INTEGRATION SCHEME

BETWEEN

WEST LOTHIAN COUNCIL

AND

NHS LOTHIAN

West Lothian Integration Scheme 2022
(Draft, for consultation 4-3-2022)

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

"2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014

"Board" means the West Lothian Integration Joint Board

"Chief Officer" means the member of staff of the IJB appointed under section 10 of the Act and described in Clause 8 of the Scheme

"Chief Finance Officer" means the finance officer appointed by the Board under the finance and audit requirements in section 13 of the 2014 Act and section 95 of the Local Government (Scotland) Act 1973, and described in Clause 10 of the Scheme

"Council" means West Lothian Council

"Delegated functions" are the integration functions delegated by the Parties to the Integration Joint Board

"Health board" means NHS Lothian Health Board

"Integration joint board" means a body corporate established by the Scottish Ministers under section 9(2) of the 2014 Act

"Integration functions" means the functions delegated by the Parties to the Board

"IJB Budget" and "Board budget" mean 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 payment made from the Board to a Party in order to carry out the delegated functions

"Integration Indicators" means the indicators and metrics gathered by the IJB and required for monitoring and reporting purposes in compliance with the IJB's statutory and policy obligations

"Integration Dataset" means the collective Integration Indicators

"Integration Joint Boards Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

"Integration Scheme Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014

"Lothian IJBs" means the integration joint boards to which functions are delegated in pursuance of the integration schemes in respect of the local authority areas served by, City of Edinburgh Council, East LothianCouncil, Midlothian Council and West Lothian Council respectively

"Neighbouring IJBs" means the Lothian IJBs other than the Board

"Outcomes" means, as appropriate, the Health and Wellbeing Outcomes prescribed in Regulations under section 5(1) of the Act, local outcomes set by the Parties and the Integration Joint Board, or either or both of them

"Parties" means West Lothian Council and NHS Lothian

"Performance Framework" means the IJB's agreed measurement and standard for managing, gathering and reporting the Integration Dataset and/or the Integration Indicators as the case may be

"Scheme" means this West Lothian Integration Scheme 2022

"Section 95 Officer" means the Chief Finance Officer of the council, appointed under section 95 of the Local Government (Scotland) Act 1973

"Strategic Plan" means the plan which the IJB is required to prepare and implement in accordance with section 29 of the 2014 Act

"Strategic Planning group" means the group to be established by the Board under section 32 of the 2014 Act to secure the development of the Board's Strategic Plan

3.0 Integration Model and Integration Functions

In accordance with section 2(3) of the 2014 Act, the Parties agreed the original integration scheme in May 2015. It was approved by the Scottish Ministers under section 7(4) of the 2014 Act on 16 June 2015 . In pursuance of section 9(2) of the 2014 Act and the original integration scheme the West Lothian Integration Joint Board was established on 21 September 2015 by the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No. 2) Order 2015.

New integration functions were created by the Carers (Scotland) Act 2016. As a result the Parties followed a review process under sections 3, 6, 45 and 46 of the 2014 Act in 2019.

They agreed a second integration scheme which was approved by the Scottish Ministers on 19 September 2019.

Section 44 of the 2014 Act requires a review to be carried out before the expiry of five years from the date of approval of an integration scheme. The Parties have carried out that review and have agreed a third integration scheme (West Lothian Integration Scheme 2022) for submission to the Scottish Ministers for approval. In preparing and finalising it, the Parties have had regard to the integration planning principles in section 4 of the 2014 Act. They have had regard to the national health and wellbeing outcomes in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014. They have complied with sections 3, 6, 44 and 46 of the 2014 Act on consultation and have taken account of views expressed through the consultation process.

This third integration scheme will have effect after approval by the Scottish Ministers and from the date ordered by them under section 9 of the 2014 Act.

4.0 Local Governance Arrangements

Membership

The Board has and shall have the following voting members:

a) **4** councillors nominated by the Council; and

b) **4** non-executive Chief Officers 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 Board.

