

REPORT TO: Audit and Governance Committee

MEETING DATE: 20 January 2015

BY: Director of Health and Social Care Partnership

SUBJECT: Health and Social Care Integration: East Lothian Integration Scheme – consultation draft

1 PURPOSE

- 1.1 To invite members of the Committee to review and consider the consultation draft Integration Scheme required to establish the East Lothian Integration Joint Board.

2 RECOMMENDATIONS

Members are asked to:

- 2.1 discuss the consultation draft of the Integration Scheme and to consider whether to submit any comments as contributions to the consultation process; and
- 2.2 consider any implications of the proposed Integration Scheme for the role of the Audit and Governance Committee of East Lothian Council.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent on 1 April 2014 with a requirement for Local Authorities and Health Boards to jointly submit Integration Schemes for Ministerial approval by 31 March 2015. East Lothian Council is required to jointly prepare and submit an Integration Scheme with NHS Lothian.
- 3.2 The Integration Scheme must include all matters described in the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014. The prescribed information is to be agreed between the Health Board and the relevant Local Authority.
- 3.3 The Consultation Draft Integration Scheme is a legal document and has been lodged in the Members' Library Service (Ref: 243/14 December 2014 bulletin and which can be accessed via this link:

3.4 It covers such matters as:

- Aims and outcomes of the IJB;
- The integration model i.e. IJB;
- The functions to be delegated to it
- The governance arrangements that it will operate under
- Clinical and care governance arrangements
- Workforce matters including the role and responsibilities of the Chief Officer
- Financial governance and operation
- Risk, claims and complaints
- Information sharing
- Participation and engagement; and
- Dispute resolution.

3.5 A summary of the Integration Scheme is attached in Appendix 1.

3.6 The consultation draft of the Integration Scheme was approved for consultation by NHS Lothian on 3 December 2014 and by the Council on 16 December 2014. The consultation is currently open for responses and will close on 17 February 2015.

4 POLICY IMPLICATIONS

4.1 The Council agreed in March 2013 and June 2014 to the integration of Adult Wellbeing services and NHS services in a body corporate model.

4.2 The Council has already agreed the position on the integration of Children's services.

5 EQUALITIES IMPACT ASSESSMENT

5.1 There has been no impact assessment to date. An Impact assessment will be completed before the Integration Scheme is presented to the Council in March 2015 after amendments to the Integration Scheme as a result of consultation and publication of final guidance from Scottish Government.

6 RESOURCE IMPLICATIONS

6.1 Financial - There are no resource implications from this report but there are substantial resource implications from the implication of the Act and the changes being proposed in terms of establishing governance and management arrangements. These require to be worked through during the course of the consultation and in establishing the Integration Joint

Board and the setting agreed budgets for the first year, which we are describing as a transitional year.

6.2 Personnel - there are no direct implications of this paper.

6.3 Other – none.

7 BACKGROUND PAPERS

7.1 East Lothian Council Cabinet paper September 2012 – Response to the Scottish Government Consultation on Integration of Health and Social Care

7.2 East Lothian Council paper February 2013 - Integration of Health and Social Care Update

7.3 East Lothian Council Paper June 2014 – Integration of Health and Social Care

7.4 [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

7.5 [Regulations made under the Pubic Bodies \(Joint Working\)\(Scotland\) Act 2014](#)

7.6 NHS Lothian Board Paper – Integration of Health and Social Care October 2014

7.7 East Lothian Council Paper – December 2014 - Health and Social Care Integration: East Lothian Integration Scheme – consultation draft

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Annex 1 – Summary of the Consultation Draft of East Lothian Integration Scheme

This document summarises the content of the East Lothian Integration Scheme.

It summarises the key points in each section and the main differences from how health and social care services are organised in East Lothian.

