the Integration Joint Boards Order. Members can be reappointed after this period.

Chairperson and Vice Chairperson

The IJB is required to have a chairperson and vice-chairperson who will both be voting members of the IJB.

The Parties have decided that the position of Chair shall rotate between the Parties every two years, with the council holding the Chair for the first two years of the IJB's existence.

The term of office of the vice chairperson will mirror the arrangements for the Chair, with the holders of the posts alternating between the Parties accordingly. The provisions set out above under which the power of appointment of the chairperson

will alternate between the Parties will apply in relation to the power to appoint the vice chairperson, and on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

The Parties may determine their own processes for deciding who to appoint as chairperson or vice-chairperson.

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

Support Services

The Parties agree to provide the IJB with the corporate support services that it requires to discharge fully its duties under the Act. In the short term, the Parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to Community Health Partnerships, and joint working more generally.

In order to develop a sustainable long term solution, a working party will be convened, with membership from the Health Board and the four local authorities in Lothian. This working party will develop recommendations for approval by the Health Board, the four local authorities, and the four Partnerships.

Key matters that the working party will address are

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

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

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

agreement will then be formally executed by NHS Lothian, the four local authorities, and the Lothian IJBs (including the IJB).

Within a year of the agreement taking effect the Parties and the IJB will undertake a review of the support services put in place pursuant to the agreement to ensure that the IJB has available to it all necessary professional, technical or administrative services for the purpose of preparing its Strategic Plan and carrying out the integration functions. There will then follow a process of annual review on the support services required by the IJB and this process will form part of the annual budget setting process for the IJB which is described in Section 10.

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 delegated, are set out in Part 2 of Annex 1. The functions in Part 1 of Annex 1 are delegated only to the extent that they are exercised in the provision of services listed in Part 2 of Annex 1. Except where otherwise stated in the scheme those functions and services are delegated for persons aged 18 and over.

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 delegated, are set out in Part 2 of Annex 2. These services are only delegated in relation to persons aged 18 and over.

In addition to the functions that must be delegated in accordance with the legislation, the Parties have chosen to delegate the following health functions to the IJB in relation to the following Health services for people under the age of 18:

- i. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- ii. General Dental Services, Public Dental Services and the Edinburgh Dental Institute
- iii. General Ophthalmic Services
- iv. General Pharmaceutical Services
- v. Out of Hours Primary Medical Services
- vi. Learning Disabilities.

6.0 Local Operational Delivery Arrangements

Management Arrangements

The Director shall be employed by one of the Parties 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 Parties for the management and delivery of the integration functions in accordance with the directions issued by the Board to the Parties. They will be directed and managed by the Chief Executives of both Parties in that regard.

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

The Parties and the Director shall secure the operational delivery of the integration functions in accordance with the Directions issued to the Parties 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 Parties 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 Parties which are not integration functions.

The Parties shall provide the Board with information and performance management information required by it in terms of the powers conferred by the Act. The Parties 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 Parties 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 Parties. 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.

In the interests of efficient governance, the relevant committees of NHS Lothian and the Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and the Council functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The IJB will not duplicate the role carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the IJB, the Council will advise the Chair of the IJB and the Director of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the West Lothian Area.

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

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

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

Strategic Planning

The Board is required to establish a strategic planning group to develop a strategic plan in accordance with the legislation describing the strategic vision and direction for the Board over the next decade.

The Board is one of four Boards in the area of the Health Board and the Parties 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 Parties 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 Parties' will support the Board in putting 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 Parties 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 Parties will provide the support the Board requires for the adoption of 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 delegated.

In addition a template will be introduced for West Lothian IJB, with the support of the Parties, to help to ensure that all major strategic matters are considered in light of the potential impact on neighbouring IJBs and on services provided by the Parties

which are not delivered in the course of carrying out functions delegated to West Lothian IJB.

Lothian Hospitals Strategic Plan

NHS Lothian will develop a plan (the 'Lothian Hospitals Strategic Plan') to support the IJBs to fulfil their duties. The Lothian Hospitals Strategic Plan will not bind the IJB and the strategic plan of the IJBs will inform the Lothian Hospitals Strategic Plan.

The Lothian Hospitals Strategic Plan will be developed in partnership with the Lothian IJBs whose delegated functions are delivered by NHS Lothian in a hospital. The first Lothian Hospitals Strategic Plan will be published by 1 December 2015.

The purpose of the Lothian Hospital Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities is:

- Responsive to and supports each IJB Strategic Plan; and
- Supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the IJB (e.g. tertiary, trauma, surgical, planned and children's services).

The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.

The Lothian Hospitals Strategic Plan will be updated at least every three years; the process to update the plan will be led by NHS Lothian.

Performance Targets and Reporting Arrangements

The Parties shall develop and agree between them a list of the targets, measures and arrangement in relation to the performance of the delegated functions, and shall do so prior to the constitution of the Board. After the constitution of the Board, the Parties 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 Parties shall also develop and agree between them a separate list of targets, measures and arrangements in relation to health and social care functions which have not been delegated 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 Parties 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 Parties 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 delegated. Those outcomes and indicators will be refined to reflect and support the priorities set out in the Board's Strategic Plan. The Parties 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.

After it is established, the Board will be responsible for the development of its own 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. To continue the development work of the Parties to be carried out prior to the establishment of the Board, the Parties will encourage that Board to adopt an approach to performance management which 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.

7.0 Clinical and Care Governance

Introduction

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

The Parties have well established systems to provide clinical and care governance as well as assurance for professional accountabilities. Those systems will continue following the establishment of the IJB and the scope of these systems will extend to provide the IJB with the requirements to fulfil their clinical and care governance responsibility.

Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's performance management framework (pursuant to section 6 of this Scheme).

The IJB will not duplicate the role carried out by the Parties existing governance arrangements other than in exceptional circumstances where the IJB considers that direct engagement by the IJB is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

The Parties agree that in the event that one of its committees within its governance arrangements identifies an issue which is of direct and material relevance to the IJB, the committee will advise the chairperson of the IJB and the Director of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

The Parties shall ensure that its standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, the IJB's place as a common decision-making body within the framework for

delivery of health and social care within the West Lothian Area and the Parties role in supporting the IJB to discharge its duties.

The voting members of the IJB are engaged in the governance of their respective Party, and it is likely that they will be members of one or more committees of the relevant Party.

The Parties will use reasonable endeavours to appoint voting members of the IJB (regardless of which party nominated the voting members) onto the NHS Lothian and Council governance arrangements with a remit relevant to the clinical and care governance of integration functions.

Within its existing governance framework, NHS Lothian has :

- A healthcare governance committee, the remit of which is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the Lothian NHS Board meets its responsibilities with respect to:-
 - NHS Lothian Participation Standards
 - Volunteers/Carers
 - Information Governance
 - Protection of Vulnerable People including children, adults, offenders
 - Relevant Statutory Equality Duties

And

- A staff governance committee, the remit of which is to support and maintain a culture within Lothian NHS Board where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The Staff Governance Committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored

The staff governance committee has the primary role on staff governance matters, but can and does refer matters of relevance to the healthcare governance committee.

The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.

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 in the IJB, with the Clinical Director appointed by the Health Board providing clinical expertise to the IJB as a non-voting member.

Within the Council, the Chief Social Work Officer has overall responsibility for the professional standards of the Council's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by the Council and the voluntary and independent sectors.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. The Chief Social Work Officer will provide a copy of this annual report to the IJB.

The Chief Social Work Officer also reports annually to the Council on standards achieved, governance arrangements including supervision and case file audits and volume/quantity of statutory functions discharged. This report must comply with national guidance issued by the Scottish Government. The Chief Social Work Officer will also provide a copy of this annual report to the IJB.

The intention of using the existing NHS Lothian and Council committees as a primary source of assurance is to recognise that the parties will have continuing governance responsibilities for both integration and non-delegated functions, and that the parties wish to minimise unnecessary bureaucracy. The IJB will be engaged through its membership being on these committees, and its relationship with the committee chairs. The IJB will be in a position to holistically consider the information/ assurance received from the Parties, and arrive at a determination for all of its functions. If the IJB is in any way dissatisfied with the information or assurance it receives from the parties, or the effectiveness of the parties committees, it may give a direction to the parties to address the issue, or revise its own system of governance.

Clinical and Care Governance Risk

There is a risk that the plans and directions of the IJB could have a negative impact on clinical and care governance, and professional accountabilities. This section of the Scheme sets out the arrangements that will be put in place to avoid this risk.

Professional Advice

NHS Lothian has within its executive membership three clinical members (referred to below as 'Executive Clinical Directors'); a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.

The Council has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at

risk. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.

The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership and he or she will remain the lead and accountable professional for his or her profession.

The Chief Social Work Officer must be a non-voting member of the IJB. The IJB may elect to appoint one or both of the Medical Director and the Nurse Director as additional non-voting members of the IJB. The Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:

- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Lothian in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
- A registered nurse who is employed by NHS Lothian or by a person or body with which NHS Lothian has entered into a general medical services contract; and
- A registered medical practitioner employed by NHS Lothian and not providing primary medical services.

NHS Lothian will consider the advice of the Executive Clinical Directors, and any other relevant officer it deems fit before making appointments to fill the membership positions referred to above. The appointees will be professionally accountable to the relevant executive clinical director. NHS Lothian will develop a role description for the appointments referred to above, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.

The three health professional representatives referred to above will each also be:

- A member of an integrated professional group (should it be established); and/or
- A member of a NHS Lothian committee; and/or
- A member of a consultative committee established by NHS Lothian.

If a new "integrated professional group" is established, the Chief Social Work Officer must also be a member.

The three health professional representative set out above and the Chief Social Work Officer will be expected by the Parties to play a lead role in:

- Communicating and having regard to their duties to NHS Lothian or the Council as the case may be whilst discharging their role as a member of the IJB;
- Communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) the Council.
- The members will be expected to communicate regularly with the Executive Clinical Directors, and the Council's Chief Executive as and when appropriate.

The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.

NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.

The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.

The engagement of professionals throughout the process to develop and consult on the Strategic Plan is intended to ensure that the IJB has all the required information to prepare a Strategic Plan, which will not compromise professional standards.

In the unlikely event that the IJB issues a direction to NHS Lothian, which is reasonably likely to compromise professional standards, then in the first instance, the relevant Executive Clinical Director will write to the IJB.

If the issue is not resolved to their satisfaction, they must inform the board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:

- The relevant Executive Clinical Director must ensure that appropriate advice is tendered to the board of NHS Lothian on all matters relating to professional standards;
- The relevant Executive Clinical Director must set out in writing to NHS Lothian any objections they may have on a proposal that may compromise compliance with professional standards;
- The board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the board of NHS Lothian on those objections;
- If board of NHS Lothian decides to proceed with a proposal despite those objections, the relevant executive clinical director will be provided with written authority from the board of NHS Lothian to act on the proposal. NHS Lothian must inform the Scottish Government Health and Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council;
- Once the relevant executive clinical director has received that written authority, they must comply with it.