Non-voting members of the Board will be appointed in accordance with article 3 of the Integration Joint Boards Order.

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

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 Board's existence, from 21 September 2015.

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 Board with the corporate support services that it requires to discharge fully its duties under the 2014 Act.

The Parties and the Board will regularly undertake review of the support services put in place pursuant to the agreement to ensure that the Board has available to it all necessary professional, technical or administrative services for the purpose of preparing its Strategic Plan, carrying out the integration functions, and its administration, governance and statutory compliance requirements.. This process will be carried out in consultation with the Board and will form part of the annual budget setting process for the Board. .The outcome wil be recorded and reported to the Board.

5.0 Delegation of Functions

The functions that are to be delegated by the health boards 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 Board 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.

These functions are generic services which are available to all within the population and therefore responsibility for these services as a whole is appropriate.

6.0 Local Operational Delivery Arrangements

Management Arrangements

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

The Parties and the Chief Officer 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 Chief Officer, 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 2014 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 Chief Officer 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 the health board 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 Board will not duplicate the role carried out by those committees other than in exceptional circumstances where the Board considers that direct engagement by the Board (or by a committee established by the Board) is appropriate in order to secure the proper discharge by the Board 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 Board, the Council will advise the Chair of the Board and the Chief Officer of that matter and will co-operate with the Board in supplying such further information and evidence in respect of that matter as the Board 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 Board'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 Chief Officer'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 2014 Act, can be achieved. For the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace:

a) the responsibilities of each Party regarding compliance with Directions issued by the Board; or

b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery and legal compliance.

In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the 2014 Act, each of the Parties will use reasonable endeavours to provide the Board with any information which the Board 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.

The Board is one of four integration joint 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 integration joint 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 and revising the Scheme the Parties have taken into account the other Schemes being developed and reviewed 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 Lothian IJBs and amongst their Strategic Planning Groups. The Parties shall ensure through the line management arrangements for the Chief Officer set out in the Scheme, that the Chief Officer provides information to the neighbouring IJBswhere the Board's Strategic Plan is likely to have a significant impact on their Strategic Plans, 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 neighbouring IJBsand 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.

Lothian Hospitals Strategic Plan, and the Lothian Strategic Development Framework

The health board has developed a plan (the 'Lothian Hospitals Strategic Plan') to support the Lothian IJBs to fulfil their duties. The Lothian Hospitals Strategic Plan does not and will not bind the Board and the strategic plans of the Lothian IJBs have informed the Lothian Hospital Strategic Plan. The Lothian Hospitals Strategic Plan encompasses both functions delegated to the Lothian IJBs and functions that are not so delegated.

The Lothian Hospitals Strategic Plan was developed in partnership with the Lothian IJBs where integration functions are delivered by the health baord in a hospital. It reflects the relevant provisions of the Strategic Plans prepared by the respective Lothian IJBs, as well as the health board's plans for non delegated functions.

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

(a) responsive to and supports each Strategic Plan prepared by the Lothian IJBs for delegated functions; and

(b) supports the requirement of the health board to deliver hospital services required by the Board and other hospital services that are not the responsibility of the Lothian IJBs (e.g. tertiary, trauma, surgical, planned and children's services).

The Lothian Hospitals Strategic Plan will be a plan developed jointly by the health board and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the health board after the 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 the health board and other Lothian IJBs.

The health board is continuing to work to refresh its strategy via development of the Lothian Strategic Development Framework. This work is being taken forward in collaboration with the Lothian IJBs, in particular in those workstreams that cut across our organisational boundaries and where there are clear benefits in working together to determine priorities to achieve a collective vision.

Performance targets, improvement measures and reporting arrangements

All national and local outcomes, improvement measures and performance targets which are connected exclusively with the functions delegated by the Parties to the Board under the Scheme will become the responsibility of the Board to deliver; and the Board will also be responsible for providing all such information regarding integration functions which is required by either of the Parties to enable each of them to fulfil its obligations regarding reporting arrangements in respect of those functions.