	Sections of Scheme
1.	<p>Aims and Outcome of Integration Scheme</p> <p>We have described the vision for the East Lothian Integration Joint Board and the principles agreed by the East Lothian Shadow Board. In addition the Integration Scheme must following the <u>integration planning principles</u> and the <u>national health and wellbeing outcomes</u>.</p>
2.	<p>Parties and Definitions</p> <p>A summary of the technical terms used in the Integration Scheme.</p>
3.	<p>Type of Integration Model</p> <p>This section explains that we will use the ‘body corporate’ model. The ‘body corporate’ option allows responsibility for Health and Social Care services to move to an Integrated Joint Board. This board will be responsible for the planning of these services and will tell NHS Lothian and East Lothian Council how to provide services. We think the ‘body corporate’ option is the best one for East Lothian because it makes sure that both NHS Lothian and East Lothian Council are equally involved in planning Health and Social Care services. This option also allows the Integrated Joint Board to move services between NHS Lothian and East Lothian like the ‘lead agency’ model so there is lots of flexibility for the future.</p>
4.	<p>Local Governance Arrangements</p> <p>This section details the agreed:</p> <ul style="list-style-type: none"> • the voting membership of the IJB, numbers of representatives, length of appointment and how appointments are made • the appointment of the chairperson and vice-chairperson including procedure and length of appointment • the non-voting membership • any committees <p>The voting membership will be 4 councillors and 4 non-executive NHS Lothian board members.</p> <p>The non-voting membership reflects the minimum requirements set in the Regulations. The IJB can also appoint additional non-voting members once it is established.</p>

	Sections of Scheme
	<p>Minimum non-voting members are:</p> <ul style="list-style-type: none"> • The Chief Social Work Officer of the Council; • The Chief Officer of the Integration Joint Board; • The Chief Finance Officer of the Integration Joint Board; • A General Practitioner (GP) • A registered nurse • A doctor employed by NHS Lothian but not a GP • A staff representative of the constituent authorities engaged in the provision of services provided under integration functions; • A representative of third sector bodies carrying out activities related to health or social care in the area of the Council; • A service user representative residing in the area of the Council; and • A persons providing unpaid care in the area of the Council. <p>The establishment of any sub-committees will also be included within the standing orders and detailed within the Scheme</p>
5.	<p>Delegation of Functions</p> <p>This section details the health and adult social care functions delegated to the IJB</p> <p>The list of delegated functions form an annex to the Scheme and follow what must be delegated within the regulations together with additional services from the may list which have been approved by NHS Lothian and East Lothian Council</p> <p>Delegated functions are:</p> <p>East Lothian Council:</p> <ul style="list-style-type: none"> • Social work services for adults and older people • Services and support for adults with physical disabilities and learning disabilities • Mental health services • Drug and alcohol services • Adult protection and domestic abuse • Carers support services • Community care assessment teams • Support services • Care home services • Adult placement services • Health improvement services • Aspects of housing support, including aids and adaptations • Day services • Local area co-ordination • Respite provision • Occupational therapy services • Re-ablement services, equipment and telecare <p>In addition East Lothian Council has decided to delegate</p>

	Sections of Scheme
	<ul style="list-style-type: none"> • Criminal Justice Social Work services <p>NHS Lothian:</p> <ul style="list-style-type: none"> • Accident and Emergency services provided in a hospital • Inpatient hospital services relating to the following branches of medicine <ul style="list-style-type: none"> • 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 <p>Community Services</p> <ul style="list-style-type: none"> • 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

	Sections of Scheme
	<ul style="list-style-type: none"> • 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 • In addition to the functions that must be delegated NHS Lothian has chosen to delegate the following health services as they relate to provision for people under the age of 18: <ul style="list-style-type: none"> • Primary Medical Services and General Medical Services (including GP Pharmaceutical services) • General Dental Services, Public Dental Services and the Edinburgh Dental Institute • General Ophthalmic Services • General Pharmaceutical Services • Out of Hours Primary Medical Services • Learning Disabilities
6.	<p>Local Operational Delivery Arrangements</p> <p>This section details the operational aspects of the IJB and the relationship with the Health Board and Local Authority:</p> <ul style="list-style-type: none"> • Monitoring and reporting arrangements on the delivery of the integrated services • Processes to consider East Lothian Strategic Plan and the impact on the Strategic Plans on other integration authorities • How IJB interrelates with NHS Lothian and East Lothian Council • The local outcomes, performance targets, improvement measures and reporting arrangements
7.	<p>Clinical and Care Governance</p> <p>This section details:</p> <ul style="list-style-type: none"> • How professional advice in respect of clinical and care governance is provided within all aspects of the Integrated Joint board's governance and management structures • The arrangements for the provision of professional health care and social work advice to the Integration Joint Board, the strategic planning group and localities