The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical

Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.

If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business, which may compromise professional standards, they must immediately notify the relevant executive clinical director(s) of their concerns.

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

In the event that the IJB issues a direction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Director of their concerns and if their concerns are not resolved by the Director to their satisfaction must then raise the matter with the Chief Executive of the Council.

Professionals Informing the IJB Strategic Plan

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

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

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

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

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

- Area Clinical Forum;
- Local consultative committees that have been established under section 9 of the National Health Service (Scotland) Act 1978;
- Managed Clinical/ Care Networks;

- West Lothian Public Protection Committee (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult this committee on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk;
- Any integrated professional group established.

NHS Lothian and the Council will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:

- NHS Lothian Medical Director;
- NHS Lothian Nurse Director;
- NHS Lothian Director of Public Health & Health Policy;
- NHS Lothian Allied Health Professions Director;
- Chief Social Work Officer.

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

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

External scrutiny of clinical and care functions

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

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

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

Service User and Carer Feedback

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

8.0 Director

Appointment

The first 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 Parties and the Director's duties and responsibilities, it is expected that the appointment shall be made after consultation by the Board with the Parties and of the jointly agreed holder of the shadow Director post.

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 Parties, 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 between the Parties, to the Parties in relation to matters other than those affecting the integration functions.

Upon the appointment by the Board of the Director, the Parties 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/her by the Parties to enable him/her to meet the requirements of the post.

Any future appointment to the post of Director shall follow an open and transparent process, except that the recruitment, selection and appointment process shall be carried out by the Board, in reliance on professional advice to be provided to the Board as part of the agreed support services. The Parties 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 designed by the Board to reflect the significance to the Parties of the post.

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 Parties will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the Board on an interim basis.

Operational Role

In terms of the Act the Director 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 Parties 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.

Except for the services identified in Annex 3 the Director will be the senior manager in each of the Parties 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.

Directors responsible for the Western General Hospital, the Edinburgh Royal Infirmary, St Johns Hospital and the Royal Edinburgh will provide delegated services on these hospital sites that will not be operationally managed by the Director.

Specific NHS Lothian functions will be managed on a pan Lothian basis as a 'hosted' service by one of the four Chief Officers in Lothian. Annex 3 describes the functions

which NHS Lothian is proposing to the IJBs as suitable for management under hosted services arrangements.

A group consisting of Directors responsible for hospital functions delegated to the IJB and the Chief Officers of the four IJBs in Lothian will be established before the IJBs are established to ensure close working arrangements between a) Chief Officers and Directors responsible for hospital services and b) Chief Officers responsible for the management of a hosted service on behalf of the other three Lothian Chief Officers.

9.0 Workforce

The Parties 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 Parties 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

Finance Officer

In relation to the preparation of its accounts and their audit, the Board is governed by the same legislation applying to local authorities and will require to 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 employed by the Council or NHS Lothian and seconded to the Board. The holder of the post should be a CCAB-qualified accountant, and the Board should have regard to the current CIPFA Guidance on the role.

In the event that the Finance Officer position is vacant or the holder is unable to act, the Director shall secure, in consultation with the Board Chair, and 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 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 Parties will work with the Board on service redesign proposals in relation to integration functions.

Financial Governance

The Parties will contribute to the establishment of a Board budget. The Director will manage the Board budget.

The Parties are required to implement the Directions of the Board in carrying out the delegated functions in line with the strategic plan, provided that the Board delegates the required level of resources to meet the anticipated cost of the delegated functions. The Parties 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 Parties, and is accountable for this to the NHS Lothian Chief Executive and WLC section 95 officer.

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.

As part of the financial year end procedures and in order to develop the year-end financial statement, the Finance Officer will work together with NHS Lothian and the Council to coordinate an exercise agreeing the value of balances and transactions with Council and NHS Finance teams. Each Party will provide information to this process on their recorded income, expenditure, receivable and payable balance with the IJB. The Board's Finance Officer will lead with the Parties on resolving any differences.

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 Parties 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)

The legislation on Integration uses the term 'payment' to describe the budget contributions that the Parties 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 Parties 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 Parties 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 IJBs 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. NHS Lothian will follow the same process for subsequent years:-

- 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 Parties 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 Parties to undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the 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 Party will be notified. The relevant Party will be required to take action to ensure that services can be delivered within the available operational budget

The Parties 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 Parties 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 Parties 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 Parties 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 Parties. 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 Parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the Board, the Board's performance report for the previous year, and the content of the Board's Strategic Plan.

The Parties 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 Parties will engage the

Board, Director, and Finance Officer in the process of calculating subsequent payments through:

- Both Parties will provide indicative three year allocations to the Board, subject to annual approval through their respective budget setting processes.
- The Parties 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 IJB, Lothian NHS Board 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 Lothian NHS Board budgets for the delegated hospital services (excluding overheads).

In order to identify the core baseline budget for the set-aside functions in each council area, the Health Board shall initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of services in each council area, and their respective populations at a given point in time. NHS Lothian will follow the same process for subsequent years:-

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

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

Process to agree payments from the Board to the Parties

The IJB will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions delegated to the IJB. The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, having agreed with the IJB the resources required to deliver the said directions.

The Board will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out the functions delegated to the Board. The Party receiving a direction from the Board shall implement it, having agreed with the Board the level of resources required to do so.

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 Parties 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 Parties 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 Parties 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 information on the set-aside budgets which will be contained in financial reports to the Board.

Through the process of reviewing the professional, technical and administrative support to the Board and the development of accounting for the set-aside, the Parties will devise a sustainable model to support financial reporting to the new Board. Until that model is in place, both Parties 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 delegated functions.

It is expected by the Parties that as a minimum there will be quarterly financial reports to the Director, quarterly reports to the IJB for section 1(3) e and 6 monthly reports to the Director and the IJB on the set-aside and hosted service budgets. The IJB can request more reports if required.

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 deliver its financial out-turn within approved resources.

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

The Parties 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 Parties 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 Parties 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 Party, 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 Parties 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 Parties may make additional payments to the Board. The Finance Officer and the Parties shall engage in discussion and negotiation about the amounts to be paid by each Party and the date or dates upon which any such payments are to be made.

The Parties recognise that the delivery of delegated functions in accordance with the Strategic Plan depends on their co-operation 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 Parties recognise and accept that an overspend is at the risk of the Party 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 Party.

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 Parties, 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 Parties 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 then the following shall apply:

- if the underspend is fortuitous and unrelated to any IJB direction then the underspend should be returned to the affected Party (through an adjustment to the payments to the IJB)
- the IJB will retain all other underspends.

In the event that this happens within the operational budgets, any underspend shall be returned to the integration Party delivering that service for the Board, except where the Parties 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, as determined by its Reserves Policy.

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

A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Integrated payment as laid out above. This process will reflect the guidance issued by the Scottish Government - 'Guidance on Financial Planning for Large Hospital Services and Hosted Services'.

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

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

- Additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the Board
- The Parties 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 Parties 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 Parties and the Board would be required to agree to the redetermination. The Parties 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

Redetermination of set-aside payments will be carried out on the same basis as under section 1(3)(e), above.

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 Parties. The Strategic Plan process will outline any implications or requirements for capital assets.

The Parties 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 Parties 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 Parties 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

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, the Local Authority Accounts (Scotland) Regulations 2014 and other 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 Parties will agree a clear timetable for the preparation of the Board's annual accounts which will incorporate a process to agree any balances between the Board and the Parties.

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 Parties. Both Parties 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 Parties 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 Local Authority Accounts (Scotland) Regulations 2014, made under section 105 of the Local Government (Scotland) Act 1973.

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

11.0 Participation and Engagement

Consultation on this Integration Scheme was undertaken in accordance with the requirements of the Act.

The stakeholders consulted in the development of this scheme were

- All prescribed consultees
- Staff of Parties.

As well as the stakeholders described above the draft scheme was posted on the West Lothian Community Health and Care Partnership website to allow wider exposure and comment from the general public.

Formal internal and external consultation was conducted between 15 January and 20 February 2015.

All responses received during the consultation were reviewed and taken into consideration in the production of the final version of this scheme.

A second draft was produced for approval by the Parties to submit to the Scottish Government.

The Parties will enable the IJB to develop a Participation and Engagement Strategy by providing appropriate resources and support. The Participation and Engagement Strategy shall ensure significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of delegated functions. The Parties will encourage the IJB to access existing forums that the Parties have established, such as West Lothian Citizens' Panel and other networks and stakeholder groups with an interest in health and social care. The strategy shall be developed alongside the Strategic Plan and will be presented for approval to the IJB within one year of the establishment of the IJB. The strategy will be subject to regular review by the IJB.

12.0 Information Sharing and Confidentiality

There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, City of Edinburgh Council, East Lothian Council, Midlothian Council and West Lothian Council are all signatories. This Protocol is currently being reviewed by a sub group on behalf of the Pan-Lothian Data Sharing Partnership for any minor modifications required to comply with the Regulations. The final Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the IJBs, once they have been appointed by the IJB, on behalf of the Pan-Lothian Data Sharing Partnership.

The Pan-Lothian and Borders General Information Sharing Protocol update will be agreed by 31 March 2015.

Procedures for sharing information between the Council, NHS Lothian, and, where applicable, the IJB will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the Pan-Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Lothian IJBs and their respective delegated functions. This will also form the process for amending the Pan Lothian and Borders General Information Sharing Protocol.

The Council and NHS Lothian will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The IJB may require to be Data Controller for personal data if it is not held by either by the Council or NHS Lothian.

Arrangements for Third Party organisations access to records will be jointly agreed by all contributing partners prior to access.

Procedures will be based on a single point of governance model. This allows data and resources to be shared, with governance standards, and their implementation, being the separate responsibility of each organisation. Shared datasets governance will be agreed by all contributing partners prior to access.

Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of respective organisations, and the Chief Officers of the Lothian IJBs.

Once established, agreements and procedures will be reviewed bi-annually by the sub group of the Pan-Lothian Data Sharing Partnership, or more frequently if required.

The information sharing agreements and procedures applicable to the IJB will be agreed by 31 March 2015.

13.0 Complaints

Any person will be able to make complaints either to the Council or NHS Lothian. The Parties have in place well publicised, clearly explained and accessible complaints procedures which allow for timely recourse and signpost independent

advocacy services where appropriate. There is an agreed emphasis on resolving concerns locally and quickly, as close to the point of service delivery as possible.