The continuous development of an effective performance framework for the Board, taking account of relevant national guidance, will be supported by the parties and the Board. The framework will be underpinned by the national health and wellbeing

outcomes, and national integration indicators, and will be developed to drive change and improve effectiveness. The framework will be informed by an assessment of current performance arrangements and the development of a set of objectives which the framework will be intended to achieve.

The national health and wellbeing outcomes which apply to integrated health and social care, and the associated national indicators which underpin the nine health and wellbeing outcome measures will be used by the Board. These outcomes and indicators will be used to assist in setting local priorities and monitoring performance, and will be reported per national and local reporting arrangements.

Building on existing arrangements and practices and in consultation with the Board, a core set of indicators and measures will be identified by the Parties from publicly accountable and national indicators and targets which relate to services delivered in carrying out the functions delegated to the Board. Each Party will continue to review and where necessary revise and further develop the performance framework for the Board, taking account of relevant national guidance.

Indicators will be aligned with priority areas identified in the joint strategic needs assessment and the Strategic Plan and will be refined as these documents are reviewed and refreshed. These priority areas will be linked to outcomes to demonstrate progress in delivering these.

Where particular national or local outcomes, measures or targets (and associated reporting arrangements) relate to services which are associated with both integration functions and functions which are not delegated by a Party to the IJB, the responsibility for the outcomes, measures or targets (and associated reporting arrangements) will be shared between the Board and the Party or Parties which exercise those functions, and the Board will be responsible for providing all such information regarding those integration functions as is required by the relevant Party to enable it to fulfil its obligations regarding reporting arrangements.

The Parties have obligations to meet targets for functions which are not delegated to the Board, but which are affected by the performance and funding of integration functions. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details must be provided of any targets, measures and arrangements for the Board to take into account when preparing the Strategic Plan. Where responsibility for performance measures and targets is shared, this will be set out clearly for agreement by the relevant Parties.

The performance framework may require information on functions which are not delegated to the Board to be included. Either one of the Parties, or the Board, will be able to reasonably require information of that nature to be included within the Integration Dataset where identified.

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 Board to fulfil its role with professional advice and with appropriate clinical and care governance in place.

The Parties and the Board have well established systems to provide clinical and care governance as well as assurance for professional accountabilities. Those systems continue and the scope of these systems will extend to support the Board 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 Board's performance management framework (pursuant to section 6 of this Scheme).

The Board has a Health Care and Governance Group which provides assurance that the quality of all aspects of health and social care within delegated functions is person centred, safe, effective, equitable and of the required standard. This group has also established a clinical and care governance framework in accordance with Public Bodies (Joint Working) (Scotland) Act 2104. This board also feeds into the respective governance work of both the health board and council.

The Board will not duplicate the role carried out by the Parties' existing governance arrangements other than in exceptional circumstances where the Board considers that direct engagement by the Board is appropriate in order to secure the proper discharge by the Board 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 Board, the committee will advise the chairperson of the Board and the Chief Officer of that matter and will co-operate with the Board in supplying such further information and evidence in respect of that matter as the Board may reasonably request.

The Parties shall ensure that their standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the Board's powers and remit, the Board'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 Board to discharge its duties.

The voting members of the Board 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 Board (regardless of which party nominated the voting members) onto the health board and council governance arrangements with a remit relevant to the clinical and care governance of integration functions.

Within its existing governance framework, the health board has :

- A healthcare governance committee, the remit of which is to provide assurance to the health board that the quality of all aspects of care in the health board is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the health 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 the health board where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the health board 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.

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 Board.

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 Board.

The intention of using the existing health board and council committees as a 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 Board will be engaged through its membership being on these committees, and its relationship with the committee

chairs. The Board 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 Board 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 Board 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

The health board has within its executive membership three clinical members (referred to below as 'Executive Clinical Chief Officers'); a Medical Chief Officer, a Nurse Chief Officer, and a Chief Officer 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 the health board generally. The creation of the Board does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.