	Sections of Scheme
	<ul style="list-style-type: none"> • How these arrangements interrelate with the remaining arrangements for providing professional clinical governance and advice within the Health Board (including the respective responsibilities of the Health Board’s medical director and nurse director) and the care governance arrangements that remain with the Local Authority • Information about the role of senior professional staff in the NHS and Local Authority in relation to these arrangements • Information about how these arrangements relate to the arrangements for the involvement of professional advisers to the Integration Joint Board
8.	<p>Chief Officer role This section details:</p> <ul style="list-style-type: none"> • The relationship between the Chief Officer and the senior management team of the Health Board and Local Authority. The Chief Officer will be a Joint Director of both NHS Lothian and East Lothian Council and shall sit on senior Management Team of each body • Information on the structures and procedures which will be used to enable the Chief Officer to work with senior management of the Parties to carry out functions in accordance with the Strategic Plan • Line management of the Chief Officer to ensure accountability to both parties. The Chief Officer will be accountable to both Chief Executives who will both have line management duties
9.	<p>Workforce This section details:</p> <ul style="list-style-type: none"> • The process for appointment to jointly appointed positions, arrangements for supervision and management of people who are jointly appointed • The arrangements for the supervision and management of staff who report to a person employed by another organisation • The process which the parties will follow to develop a joint Workforce Development and Support Plan, and an Organisational Development strategy in relation to teams delivering integrated services
10.	<p>Finance This section details:</p> <ul style="list-style-type: none"> • Amounts to be paid by the Health Board and the Local Authority

	Sections of Scheme
	<p>to the Integration Joint Board in respect of each of the functions delegated by them to the Integration Joint Board</p> <ul style="list-style-type: none"> • Amounts to be made available by the Health Board to the Integration Joint Board in respect of each of the functions delegated by the health Board which are: <ul style="list-style-type: none"> i) carried out in a hospital in the area of the Health Board, and ii) Provided for the areas of two or more local authorities • Payment in the first year to the Integration Joint board for delegated functions • Method for determining the amount set aside for hospital services • <u>In-year variations</u> In the following circumstances the Health Board and/or Local Authority may reduce the payment in-year by the Integrated Joint board to meet exceptional unplanned costs within the constituent authorities - conditions to be listed • Process for the management of the variances for the amount set aside in hospital budgets Financial management and financial reporting arrangements
11.	<p>Participation and Engagement</p> <p>This section details the persons, groups of persons, representatives of persons consulted in development of the integration scheme and the means by which consultation took place</p> <p>A communication and engagement strategy is being developed to support this together with the Strategic Plan consultation. This will come to the Shadow Board for ratification on completion</p> <p>The persons consulted will follow the requirements detailed in the Regulations</p> <p>List of consultees include:</p> <ul style="list-style-type: none"> • Health professionals • Users of health care • Carers of users of health care • Commercial providers of health care • Non-commercial providers of health care • Social care professionals • Users of social care • Carer of users of social care • Commercial providers of social care • Staff of the Health Board and local authority who are not health professionals or social care professionals • Non-commercial providers of social care

	Sections of Scheme
	<ul style="list-style-type: none"> • Non-commercial providers of social housing • Third sector bodies carrying out activities related to health or social care
12.	<p>Information Sharing and Confidentiality</p> <p>This section details:</p> <ul style="list-style-type: none"> • A process to agree the Information Sharing Protocol – Liability issues for breaches of this will also need to be set out • Information sharing principles and the processes and procedures that will apply to information sharing
13.	<p>Complaints</p> <p>This section details:</p> <ul style="list-style-type: none"> • complaint handling for the services provided by the Integration Joint Board • complaint handling for staff working within the Integration Joint Board to include responses to SPSO
14.	<p>Claim Handling, Liability and Indemnity</p> <p>This section details:</p> <ul style="list-style-type: none"> • provision to the effect that each of the Parties will indemnify the other in respect of claims made by its own employees • provision to the effect that each of the Parties will indemnify the other in respect of claims by third parties arising from acts or omission of its own employees • Procedures for discussing and resolving issues of disputed liability between the Parties and the Integration Joint Board • Assurance arrangements including any self-assurance arrangements
15.	<p>Risk Management</p> <p>Develop a shared risk management strategy that sets out:</p> <ul style="list-style-type: none"> • The key risks with the establishment and implementation of the Integration Joint Board • An agreed risk monitoring framework • Any risks that should be reported on from the date of delegation of functions and resources

Sections of Scheme	
	<ul style="list-style-type: none"> • The frequency that risks should be reported on <p>The method for agreeing changes to the above requirements with the Integration Joint Board</p>
16.	<p>Dispute Resolution</p> <p>This section details the agreed mechanism for dealing with any disputes between the Local Authority and the NHS Board</p>