Complaints can be made to:

West Lothian Council by telephoning 01506 280000, emailing customer.service@westlothian.gov.uk, in writing to Customer Service Centre, West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF, in person at any Council office or by filling in the online complaints form.

NHS Lothian by telephoning 0131 536 3370, emailing craft@nhslothian.scot.nhs.uk, in writing to NHS Lothian Customer Relations and Feedback Team, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG or in person by visiting Waverley Gate.

There are separate complaints regimes and procedures which apply to councils and health boards, statutory and otherwise. The Parties are not able to dictate arrangements that the Board may wish to put in place in relation to the handling of complaints which may be directed at the Board, but the Parties shall ensure that a single gateway is provided for complaints to be made which relate to their performance of the delegated functions, to be managed by the Director as part of the management arrangements to be made by the Parties.

Complaints regarding the delivery of a delegated service will be made to, and dealt with by, the Party that delivers that service, in line with their published complaints procedure and consistent with any statutory complaints handling arrangements that apply. It is the responsibility of the Party receiving the complaint to make sure that it is routed to the appropriate organisation / individual so that a service user only needs to submit a complaint once.

Complaints made to the Board or to one or both of the Parties in relation to the delegated functions shall be allocated by the Director to one of the Parties to address, having regard in particular to the statutory social work services complaints procedure.

The Parties shall co-operate with each other and with the Board in the investigation and handling of complaints in relation to the delegated functions. When a complaint covers both health and social care functions, responsible officers within the Parties will, where necessary, work together to make sure all parts of the complaint are investigated and responded to within established time limits and the complainant is correctly signposted to the options open to them if they remain dissatisfied. Wherever possible there will be a joint response from the identified Party rather than separate responses.

14.0 Claims Handling, Liability & Indemnity

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

15.0 Risk Management

The Parties already operate an agreed Risk Management Strategy through the past successful operation of the West Lothian Community Health and Care Partnership.

The Parties shall carry that strategy forward prior to and after the establishment of the Board. Each Party has in that strategy identified the risks relevant to existing partnership working arrangements and the Parties shall develop that list to take account of legislative requirements and risks arising from new integrated delivery of the delegated functions. The Director will produce and agree a list of the risks proposed to be monitored and reported by them under the risk management strategy.

The Parties 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.

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.

The Parties shall make arrangements to ensure that the Board will receive regular reports on the risk management strategy.

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

16.0 Dispute Resolution Mechanism

In the event of a failure by the Parties 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 their best endeavours to reach a resolution through discussion and negotiation with the Parties 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 Parties, the Chair of the health board, the Leader of the council, the Director and the Chair and Vice-Chair of the Board within 21 days.

In the event that the matter remains unresolved after this stage the Parties will proceed to mediation.

In the event that mediation is unsuccessful then the Parties will notify Scottish Ministers and seek a direction in accordance with s52 of the Act.

ANNEX 1

Part 1 Functions delegated by the health board to the Board

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

<i>Column A</i>	<i>Column B</i>
<p>The National Health Service (Scotland) Act 1978(a)</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 2CB (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 paragraphs 4, 5, 11A and 13 of Schedule</p>
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	<p>1 to the Act (Health Boards);</p> <p>and functions conferred by—</p> <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>Disabled Persons (Services, Consultation and Representation) Act 1986</p> <p>Section 7</p>	

(persons discharged from hospital)	
<p>Community Care and Health (Scotland) Act 2002</p> <p>All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003</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>Education (Additional Support for Learning) (Scotland) Act 2004</p> <p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	
<p>Public Services Reform (Scotland) Act 2010</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>Patient Rights (Scotland) Act 2011</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 delegated

- 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.

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>National Assistance Act 1948 Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</p> <p>The Disabled Persons (Employment) Act 1958 Section 3 (provision of sheltered employment by local authorities)</p> <p>The Social Work (Scotland) Act 1968 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>The Local Government and Planning (Scotland) Act 1982</p> <p>Section 24(1) (The provision of gardening assistance for the disabled and the elderly)</p>	
<p>Disabled Persons (Services, Consultation and Representation) Act 1986(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>The Adults with Incapacity (Scotland) Act 2000(c)</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.
The Housing (Scotland) Act 2001 Section 92 (assistance to a registered for housing purposes)	Only in so far as it relates to an aid or adaptation
The Community Care and Health (Scotland) Act 2002 Section 5 (local authority arrangements for residential accommodation outwith Scotland) Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions)	
The Mental Health (Care and Treatment) (Scotland) Act 2003 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)	
The Housing (Scotland) Act 2006 Section 71(1)(b) (assistance for housing purposes)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007 Section 4 (council's duty to make inquiries) Section 5 (co-operation) Section 6 (duty to consider importance of providing advocacy and other 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)	
Social Care (Self-directed Support) (Scotland) Act 2013 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>PART 2 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>The Community Care and Health (Scotland) Act 2002</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

The provisions within this annex are not intended to create legally binding obligations. They are intended to be illustrative of the proposed management arrangements for the functions delegated to the IJB.

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

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

- All Council services described in Annex 2, Part 2.
- All NHS Lothian services describe in Annex 1, Part 2 with the exception of the following:

Hosted Services

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

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

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

Acute Hospitals

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

West Lothian Shadow Integration Joint Board

Date: 25 August
2015

Agenda Item: **7**

IJB MEMBERSHIP – PROCESS TO RECRUIT NON-VOTING MEMBERS

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to advise the Shadow IJB of the process to recruit non-voting members.

B RECOMMENDATION

It is recommended that the Shadow IJB approves the process to recruit non-voting members.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the requirements in relation to membership of the IJB.

There are two categories of IJB membership

1. Voting – appointed by NHS Lothian and West Lothian Council
2. Non-voting – appointed in accordance with article 3 of the Order.

At its meeting of 2 June 2015 the Shadow IJB noted the confirmation of the eight voting members and agreed that the process to recruit non-voting members be considered at its next meeting, noting in particular that the process would include the recruitment of two staff-side representatives.

The IJB membership list as it currently stands is appended to this report.

The following professional advisors must be appointed as non-voting members

- Chief Social Work Officer
- Chief Officer of the IJB
- S95 / Chief Financial Officer
- GP Representative*
- Secondary Medical Care Practitioner*
- Nurse Representative*

* These members are nominated by the Health Board.

Chief Social Work Officer

This position will be filled by the current Chief Social Work Officer in West Lothian Council.

Chief Officer

A process has been agreed between the partner organisations regarding appointment of the Chief Officer and this will be put in place.

S95 / Chief Financial Officer

The appointment process for the Chief Finance Officer has still to be agreed between the partner organisations.

NHS Lothian has determined the following for West Lothian IJB

- The GP representative will be the Clinical Director
- The Secondary Medical Care Practitioner will be the Associate Medical Director for St John's Hospital
- The Nurse representative will be the Chief Nurse. (This post is currently vacant)

The IJB must also appoint the following stakeholder members

- Third sector
- Service user
- Carer
- Staff.

Flexibility is also provided in the legislation for the IJB to appoint such additional members as it sees fit provided they are not a councillor or non-executive director of the Health Board.

Third sector

It is proposed that a process be agreed to achieve representation from the third sector and that this process will ensure appropriate linkages with the localities to be established in West Lothian.

Service user

It is proposed that a process be agreed to achieve service user representation on the IJB and that this process will ensure appropriate linkages with the localities to be established in West Lothian.

Carer

It is proposed that the carers' representative be sought from Carers of West Lothian which is a voluntary organisation that provides information and support to carers in West Lothian.

Staff

At the June meeting of the shadow IJB it was agreed that it would be appropriate for two members to be appointed in respect of both partner organisations engaged in the provision of the delegated services. It is therefore proposed that representation be sought from the relevant West Lothian Council and NHS Lothian staff groups to fill these positions.

D CONSULTATION

None required.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

F APPENDICES

West Lothian Integration Joint Board – List of Membership

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	Compliance with the Public Bodies (Joint Working) (Scotland) Act 2014
Risk	None.

H CONTACT

Jim Forrest, Director
01506 281002
Jim.Forrest@westlothian.gov.uk

25 August 2015

APPENDIX

WEST LOTHIAN INTEGRATION JOINT BOARD MEMBERSHIP

Name	Role	Category	
Frank Toner	Chair	Voting Member	
David Farquharson		Voting Member	
Alex Joyce		Voting Member	
Danny Logue		Voting Member	
Julie McDowell	Vice Chair	Voting Member	
John McGinty		Voting Member	
Anne McMillan		Voting Member	
Alison Meiklejohn		Voting Member	
Jim Forrest	Director (IJB Chief Officer)	Non-Voting Member	Professional Advisors
Jane Kellock	Chief Social Work Officer	Non-Voting Member	
Elaine Duncan	GP Representative	Non-Voting Member	
James McCallum	Secondary Medical Care Practitioner Representative	Non-Voting Member	
Vacant	Nurse Representative	Non-Voting Member	
Vacant	S95 / Chief Financial Officer	Non-Voting Member	
Vacant	Third Sector	Non-Voting Member	Stakeholder Representatives
Vacant	Service User	Non-Voting Member	
Vacant	Carer	Non-Voting Member	
Vacant	Staff Representative (West Lothian Council)	Non-Voting Member	
Vacant	Staff Representative (NHS Lothian)	Non-Voting Member	

Date: 25 August
2015

Agenda Item: **8**

Shadow Integration Joint Board

STANDING ORDERS

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide for discussion draft Standing Orders to regulate the Board's meetings and proceedings and a proposed approach to minutes of Board meetings, with a view to finalising both for presentation to the first formal meeting of the Board in October 2015.

B RECOMMENDATION

1. To note the draft Standing Orders, as contained in Appendix 1 to the report, and to consider them and provide comment and suggestion for adoption or change
2. To note the suggested approach to the preparation and agreement of minutes of Board meetings, as contained in Appendix 2 to the Report, and provide comment and suggestion for adoption or change
3. To note that both Standing Orders and the approach to minutes of Board meeting will require to be formally approved by the Board when constituted

C TERMS OF REPORT

Introduction

In terms of statutory rules made under the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") the Board requires to make Standing Orders regulating its proceedings. Those rules also set out certain minimum requirements to be included in such Standing Orders whilst leaving other matters for inclusion at the Board's discretion. In some areas they stipulate the particular terms which must be included, and in others they leave the detail for local decision.

In addition to the statutory rules, there are other provisions which experience shows are necessary elements of Standing Orders to ensure sound decisions are taken, not in the sense of the merits of the decisions, but in the relation to lawfulness, efficiency, speed, promptness, accuracy and on the basis of all relevant information.