West Lothian Health and Social Care Partnership has appointed a Clinical Director, Chief Nurse and Chief AHP to ensure that there is strong local governance and accountability; linked closely to the health board clinical members.

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 Board 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 Board. The Board may elect to appoint one or both of the Medical Chief Officer and the Nurse Chief Officer as additional non-voting members of the Board. The Order requires the health board to fill the following non-voting membership positions on the Board:

- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the health board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

- A registered nurse who is employed by the health board or by a person or body with which the health board has entered into a general medical services contract; and
- A registered medical practitioner employed by the health board and not providing primary medical services.

the health board will consider the advice of the Executive Clinical Chief Officers, 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 Chief Officer. The health board will develop a role description for the appointments referred to above, to ensure that their role on the Board 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 health board committee; and/or
- A member of a consultative committee established by the health board.

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 the health board or the council as the case may be whilst discharging their role as a member of the Board;
- Communicating and having regard to the interests of the Board whilst discharging their duties as professionals employed by the health board or (as the case may be) the council.
- The members will be expected to communicate regularly with the Executive Clinical Chief Officers, and the council’s Chief Executive as and when appropriate.

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

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 health board 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 Chief Officers. The Board may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the Board may require.

The Executive Clinical Chief Officers shall be entitled to raise issues directly with the Board in writing. The Board 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 Board, and can therefore raise any issues directly at the Board.

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

In the unlikely event that the Board issues a Direction to the health board, which is reasonably likely to compromise professional standards, then in the first instance, the relevant Executive Clinical Chief Officer will write to the Board.

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 Chief Officer must ensure that appropriate advice is tendered to the board of NHS Lothian on all matters relating to professional standards;
- The relevant Executive Clinical Chief Officer must set out in writing to the health board any objections they may have on a proposal that may compromise compliance with professional standards;
- The health board will inform the Board that it has received such objections, along with a statement of the views of the board of NHS Lothian on those objections;
- If the health board decides to proceed with a proposal despite those objections, the relevant executive clinical Chief Officer will be provided with written authority from the health board to act on the proposal. The health board 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 Chief Officer has received that written authority, they must comply with it.

The three professional clinical members on the Board (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical Chief Officers to raise any concerns in relation to matters which may compromise professional standards with the Board.

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

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

In the event that the Board issues a Direction to the council orthe health board , 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 Chief Officer of their concerns and if their concerns are nor resolved by the Chief Officer to their satisfaction must then raise the matter with the Chief Executive of the council.

Professionals Informing the Board's Strategic Plan

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

- establish a strategic planning group (which will prepare and review the draft Strategic Plan). This strategic planning group must include a nominee from both the health board and the council in its membership, as well as representation from health professionals and social care professionals. The health board and the council will make recommendations to the Board with regard to the representation from health professionals and social care professionals;
- consult both the health board 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 Board;
  - 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 Board will not be the only source of professional advice available to the Board. The chairs of all appropriate committees and groups will be informed that they are able to, and expected to, directly provide advice to the Board. Those committees and groups may also advise an integrated professional group that provides advice to the Board. Those committees and groups include, but are not limited to:

- 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 Board 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.

The health board 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 Executive Medical Director;
- NHS Lothian Executive Director of Nursing and Allied Health Professions
- NHS Lothian Director of Public Health & Health Policy;
- 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 Board.

External scrutiny of clinical and care functions

The health board 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 Board 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 Board.

8.0 Chief Officer

Appointment

Whilst section 10 of the 2014 Act states that the Board shall appoint its Chief Officer, the Parties shall cooperate with and support the Board in the recruitment and appointment process. 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.

A job description, person specification, terms and conditions, salary, pension, responsibilities and powers shall be agreed after consultation with the Parties, to take into account the role of the Chief Officer in the Parties' organisations and their responsibilities for both integrated and non-integrated functions. To reflect the significance of the post to the Parties and the Chief Officer's duties and responsibilities, it is expected that the appointment shall be made after consultation by the Board with the Parties. The Parties shall work with the Board to establish a tripartite process for recruitment and selection, following the successful model used by the Board and the Parties in 2019 and in 2021.