At the meeting of the Shadow Board on 2 June 2015, it was agreed that a draft set of Standing Orders should be brought to the next meeting for consideration and discussion, with a view to finalising a raft for submission to the Board at its first formal meeting after adoption. The draft Standing Orders are in Appendix 1. They have been prepared to ensure compliance with the statutory requirements and general rules of good governance and orderly conduct of business. They follow the structure and pattern of a draft set of Standing Orders prepared through the health board for recommendation, with local variations where desired, for adoption by each of the four Lothian IJBs. Some variations have been made in the proposed version for this IJB.

Points to note

Members are particularly asked to note the following provisions:-

- a) Suspension of Standing Orders has been expressly prohibited, on the basis that if a rule is put in place then it should be applied and not set aside to suit a particular issue or a particular meeting (1.5)
- b) In the absence of the Chair and Vice-Chair, another voting member has to be appointed to chair the meeting, and it has been expressly stated that the resolution of a tied vote for that purpose will be by lot. The regulations prohibit the use of a casting vote, but in order for the later provisions about resolving a deadlock to be brought into effect there must first be a mechanism to ensure a chair is appointed (3.4)
- c) The meeting arrangements guarantee a fixed number of ordinary meetings each year, but allow the flexibility of changing dates, and calling special meetings (4)
- d) Agendas and reports will be made available five clear days before the meeting (5.2)
- e) It is presumed that the agenda will be approved by the Chair and that items of business will consist of reports from officers and not written motions submitted in advance of a meeting by voting members (5.3)
- f) Reports and meetings will be open to the public unless the Board resolves to deal with an item of business in private (6.1)
- g) The categories of “private information” have been modelled on the rules on access to meetings in local government legislation, and do not provide for an item to be taken in private for other reasons, good or otherwise. Other versions of IJB Standing Orders are more relaxed, and, for instance, allow a meeting to proceed in private where the Board decides it needs some private time to consider a developing or emerging proposal (6.1 and Appendix 2 to the Standing Orders)

- h) Only business on the agenda can be transacted unless an additional item is ruled “urgent” by the Chair (5.8)
- i) Rules are included about the powers and duties of the Chair (8) and conduct of members (9). In relation to a member withdrawing from a meeting, the draft reflects an expected amendment to the regulations which will mean each member has personal responsibility for deciding to withdraw, rather than being forced to do so by the other members
- j) The process for debate and voting is set out in some detail (11)
- k) A list of significant matters to be determined by the Board itself is provided (15)
- l) The power is given to the Board to establish committees and in particular the Board will require to appoint an Audit, Risk and Governance Committee (17). The remit of such a committee is being developed through the health board to be recommended for adoption by each of the four Lothian IJBs and will be presented to the Board for approval in due course
- m) Provision has been made for the Chief Officer to take action in an emergency where a decision cannot wait until the Board meets (16)

The roles and responsibilities of the Chair, Vice-Chair and Board members are being developed through the health board and shall be presented to a future meeting of the Board for noting. They will also feature in the training/induction sessions scheduled to take place in August and September.

Minutes

The Board will have the ability to adopt its own preferred style of minutes. A note is attached in Appendix 2 of the different considerations to take into account, the different approaches that may be taken, and recommending a practical and proportionate approach which will ensure proper record-keeping and accurate records of decisions, and allow the public to understand the business of the Board.

D CONSULTATION

Relevant officers in council and health board in relation to form and content of proposed Standing Orders.

E IMPLICATIONS

Equality/Health No assessment has been carried out in relation to this report, since it is not felt to be relevant or required to the subject-matter and proposed decisions.

Resource No impact

Policy/Legal	Adoption of Standing Orders will ensure compliance with the 2014 Act and relevant subordinate legislation
Risk	Failure to adopt Standing Orders puts at risk the administration of the Board and competent decision-making

F REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

Meeting of Shadow IJB, 2 June 2015

G APPENDICES

1. Draft Standing Orders
2. Approach to minutes of meetings

H CONTACT

James Millar, Solicitor/Committee Services Manager, West Lothian Council, 01506 281613, james.millar@westlothian.gov.uk

Date of meeting: 25 August 2015

STANDING ORDERS FOR THE PROCEEDINGS OF THE WEST LOTHIAN INTEGRATION JOINT BOARD

1 General

- 1.1 These Standing Orders regulate the conduct and proceedings of the West Lothian Integration Joint Board.
- 1.2 The terms used in these Standing Orders are defined in Appendix 1.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if these Standing Orders conflict with them.
- 1.4 These Standing Orders may be amended, varied or revoked at a meeting of the Board provided the notice for the meeting at which the proposal is to be considered states that there is a proposal to amend the Standing Orders, states what that proposal is, and the proposal itself does not result in the Board not complying with any statutory provision or regulation.
- 1.5 These Standing Orders shall apply at every meeting of the Board, and may not be suspended in any way, for any reason or at any time.

2 Membership

- 2.1 The membership of the Board shall comprise:-
 - a) Those voting and non-voting members prescribed by law
 - b) Those additional non-voting members appointed by the Board of its own volition
- 2.2 If and when a person ceases to hold the office or post as a result of which he or she became a member of the Board then that person shall cease to be a member of the Board.
- 2.3 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or, as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting.
- 2.4 If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting.

3 Chair and Vice-Chair

- 3.1 Members shall be appointed to, and shall hold the positions of, Chair and Vice-Chair in accordance with the Integration Scheme.
- 3.2 The Chair will preside at every meeting of the Integration Joint Board that he or she attends.

- 3.3 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.
- 3.4 In the absence of both the Chair and Vice Chair, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside. In the event of a tied vote, the decision as to who shall preside shall be determined by lot.

4 Ordinary and special meetings

- 4.1 The Board shall at least annually approve a timetable of ordinary meetings, which shall be held at least six times in each financial year.
- 4.2 The Board may amend or adjust that timetable of ordinary meetings from time to time, provided that at least six such meetings are held in each financial year.
- 4.3 The Chair may change the date and/or time of an ordinary meeting, but may not cancel an ordinary meeting.
- 4.4 The Chair may call a special meeting of the Board at any time by delivering a signed requisition to the Clerk specifying the business to be transacted.
- 4.5 A request for a special meeting of the Board may be made in the form of a requisition specifying the business to be transacted, signed by at least two thirds of the number of voting members, and presented to the Clerk. If the Chair does not call that meeting within seven days of receiving the requisition, the members who signed the requisition may call a meeting by delivering a notice, signed by them all, calling the meeting.
- 4.6 Upon receipt of a requisition for a special meeting, the Clerk shall make arrangements for the meeting to be held as soon as reasonably practicable, but in any event within 14 days of the Chair's requisition, or the members' notice, as the case may be.
- 4.7 No business shall be transacted at a special meeting other than that specified in the requisition.

5 Calling meetings

- 5.1 All meetings of the Board, ordinary and special, shall be convened and shall take place in accordance with these Standing Orders.
- 5.2 A notice shall be sent, or its availability intimated, to every Board member at least five clear days before the meeting.
- 5.3 The notice shall be in the form of an agenda approved by the Chair or, in the absence of the Chair, by the Vice-Chair, and shall specify the date, time and place of the meeting and the business to be transacted.
- 5.4 Reports and other supporting papers shall be attached to the notice and delivered with it.
- 5.5 Reports shall be prepared using a standard template approved by the Board from time to time, and shall in particular advise on the following matters:-

- Relevance to the Board's values, national health and well-being outcomes, the integration planning principles and the integration delivery principles
 - Impact of decisions on services, facilities and resources used or to be used by other integration authorities and the constituent bodies
 - Requirements of legislation, directions and statutory guidance
 - Impacts on and views of localities
 - Health inequalities
 - Public sector equality duty
 - Financial implications
 - Relevance to the Strategic Plan
- 5.6 In the event that the Chief Social Work Officer or the Clinical Director requires that they be permitted access to the Board to report on matters within their professional and/or statutory roles and responsibilities then they shall be entitled to insist on a report being included on the agenda for an ordinary meeting.
- 5.7 The address for intimation or delivery shall be the email address notified by each member, unless a member requests that a different address, postal or electronic, is used.
- 5.8 Lack of or a defect in the service or intimation of the notice to any member shall not affect the validity of a meeting.
- 5.9 The notice and meeting papers shall be available to the public in terms of Standing Order 6 unless the Director, in consultation with the Chair, considers that consideration of an item of business may involve the disclosure of private information. The notice shall state if that is the case and state the category of private information involved.
- 5.10 Only the business specified in the notice shall be transacted at the meeting, unless an item of business is notified to the Chair before the meeting with a request for it to be added to the agenda, and the Chair rules to allow it to be considered on the ground of urgency. The Chair shall state the reason for such a ruling and the minute shall record the ruling and the reason given.
- 5.11 If the Chair rules that the matter is not urgent, it shall be included as an item for the next ordinary meeting, unless it is withdrawn or dealt with in some other way before then.

6 Public access to meetings and meeting papers

- 6.1 By the day after the notice calling a meeting is sent or intimated to Board members, they shall be made available to the public through the internet, except for any papers which are withheld due to the potential disclosure of private information.
- 6.2 Board meetings shall be held in public, unless the Board resolves to exclude the public

during its consideration of an item of business due to the potential disclosure of private information.

- 6.3 The minute of the meeting will record the reason for any decision by the Board to exclude the public from a meeting.
- 6.4 The minute of the meeting shall contain a note of the outcome of the Board's consideration of an item of business for which the public was excluded which informs the public of the issues and the decision but does not disclose any private information.

7 Quorum

- 7.1 A meeting shall not proceed unless there are present within 30 minutes of the starting time of the meeting at least one half of the voting members.
- 7.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.
- 7.3 Any business on the agenda for a Board meeting which is inquorate shall be carried forward to the adjourned meeting, unless it is withdrawn or dealt with in the meantime in another way. No business other than that on the agenda for the inquorate meeting shall be added to the agenda for the adjourned meeting.
- 7.4 Substitute voting members shall be counted for the purposes of the quorum.
- 7.5 A member shall be regarded as being present at a meeting if he or she is able to participate from a remote location by a secure video link or other communication link approved by the Board. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.
- 7.6 If a member withdraws from consideration of an item of business following a declaration of interest then he or she shall not be counted for the purposes of a quorum for that item of business. If there is as a result no quorum for that item of business then the item shall not be considered, and shall be carried forward to the next ordinary meeting, unless it is withdrawn or is dealt with in the meantime in another way.

8 Duties and responsibilities of the Chair

- 8.1 The Chair shall ensure that the agenda of business is properly dealt with and clear decisions are reached.
- 8.2 The Chair shall permit fair and responsible debate and shall ensure that the views and opinions of all those entitled to participate, including the advice of officers, are allowed to be expressed and that these contribute to the outcome of the meeting.
- 8.3 The Chair shall ensure the proper and timely conduct of the meeting, expediting the business on the agenda and reaching a sufficiency of debate, where appropriate.
- 8.4 On all points of order, relevance or competency, order of business, interpretation of these Standing Orders and in relation to urgent business, the ruling of the Chair is final and shall not be open to question or discussion.

9 Conduct of members

- 9.1 Members are accountable for their own individual conduct in the Chamber at all times.
- 9.2 Members must observe the rules of conduct stemming from the law, the Code of Conduct and any guidance from the Standards Commission, and the rules, standing orders and regulations of the Board.
- 9.3 Members must respect the chair, their member colleagues, Board officers and any members of the public present at meetings or other formal proceedings of the Board.
- 9.4 Members shall at all times conduct themselves in an orderly, courteous and respectful manner, shall comply with rulings of the Chair and shall otherwise respect the authority of the Chair.
- 9.5 When a member is speaking other members shall not converse or otherwise behave in a manner which is disruptive to the member speaking or to the meeting, or make any noise or disturbance which is so disruptive.
- 9.6 When the Chair speaks, any member who is addressing the meeting shall stop.
- 9.7 The Chair shall take appropriate action if he or she is of the view that a member is in breach of one or more of the foregoing standards, including requiring the withdrawal of a remark, requiring an apology, requiring the member's behaviour to cease or any other action required to allow the meeting to properly proceed.
- 9.8 If a member behaves obstructively or offensively or disregards the authority of the Chair, a motion may be moved and seconded to suspend the member for the rest of the meeting. The mover will explain briefly the reasons for so moving, and the member who is the subject of the motion shall have the right to make a brief reply. The motion shall then be put to a vote without amendment or discussion. If it is carried, the member shall withdraw from the meeting and take no further part in it.
- 9.9 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.
- 9.10 Members of the Board are required to subscribe to and comply with the Code of Conduct adopted by the Board and approved by the Scottish Ministers.
- 9.11 The Clerk shall maintain the Board's Register of Interests, gifts and hospitality which shall be open for public inspection. When a member needs to update or amend his or her entry in the Register, he or she must notify the Clerk of the need to change the entry within one month after the date the matter requires to be registered.
- 9.12 Members must always consider the relevance of any interests they may have to any business presented to the Board and declare any interests where required by the Code of Conduct in relation to such business, before taking part in any discussion on the matter, or withdrawing, as the case may be.

10 Adjournment

- 10.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned by the Board to another day, time and place.
- 10.2 An adjournment shall be determined by a motion, which shall be moved and seconded and be put to the meeting without discussion.
- 10.3 If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion, but which shall be no later than the date and time for the next ordinary meeting of the Board.
- 10.4 Any business not dealt with prior to the adjournment shall be carried forward to the adjourned meeting, unless it is withdrawn or dealt with in the meantime in some other way.

11 Items of business and debate

- 11.1 The Chair shall allow the officer responsible for an item of business to speak to it.
- 11.2 The Chair shall then allow all members to ask questions on the item of business, and shall allow members a reasonable opportunity to do so.
- 11.3 The Board may reach consensus on an item of business without taking a formal vote.
- 11.4 Any voting member may move a motion or an amendment in relation to an item of business. The Chair may require the motion or amendment to be in writing. Every motion and amendment is required to be moved and seconded by a voting member. A motion or amendment shall not be recorded or discussed until a seconder has been identified.
- 11.5 The mover of a motion may speak, on one occasion, for five minutes.
- 11.6 The seconder may speak, on one occasion, for three minutes.
- 11.7 The mover of an amendment may speak, on one occasion, for five minutes.
- 11.8 The seconder may speak, on one occasion, for three minutes.
- 11.9 Other members, voting and non-voting, may speak, on one occasion, for three minutes.
- 11.10 The mover of the motion shall have a right to reply, and may speak for three minutes, but may not introduce any new material.
- 11.11 After the reply, the question shall be put to the Board by the Chair without further debate or discussion.
- 11.12 A motion to adjourn any debate on any question or for the closure of a debate may be moved and seconded before the right to reply and shall be put to the meeting without discussion. An adjournment of any debate shall be to the next meeting.

12 Voting

- 12.1 Where a vote is required, every question at a meeting shall be determined by a simple majority of votes of the members present and voting, or abstaining from voting, on the question.
- 12.2 A vote shall be taken by a show of hands, and the minute of the meeting shall record the vote cast by each member. Except by the attendance of a substitute or in the event of a temporary vacancy, no vote may be cast by proxy for an absent voting member.
- 12.3 Where there is a temporary vacancy in the voting membership of the Board, the vote which otherwise would have been cast by a member of the constituent authority to be appointed to the vacancy may be exercised jointly by the other members appointed by that constituent authority.
- 12.4 In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.
- 12.5 Where there has been an equality of votes, the Chair will bring consideration of the matter to a close for that meeting, and give direction to the Director on how the matter should be taken forward. The Director will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon at a future meeting.
- 12.6 Where after consideration at the future meeting the matter remains unresolved, and the Chair concludes that the equality of votes is a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Director must work together to arrive at an acceptable position for the integration joint board.

13 Changing a decision

- 13.1 A decision of the Board cannot be changed within six months unless notice has been given in the notice of meeting and:-
 - a) The Chair rules there has been a material change of circumstance and explains the reasons for that, or
 - b) The Board agrees the decision was based on incorrect or incomplete information
- 13.2 The minute shall record the reason for the decision being changed.

14 Minutes

- 14.1 The Clerk shall prepare the minutes of meetings of the Board.
- 14.2 The Board shall receive and review its minutes for agreement at its following ordinary meeting.
- 14.3 The minute shall record:-

- a) The names of members present at a meeting
- b) The names of any officers in attendance
- c) Declarations of interest made, and whether members declaring an interest participated in the relevant item of business, or not
- d) Significant legal and other advice provided by officers and professional advisers
- e) Rulings by the Chair
- f) A brief summary of the terms of the report and recommendations
- g) Motions, amendments, voting and decisions made
- h) Other matters required to be recorded by these Standing Orders

15 Matters to be determined by the Board

- 15.1 The Board shall approve, vary or amend these Standing Orders.
- 15.2 The Board shall approve the establishment of, and terms of reference of all of its committees.
- 15.3 The Board shall appoint all committee members, as well as the Chair and Vice-Chair of all of its committees.
- 15.4 The Board shall appoint its Strategic Planning Group and its members (other than the members to be nominated by each constituent party).
- 15.5 The Board shall approve its Strategic Plan and any other strategies that it may need to develop for all the functions which have been delegated to it.
- 15.6 The Board will also review the effectiveness of its Strategic Plan.
- 15.7 The Board shall review and approve its contribution to community planning, and shall appoint its representative(s) at the West Lothian Community Planning Partnership Board and other meetings.
- 15.8 The Board shall approve its Risk Management Policy.
- 15.9 The Board shall approve its Health & Safety Policy, if and when required by statute.
- 15.10 The Board shall approve its annual financial statement.
- 15.11 The Board shall approve Financial Regulations and a Scheme of Delegation.
- 15.12 The Board shall approve its annual unaudited accounts and governance statement.
- 15.13 The Board shall approve the content, format, and frequency of performance reporting,

and its performance report for the reporting year.

- 15.14 The Board shall approve the total payments to the constituent bodies to implement its agreed Strategic Plan.
- 15.15 The Board shall agree the form and content of the Directions to be given to the constituent authorities.
- 15.16 The Board shall consider its audited accounts and report by its external auditor.

16 Other decisions and urgent business

- 16.1 The Board shall have the power to delegate matters other than those set out in Standing Order 15 to a committee or to the Director, subject to such conditions as it may determine, and such a delegation shall be recorded in the minute of the meeting.
- 16.2 The Director, in consultation with the Clerk, is authorised to take any necessary action where a matter arises of such urgency that it cannot await a decision of the Board.
- 16.3 Prior to using this delegated authority, the Director shall consult with the Chair and the Vice-Chair of the Board and shall not proceed until that consultation has taken place with both.
- 16.4 All action taken by the Director under this delegated authority shall be reported to the next meeting of the Board.

17 Committees

- 17.1 The Board shall appoint such committees as it thinks fit, but shall appoint a committee to deal with internal and external audit business, risk management and corporate governance.
- 17.2 The Board shall appoint the Chairs, Vice-Chairs and members of its committees.
- 17.3 Committee membership may include persons who are not Board members.
- 17.4 The Board shall approve the terms of reference, remit, powers and meeting arrangements of such committees, which shall not include the determination of matters specified in Standing Order 15.
- 17.5 Each committee must include voting Board members, and must include an equal number of voting members appointed by the constituent authorities.
- 17.6 Any Board member may substitute at a meeting for a committee member who is also a Board member.
- 17.7 If a non-voting member is unable to attend a meeting of the committee, that member may arrange for a suitably experienced substitute to attend the meeting.
- 17.8 These Standing Orders relating to the calling and notice of Board meetings shall also be

applied to committee meetings.

- 17.9 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a secure video link or other communication link approved by the Board. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

APPENDIX 1 – DEFINITIONS

Annual financial statement	
Board (and Integration Joint Board)	
Chief Social Work Officer	
Clinical Director	
Clerk	
Code of Conduct	
Constituent authorities	
Council	
Direction	
Director	
Financial Regulations	
Health Board	
Integration delivery principles	
Integration planning principles	
Integration Scheme	
Item of business	
National health and well-being outcomes	
Non-voting member	
Ordinary meeting	
Public sector equality duty	
Private information	See Appendix 2
Register of Interests	
Scheme of Delegation	

Special meeting	
Standards Commission	
Strategic Plan	
Strategic Planning Group	
Substitute	
Temporary vacancy	Reg 13
Voting member	

APPENDIX 2 – PRIVATE INFORMATION

Category	Description
1	Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office holder, former office-holder or applicant to become an office-holder under, the Board, the council or the health board, where the information relates to that person in one of those capacities.
2	Information relating to any particular applicant for, or recipient or former recipient of, any service or financial assistance provided by the Board, the council or the health board.
3	Information relating to the financial or business affairs of any particular person or body (other than the Board, the council or the health board).
4	Information relating to anything done or to be done in respect of any particular person for the purposes of any of the matters referred to in section 27(1) of the Social Work (Scotland) Act 1968 (providing reports on and supervision of certain persons).
5	The amount of any expenditure proposed to be incurred by the Board, the council or the health board under any particular contract for the acquisition of property or the supply of goods or services, provided that disclosure to the public of the amount there referred to would be likely to give an advantage to a person entering into, or seeking to enter into, a contract with the authority in respect of the property, goods or services.
6	Any terms proposed or to be proposed by or to the Board, the council or the health board in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services, provided that disclosure to the public of the terms would prejudice the authority in those for any other negotiations concerning the property or goods or services.
7	Any advice received, information obtained or action to be taken in connection with— (a) any legal proceedings by or against the authority, or (b) the determination of any matter affecting the authority, (whether, in either case, proceedings have been commenced or otherwise).
8	Any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

APPENDIX 2 - MINUTES OF THE WEST LOTHIAN INTEGRATION JOINT BOARD

Statutory requirements

The only statutory requirements of Board minutes are that:-

- they record those members in attendance
- they include any decisions made at the meeting
- they are to be submitted at the next meeting for agreement
- they then must be signed by the Chair of that later meeting

Content

The only rules about content are that they record the names of members present and decisions made. A minute containing nothing but that basic information would satisfy the statutory requirements, but would not meet generally expected standards of openness, accountability and good governance, and would not make it apparent to someone reading the minute the significant events of the meeting. More is needed.

Different approaches

There are various views possible as to what a minute of a meeting of a public body should contain:-

- they could be brief notes of the proceedings which do little but record the decisions made
- they could be a narrative record of the business transacted - a verbatim, or near verbatim, record
- they could record clearly and concisely all decisions taken at the meeting and the advice and information necessary to give the reasons behind those decisions
- they provide not a verbatim record but a summary of the proceedings.

Purposes of minutes

The overall purposes are:-

- to meet statutory requirements
- to record decisions taken
- to record significant advice
- to record rulings and information upon which decisions were based
- to enable an interested observer to understand what was decided and why

Recommended approach

The approach will be as follows:-

- a verbatim record is not kept
- an accurate record of the decisions taken is the main purpose and the most important element of the minute
- a narrative, drawing on the committee report, is included to give context to the decisions taken and provide the reader with some of the reasons for the decision
- additional information will be included where:-

- required by legislation (e.g., a list of those members present),
 - by Standing Orders (e.g., declarations of interest)
 - it is significant to the decision made (e.g., advice on the Board's powers)
 - on the express direction of the Chair
 - as a result of a resolution of the meeting
- other information will not be recorded unless it serves the main purpose of recording decisions taken and matters which are directly relevant to the decisions taken. In particular, these types of information will not usually be recorded:-
 - questions put by members to officers and the answers given
 - points made by members in the course of discussion or debate
 - attempted challenges to a ruling by the Chair

After the meeting – Action Note

Minutes are not required to be produced until they require to be circulated with the agenda for the next meeting of the Board or unless there is a particular reporting requirement in place. An Action Note will instead be circulated to officers and Board members soon after the meeting to confirm decisions taken and actions required of them.

Draft minutes

Minutes are thereafter prepared on behalf of the Clerk from a Committee Officer's own notes. They may seek assistance or clarification from other officers if they encounter any points of difficulty when drafting the minute, but the draft minute is not subject to approval or checking by any other officers before being circulated with the following meeting's agenda.

Neither the Chair nor the Vice-Chair will be consulted about minutes under preparation and their approval is not required. They may ask to have sight of a draft minute when it is ready and that will not be refused, but any efforts by Board members to influence or amend the content of the minute are inappropriate and will be resisted.

Correction of minutes

If Board members have concerns about the content of a minute then the appropriate action for them to take is to raise them when the minute is submitted for approval at the next meeting for agreement. That process is there to correct errors and not to allow history to be re-written. Such changes will be determined by the Board, by a vote if necessary.

Any corrections or amendments made to minutes in that way will not result in the principal minute physically being amended, but the minute of the meeting at which the changes are agreed will itself record those changes.

JDM
14 August 2015

West Lothian Health and Social Care Partnership Shadow Integration Joint Board

Date: 25 August
2015

Agenda Item: **10**

INTEGRATION JOINT BOARD INDUCTION

REPORT BY HEAD OF HEALTH

A PURPOSE OF REPORT

The purpose of this report is to provide an update on planned organisational development (OD) induction sessions for Integration Joint Board Members.

B RECOMMENDATION

That the Shadow Integration Joint Board consider the contents and note that events are programmed across Lothian in addition to the West Lothian session held on 19 August 2015.

C TERMS OF REPORT

Central to the successful establishment of an Integrated Joint Board (IJB) is the need to provide a robust induction programme for Joint Board Members.

Although there has been much development work done there is a need for all new members, and particularly those that have never been a Board member before to understand their role on this new legal entity and have the opportunity to discuss and reflect on this with colleagues in a similar position.

A programme for induction and development for IJB members is therefore being progressed within NHS Lothian through NES. It is open to all IJB members and relevant senior officers for all four Lothian IJBs.

IJB members will therefore have the opportunity to attend complementary induction and briefing sessions on the common and the local aspects of integration. It is strongly recommended that IJB members, as well as senior officers who will be involved in managing and delivering integrated functions, attend these sessions to ensure as full an understanding of all aspects of integration from the outset.

The pan Lothian induction will be provided in two phases.

Phase 1 Content will include:

- Overall Governance
 - Standing orders and Codes of Conduct
 - Governance expectations of a new IJB
 - What is different from before
- Financial Governance
 - Roles and responsibilities
 - Accountabilities
 - The role of the Chief Finance Officer
 - Audit Committees
 - Internal Audit
 - Risk Register
- Financial Arrangements
 - Financial Model
 - Financial Assurance
 - Financial Reporting
 - Financial Framework for the Strategic Plan

The Phase 1 session is available on several dates to ensure that all the Lothian IJBs' members have the chance to attend.

The dates available for members to choose from are as follows:

- 26th August, Seminar Room 2, Chancellors Building, University of Edinburgh, Little France
- 31st August, NES, Westport
- 11th September, MR7 NHS Lothian, Waverley Gate
- 15th September, Seminar Room 2, Chancellors Building, University of Edinburgh, Little France

The aim is that this pan Lothian session will provide a good grounding for IJB members and senior officers in how things are to work in the new IJB regime.

These Governance and Finance issues are common to all 4 of the IJBs in Lothian and attendance at one of these workshops will also give members the opportunity to interact and share thinking with colleagues from the other 3 Lothian Partnerships.

Phase 2 is a tailored programme for each IJB based on the Scottish Government IJB Guide and discussions are currently underway as to what that might look like

In addition to that central programme, it was recognised that a local West Lothian Induction covering local aspects of integration would be helpful to add an understanding of local arrangements and services. This took place on the 19th August 2015.

In summary the content reflected the following key aspects :

- Overview of the national policy drivers
- Local context in terms of structure of West Lothian's Health and Social Care Board and Role of Members
- Risk Register
- Strategic planning with overview of 2 localities
- Strategic Commissioning
- Performance Reporting and continuous improvement
- Board Business and
- IJB direction of future need

D CONSULTATION

Consultation relating to content has taken place with :

- West Lothian Health and Social Care SMT
- West Lothian CHCP Board
- NHSL Integration

E REFERENCES/BACKGROUND

[Scottish Government - Integration of Health and Social Care](#)

F APPENDICES

None.

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Well-Being Outcomes	None.
Strategic Plan outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.

Resource/finance None.

Policy/Legal None.

Risk None.

H CONTACT

Marion Christie, Head of Health

01506 281010

marion.x.christie@nhslothian.scot.nhs.uk

25 August 2015

West Lothian Shadow Integration Joint Board

Date: 25 August
2015

Agenda Item: **11**

CONSULTATION AND ENGAGEMENT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of the report is to recommend an approach to consultation and engagement to the Shadow Integration Joint Board (IJB).

B RECOMMENDATION

It is recommended that the Shadow Integration Joint Board approves the approach to consultation and engagement as outlined in Appendix 1.

C TERMS OF REPORT

The main objective of the Public Bodies (Joint Working) (Scotland) Act 2014 is to deliver improved care and support for people through the integration of health care and social care. The new Act places an increased emphasis on listening to and involving health and social care service users and carers in deciding upon the care they receive.

There is an expectation that, alongside providers of health and social care, service users and carers will be active participants in how care and support is planned, designed and delivered. People who work in health and social care services also need to feel engaged with the work they do and that they are supported to continuously improve the information, support, care and treatment they provide.

In preparation for the integration of health and social care, the CHCP developed an Engagement Framework closely related to the West Lothian Community Planning Partnership Community Engagement Plan (as required for the West Lothian Single Outcome Agreement) and the Scottish Government commissioned report: Future Requirements and Possibilities for Public Involvement in Health and Social Care, (Scottish Health Council, June 2013). This framework will be updated and finalised through the Strategic Planning Group. However, in the meantime the draft Framework provides good guidance in how Shadow Integration Joint Board might progress engagement with relevant stakeholders.

To successfully engage with the relevant stakeholder groupings, it will be important to plan and develop communications to support the IJB responsibilities for strategic planning, commissioning and operational oversight of delegated functions.

To achieve maximum impact, it is proposed that a range of communications tools and channels be employed, including; websites, email updates and newsletters, events (workshops and road shows), social media, and press releases. Close attention will be paid to ensuring all communications materials and events are accessible, particularly in view of the service user audience.

Appendix 1 provides an Action Plan segmented by main stakeholder grouping with details of the activities and methods proposed to ensure successful engagement as an integral part of the delivery of sustainable health and social care services for the future that are centred around the needs of patients and service users.

D CONSULTATION

In preparation of this report consultation has taken place with

- Community Planning Officers
- West Lothian Council Media team
- NHS Lothian Media team

E REFERENCES/BACKGROUND

1. [Scottish Government - Integration of Health and Social Care](#)

F APPENDICES

Appendix 1: Integration Joint Board Consultation and Engagement Action Plan

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	No direct impact.
Strategic Plan Outcomes	No direct impact.
Single Outcome Agreement	No direct impact.

**Impact on other
Lothian IJBs** None.

Resource/finance Within existing revenue budgets.

Policy/Legal None.

Risk None.

H CONTACT

Alan Bell, Senior Manager, Community Care Support & Services
01506 281937
alan.bell@westlothian.gov.uk

25 August 2015

Appendix 1: Integration Joint Board Consultation and Engagement Action Plan

Grouping	Method		Schedule	Lead
General public	New Horizon	Four page insert in Autumn Bulletin to be used to communicate main messages of integration, consult on draft Strategic Plan, including performance management and engagement.	November 2015	Alan Bell
	CHCP website	Current website to be enhanced, design time booked for early September.	November 2015	Rhona Anderson
	Social Media	Use of Facebook and Twitter to communicate general progress on integration as well as normal service specific messages.	Ongoing	Media teams in Council and NHS
	Branding	Specific branding for the Integration Joint Board to be developed.	November 2015	Jim Forrest
	Locality engagement	Locality Planning Groups to be established. Remit to include stakeholder engagement within the geographic locality.	October 2015	Jim Forrest
Community Planning Partners	Community Planning Stakeholder Group	Planned Community Planning Stakeholder event will be used to explore broader communication with partners, including those not directly involved in the Strategic Planning Group.	September 2015	Lorraine Gillies
Staff	Non-voting representation on Integration Joint Board.	Two representatives to be advised.	October 2015	Jim Forrest
	West Life	General progress of integration; individual staff experiences etc.	Ongoing	Rhona Anderson
	Engagement events	Staff engagement events to be set up in conjunction with the Organisational Development Board	November 2015	Marion Christie
Service Users and Carers	Non-voting representation on Integration Joint Board.	Meetings to be arranged with current CHCP representatives.	September 2015	Jim Forrest

Grouping	Method		Schedule	Lead
	Established user engagement groups	<ul style="list-style-type: none"> – Learning Disability User Forum – Mental Health User Forum – Senior People's Forum – Equalities Forum 	Ongoing	Rachel Mackay
Third Sector	Non-voting representation on Integration Joint Board.	Meeting to be arranged with third sector organisations.	September 2015	Alan Bell
	Representation on Strategic Planning Group.		September 2015	Alan Bell
Independent Sector	Representation on Strategic Planning Group.	Meeting to be arranged in conjunction with Scottish Care.	September 2015	Alan Bell
	Established provider forums	<ul style="list-style-type: none"> – Care Homes provider forum – Care At Home provider forum 	Ongoing	
IJB members	Induction events	Local event	19 August 2015	Marion Christie
		Lothian wide events	August /September 2015	
	Visits to services		tbc	Jim Forrest

West Lothian Shadow Integration Joint Board

Date: 25 August
2015

Agenda Item: **12**

PERFORMANCE MANAGEMENT FRAMEWORK

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to update the Shadow Integration Joint Board (IJB) on the performance management framework required to support the National Health and Well Being Outcomes introduced following implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 and to agree to a regular report on performance to both the IJB and the Strategic Planning Group.

B RECOMMENDATION

1. It is recommended that the Shadow Integration Joint Board approves the approach to performance management as outlined in Appendix 1.
2. It is recommended that a regular report on performance is provided to both the IJB and the Strategic Planning Group.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 requires new arrangements to be put in place for the delivery of integrated health and social care functions. This includes the formation of an Integration Joint Board who will be responsible for the planning and delivery of a wide range of health and social care services delegated to it by NHS Lothian and West Lothian Council, and will be accountable for delivering the National Health and Wellbeing Outcomes.

The Integration Joint Board will be required to publish an annual performance report which will set out how they are improving the National Health and Wellbeing Outcomes. The expectation is that the annual report should include performance against the core suite of outcome measures, supported by local measures and contextualising data to provide a broad picture of performance.

Appendix 1 provides the national outcome measures aligned to a suite of performance indicators; some of these indicators are based on operational data, some are based on survey data. The annual performance report will require to report against all of these indicators.

As was reported to the meeting of the Shadow IJB in June, the partnership is required by the Scottish Government to prepare a Strategic Plan outlining how resources will be deployed to address both national outcomes and local priorities. It is anticipated that the Strategic Plan will incorporate a performance framework.

West Lothian CHCP has had an integrated approach to performance management for several years and both the CHCP Board and the CHCP Subcommittee received regular performance reports. In addition to the need to report annually on performance to the Scottish Government, it is recommended that the performance framework outlined in Appendix 1 is used to provide a regular report on performance to the IJB.

The CHCP performance framework was based on the Covalent system to facilitate standard reporting. It is recommended that the performance framework for the IJB is also built on the Covalent system and that standard reports and scorecards are developed to allow regular reporting of performance to both the IJB and the Strategic Planning Group.

D CONSULTATION

In preparation of this report consultation has taken place with

- Information Services Division Scotland (ISD)
- Community Planning Officers

E REFERENCES/BACKGROUND

1. [Scottish Government - Integration of Health and Social Care](#)
2. [West Lothian Single Outcome Agreement](#)
3. [National Health and Wellbeing Outcomes Framework](#)

F APPENDICES

Appendix 1: National Health and Wellbeing Outcomes and Performance Indicators

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	The proposed performance management framework will facilitate reporting against the prescribed set of national outcome measures.
Strategic Plan Outcomes	The Strategic Plan will incorporate the proposed performance management framework.

Single Outcome Agreement	<ul style="list-style-type: none"> – We live longer, healthier lives and have reduced health inequalities. – Older people are able to live independently in the community with an improved quality of life.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	The Public Bodies (Joint Working) (Scotland) Act 2014 requires partnerships to report against a suite of national outcome measures.
Risk	None.

H CONTACT

Alan Bell, Senior Manager, Community Care Support & Services
01506 281937
alan.bell@westlothian.gov.uk

25 August 2015

Appendix 1: National Health and Wellbeing Outcomes and Performance Indicators

National Health and Wellbeing Outcome	Outcome Indicators based on survey feedback	Outcome Indicators based on administrative data
People are able to look after and improve their own health and wellbeing and live in good health for longer	Percentage of adults able to look after their health very well or quite well	Premature Mortality Rate
		Emergency Admission Rate
People including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Percentage of adults supported at home who agree that they are supported to live as independently as possible	Emergency admission rate
		Percentage of adults with intensive care needs receiving care at home
		End of life care
		Delayed discharge- 14 days, 72 hours and bed days lost
		Percentage of people admitted to hospital from home during the year, who are discharged to a care home

National Health and Wellbeing Outcome	Outcome Indicators based on survey feedback	Outcome Indicators based on administrative data
People who use health and social care services have positive experiences of those services, and have their dignity respected	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	End of Life Care
	Percentage of adults receiving any care or support who rate it as excellent or good	Proportion of care services graded 'good' or above in Care Inspectorate inspections
	Percentage of people with positive experience of accessing their GP practice	Percentage of people discharged from hospital within 72 hours of being ready
Health and social care services are centred on helping to maintain or improve the quality of life for service users	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	Emergency admission rate
		Delayed discharge bed days
Health and social care services contribute to reducing health inequalities		Premature mortality rate
		Emergency admission rate
People who provide unpaid care are supported to reduce the potential impact their caring role has on their own health and wellbeing	Percentage of carers who feel supported to continue in their caring role	Percentage of adults with intensive care needs receiving care at home

National Health and Wellbeing Outcome	Outcome Indicators based on survey feedback	Outcome Indicators based on administrative data
People who use health and social care services are safe from harm	Percentage of adults supported at home who agree they felt safe	Suicide rate
		Readmission to hospital within 28 days
		Falls
People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	Percentage of staff who say they would recommend their workplace as a good place to work	
Resources are used effectively in the provision of health and social care services, without waste		Readmission to hospital within 28 days
		Delayed discharge bed days
		Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
		Expenditure on End of Life Care

West Lothian Shadow Integration Joint Board

Date: 25 August
2015

Agenda Item: **13**

2015/16 BUDGET UPDATE

REPORT BY DIRECTOR

A. PURPOSE OF REPORT

The purpose of this report is to set out the indicative 2015/16 budget that relates to Integration Joint Board (IJB) functions in line with the agreed West Lothian Integration Scheme. Given functions and resources are not delegated to the IJB until the Strategic Plan is approved, the indicative 2015/16 resources are shown for information only at this stage.

The report sets out summary information on the areas that have been included in the IJB budget resources and highlights key financial issues and risks associated with the functions and budgets.

B. RECOMMENDATION

- To note the indicative 2015/16 resources associated with IJB functions
- To note the key financial issues and risks associated with the IJB functions

C. TERMS OF REPORT

C.1 Background

The Integration Scheme for the West Lothian IJB was submitted for approval to the Scottish Government in May 2015. The Scheme has been approved and the IJB will be formally established on 21 September 2015.

The Integration Scheme sets out the functions that will be delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014 and the services to which these functions relate. Council services are only delegated in relation to persons aged 18 and over. In addition to the functions that must be delegated in accordance with the legislation, the partners have agreed to delegate the following health functions to the IJB in relation to the following Health services for people under the age of 18:

- i. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- ii. General Dental Services, Public Dental Services and the Edinburgh Dental Institute
- iii. General Ophthalmic Services

- iv. General Pharmaceutical Services
- v. Out of Hours Primary Medical Services
- vi. Learning Disabilities.

As noted earlier, budget resources will not be delegated until the date the IJB Strategic Plan comes into effect, which is anticipated to be 1 April 2016. Based on this, for the remainder of 2015/16 financial governance and reporting arrangements will remain the responsibility of Health and the Council. During the period to 1 April 2016, work will be undertaken to develop and refine financial management and governance arrangements for the IJB.

C.2 Indicative Budget Resources Associated with IJB Functions

Given the key role of the IJB, it is considered important that IJB members are provided with financial information on budget resources that will be delegated to the IJB and financial issues relating to these resources.

Table 1 below sets out the indicative budget resources associated with the IJB for 2015/16. This remains indicative until agreement of the exact elements of the budgets that constitute the delegated functions and the mechanism for sharing out the Pan Lothian budgets that represent the hosted and acute health functions that are delegated to the IJB. In addition, there are various strategic reserves that are held corporately by NHS Lothian which support a range of services (mainly payments to third parties). These budgets are not included in the indicative IJB budget at this point in time. Further work will be undertaken to disaggregate these budgets for delegation to the IJBs.

It should be noted that, based on discussions between Health and the Council, the indicative IJB budget excludes corporate support services (e.g. HR, Legal, Finance) and facilities and property costs. There is no requirement to include these functions reflecting the nature and the existing management arrangements in place for these budget areas.

Table 1 - Indicative 2015/16 Budget Resources Associated with WL IJB

<u>Budget Element</u>	<u>£'000</u>
Adult and Elderly Social Care	61.816
Health Core services	87.017
Share of Pan Lothian Hosted Health Services	16.756
Indicative budgets that constitute the payment to the IJB	165.589
Share of Acute Health Services (Set Aside Budget)	29.734
Total indicative budget for services delegated to the IJB	195.323

As can be seen, there are four main elements of the indicative resources.

- Adult and Elderly Social Care - represents the budget set by West Lothian Council

- Health Core services – represents the community health services budgets set by NHS Lothian.
- Share of Pan Lothian Hosted Health Services - Hosted services are managed on a pan Lothian basis by business units (previously CH(C)Ps). A full list of hosted services that are delegated can be found in Appendix 1. Budgets are set by NHS Lothian. The shares of these pan Lothian budgets have been calculated using percentages derived from the National Resource Allocation Formula (NRAC) for the purposes of providing an indicative IJB budget. Further work is required to agree a mechanism to share the budgets for these services.
- Acute Health Services – This represents a share of Acute health functions that are delegated to the IJB. Budgets are set by NHS Lothian and the shares have been calculated using historic activity for the Emergency Departments of the Acute sites represented and the NRAC percentages for all other services. Further work is required to agree a mechanism to share the budgets for these services.

The first three of these services represent the budgets that will constitute the payment to the IJB. The Acute Health Services budget will be set aside by NHS Lothian on behalf of the IJB. Appendix 2 contains a table showing a breakdown of the indicative IJB budget across the services that represent the functions delegated to the IJB.

Further work is currently taking place to identify 2015/16 budgets that will be relevant to the IJB and it is anticipated that a forecast of 2015/16 spend against budget for these areas will be provided to the next meeting of the IJB for information.

C.3 Key Financial Issues and Risks

Overall Context

It is widely recognised and acknowledged that increasing demands in conjunction with constrained public sector funding are creating significant financial pressures across health and social care. Integration of care provision and resources is seen to be a key factor in meeting future demands and maximising the efficiency and effectiveness of service delivery within available resources over future years. It is inevitable that substantial budget savings will be required across delegated IJB functions and there will be a need to prioritise resources and consider new models of care provision that will allow the health and social care needs of the West Lothian population to be met.

Key Specific Risks

The following areas noted below have been and will continue to particular areas of financial risk.

Care at Home for Elderly Clients – West Lothian has the fastest growing elderly population in Scotland, and this is particularly the case in the over 75 age group where needs are greatest. Increases in care costs in this area have been very substantial over recent years (52% over THREE years) and this trend is likely to continue in future years particularly as continued progress is made in shifting the balance of care from hospital to the community.

- Adults with Learning Disabilities – Social care costs in this area have also increased significantly over recent years. In 2014/15 care costs associated with this client group increased by over £700,000 (10%). Future care provision and available budget resources across health and social care for this client group will require to be carefully considered going forward.
- GP Prescribing – This is an area of increasing spend with growth at around 4.4% per year over the last three years. Increases in spend are mainly attributable to growth in the patient population, particularly in the older age groups, new medicines, and ongoing price pressures resulting from the short supply of certain drugs. Significant effort and resource is committed to support GPs in ensuring that efficient and effective prescribing is delivered at the lowest possible cost. It is a significant challenge to NHS Lothian to provide the levels of uplift required to keep pace with spend growth.
- Mental Health – There are financial pressures within adult mental health relating to the increasing levels of patients with dementia and the increasing resource required to meet increasingly complex patient needs. There are also increasing demands for Psychological Therapies, now subject to an 18 week waiting time target, for which adequate funding is not available. The Scottish Government has committed to a significant funding injection over the next five years for mental health services. The amount of funding for adult mental health services, how and when the funding will be released and its designated use, remains to be clarified, although the government have highlighted improving access to Psychological Therapies as one of the priorities.

C.4 Financial Assurance /Due Diligence

Prior to budgets being allocated to the IJB for 2016/17, a process of due diligence will have to be undertaken on the resources proposed to be delegated by the parent bodies to the IJB. This due diligence process is referred to in Scottish Government guidance as Financial Assurance.

The purpose of the due diligence process is to provide assurance as to the level of budget resources provided to deliver the services that will be delegated and to identify and quantify the financial risks inherent in that budget

The due diligence process will entail considering how the IJB's budget has been made up, to consider past financial performance against this budget and to reflect on what financial pressures exist and what provisions have been made and management actions taken to address those pressures.

It is anticipated that the 2015/16 the budget monitoring / forecast position information reported to the IJB will also provide an informative guide to budget assurance over the coming months.

D. CONSULTATION

Relevant officers in the NHS Lothian and Council.

E. REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

F. APPENDICES

Appendix 1 – Pan Lothian Hosted Health Services

Appendix 2 - Indicative 2015/16 IJB Budgets by Service

G. SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	Resources delegated to the IJB will be used to meet Health and Wellbeing outcomes.
Strategic Plan Outcomes	Budget availability for the IJB will be used to help inform how Strategic Plan outcomes will be achieved.
Single Outcome Agreement	Effective prioritisation of resources will be essential to achieving the targets contained in the Single Outcome Agreement.
Impact on other Lothian IJBs	None.
Resource / finance	Indicative 2015/16 budget resources relevant to functions that will be delegated to the IJB from 1 April 2016 have been estimated at £195.323 million.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care budgets, which will require to be closely monitored on an ongoing basis.

H. CONTACTS

Patrick Welsh, Group Accountant, West Lothian Council
01506 281320
Patrick.welsh@westlothian.gov.uk

Carol Mitchell, Business Partner, NHS Lothian
0131 537 8880
Carol.Mitchell@nhslothian.scot.nhs.uk

25 August 2015

Appendix 1 - Pan Lothian Hosted Health Services

<u>Service</u>	<u>Hosted by</u>
Sexual Health	Edinburgh HSCP
Equality & Diversity	Edinburgh HSCP
Hosted AHP Services	Edinburgh HSCP
Arts Therapies	Mid Lothian HSCP
Music Therapies	Mid Lothian HSCP
Dietetics	Mid Lothian HSCP
Orthoptics	West Lothian HSCP
Podiatry	West Lothian HSCP
PC Corporate Functions	Edinburgh HSCP
Rehabilitation Medicine	Edinburgh HSCP
Learning Disabilities	Edinburgh HSCP
Substance Misuse Directorate	Edinburgh HSCP
Public Dental Service	West Lothian HSCP
Edinburgh Dental Institute	West Lothian HSCP
Psychology	West Lothian HSCP
Complex Care	East Lothian HSCP
Lothian Unshed. Care Serv.	East Lothian HSCP
HM Prison Services	East Lothian HSCP

Appendix 2 - Indicative 2015/16 IJB Resources by Service

<u>Service</u>	£'000
Learning Disabilities	12,422
Physical Disabilities	5,958
Older People Assess & Care	25,233
Care Homes and HWC	6,880
Contracts & Commissioning Support	5,673
Other Social Care Services	2,704
Total Adult Social Care Services	61,816
Allied H/Care Prof.	3,275
Mental Health	12,119
Community Health	7,913
GMS	22,202
Prescribing	29,696
Resource Transfer	6,782
Other Core Health Services	5,031
Total Core Health Services	87,017
Sexual Health	1,014
Hosted AHP Services	2,949
Rehabilitation Medicine	1,674
Oral Health Services	2,215
Hosted Psychology Service	1,000
Complex Care	513
Lothian Unshed. Care Serv.	1,934
Substance Misuse	1,532
Learning Disabilities	2,945
Hm Prison Services	819
Other Hosted Services	161
Total Hosted Health Services	16,756
Total Budgets that constitute the payment to the IJB	<u>165,589</u>
Acute Divisional Management	2,198
Luhs Ahp Services	1,632
Royal Infirmary Edinburgh Site	9,752
St Johns Hospital Site	7,110
Western General Hospital Site	9,042
Total Acute Health Services Set Aside Budget	29,734
Total budgets for services delegated to the IJB	<u>195,323</u>

West Lothian Shadow Integration Joint Board

Date: 25 August
2015

Agenda Item: **14**

CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to seek approval for the West Lothian Integrated Joint Board (IJB) to apply to become a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

B RECOMMENDATION

1. To note that membership of CNORIS would provide cover in respect of any potential claim made against the West Lothian IJB in terms of Officers / Officials Indemnity
2. To agree the West Lothian IJB applies to Scottish Ministers to become a member of CNORIS

C TERMS OF REPORT

Background

The CNORIS is a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland. NHS National Services Scotland is the scheme manager and its primary objective is to provide effective risk pooling and claims management arrangements for Scotland's NHS Boards and Special Health Boards.

The Scottish Government Health and Social Care Directorate (SGHSCD) fund all large losses (i.e. those which breach CNORIS scheme deductibles during each financial year). At the end of the financial year, funds are collected from Members to pay back the deficit accrued in year. In order to share the cost fairly between members, clinical and non-clinical risk profiles are created which determine relative risks for each member organisation. The total annual deficit is then shared between Members according to the proportion of the overall risk.

Legislation

Part 2 of the Public Bodies (Joint Working) (Scotland) Act provides for the extension of CNORIS under Section 85B of the national Health Service (Scotland) Act 1978 to Local Authorities and Integration Joint Boards. This allows for IJBs to apply to Scottish Ministers to become a member. This includes cover in respect of health and social care functions which are delegated to the IJB.

CNORIS – Cover Provided

CNORIS provides a wide range of covers, similar to traditional insurance packages, in respect of Clinical Negligence, Employers Liability, Public / Product Liability and Professional indemnity type risks. The level of cover provided to IJBs is the same as all other CNORIS members and is at least £5m Public Liability, £10m Employers Liability, and £1m Professional Indemnity. CNORIS also provides cover in relation to Clinical Negligence should this be required at a later date. All claims currently have a deductible level of £25,000, equivalent to an insurance policy excess, which would be met by the IJB.

It should be noted that the risks associated with IJBs membership of CNORIS is considered low and therefore an annual contribution of £3,000 payable each financial year has been set, with notification of the contribution being confirmed in December of the preceding year. This contribution level has been set due to the limited risks anticipated in relation to the statutory status of IJBs and CNORIS cover being provided in relation to indemnity for IJB members and officials only.

It is important to note that operational delivery of services remains with the Health Board and Council following delegation to the IJB. Insurance arrangements and cover for claims in relation to operational delivery of services would remain the responsibility of NHS Lothian and West Lothian Council.

Application for Membership of CNORIS

Applications for membership to CNORIS should be submitted to the Scottish Government in accordance with CNORIS Amendment Regulations 2015 – SSI 2015/102, which outlines the required information for joining the scheme by IJBs.

Along with the application, information is to be provided on which functions are to be delegated to the IJB and which, as a result, membership of CNORIS would provide cover in respect of any claim against the West Lothian IJB itself in terms of officers / officials indemnity.

Subject to agreement by the West Lothian IJB, it is intended that the application to join CNORIS will be submitted in advance of the next meeting of the IJB on 20 October 2015.

D CONSULTATION

Relevant officers in NHS Lothian and Council and NHS National services Scotland.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

CNORIS Amendment Regulations 2015 – SSI 2015/102

F APPENDICES

None.

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
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National Health and Wellbeing Outcomes	None.
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Strategic Plan Outcomes	None.
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Single Outcome Agreement	None.
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Impact on other Lothian IJBs	None.
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Resource/finance	Total annual cost of £3,000 per annum for CNORIS cover will be funded by the IJB.
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Policy/Legal	Membership of CNORIS will allow the IJB to meet policy and legal requirements related to indemnity.
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Risk	Through CNORIS membership, the West Lothian IJB officers and members will be covered against the limited risks anticipated in relation to the statutory status of IJBs.
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H CONTACT

Patrick Welsh, Group Accountant, West Lothian Council
01506 281320
patrick.welsh@westlothian.gov.uk

25 August 2015