Upon the appointment by the Board of the Chief Officer, the Parties shall at the same time confirm the appointment of the Chief Officer in relation to their own organisations and shall ensure that appropriate powers are delegated to them by the Parties to enable them to meet the requirements of the post.

If an interim replacement for the Chief Officer is required (on the grounds that the Chief Officer is absent or otherwise unable to carry out their functions, or that the post is vacant), the Chief Executives of the Parties will cooperate in putting suitable and effective interim arrangements in place to ensure that the duties of the Chief Officer in all three organisations are performed. Should those arrangements include the appointment of an interim Chief Officer then they 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 2014 Act the Chief Officer 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 Chief Officer 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 Chief Officer 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.

Chief Officers 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 Chief Officer.

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. The CO of a particular area will take responsibility for managing such services on a Lothian Wide basis where delegated services are delivered across the whole health and care system as a single service, subject to NHSL requesting that the service be hosted pan Lothian by one IJB. A group consisting of Chief Officers responsible for hospital functions delegated to the Board and the Chief Officers of the Lothian IJBs will meet periodically to ensure close working arrangements amongst a) Chief Officers and Chief Officers responsible for hospital services and b) Chief Officers responsible for the management of a hosted service on behalf of the Chief Officers of the neighbouring IJBs.

9.0 Workforce

The Parties will provide for workforce planning and development in relation to the staff employed in the delivery of the integration functions and will develop an integrated Workforce Development Plan, in relation to teams delivering services.

The Parties will provide support to the Board in the development of workforce plans to meet the objectives of the Strategic Plan and to meet national requirements in relation to workforce planning for the health and social care workforce.

The Board will approve workforce plans and keep them under review.

10.0 Finance

This section describes the arrangements in relation to financial management and monitoring of integrated resources. It sets out the method for determining the resources to be made available by the council and the health board to the Board. It also explains the financial governance and management arrangements, including budget variances, and the financial reporting arrangements between the Board, the council and the health board

Chief 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 is required to make arrangements for the proper administration of its financial affairs; through the appointment of a proper officer for that purpose. The Board has appointed a Chief Finance Officer with this responsibility. The Chief Finance Officer will be employed by the council or the health board and seconded to the Board. The holder of the post should be a member of a relevant professional accounting body, and the Board should have regard to the current CIPFA Guidance on the role.

In the event that the Chief Finance Officer position is vacant or the holder is unable to act, the Chief Officer shall secure, in consultation with the Board Chair, and through agreement with both the council's Section 95 Officer and the health Board's Director of Finance, an appropriate interim dedicated resource to discharge the role.

Financial Management of the Board

The Board is responsible for determining its own internal financial governance arrangements; and the Chief 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:

- the health board and the council will work together in a spirit of openness and transparency
- the health board and the council will work in partnership with the Board with the objective of agreeing sufficient funding of delegated functions in line with the financial elements of the Strategic Plan

Financial Governance

The Parties will contribute to the establishment of a Board budget. The Chief Officer 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. The Parties will apply their established systems of financial governance to the payments they receive from the Board. The health board's Accountable Officer and the council's Section 95 officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.

The Chief Officer in their operational role within the health board 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 health board's Chief Executive and the council's Section 95 Officer.

The Board will develop and maintain its own financial regulations. The Chief 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's Financial Accounts and will be responsible for recording the Board's financial transactions through its existing financial systems. The Integration Joint Board can hold reserves. It is a matter for the Board to determine what its reserves strategy will be.

The Board's Chief Finance Officer is 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 statements, the Chief Finance Officer will work together with the health board and the council to coordinate an exercise agreeing the value of balances and transactions with council and health board Finance teams. Each Party will provide information to this process on their recorded income, expenditure, receivable and payable balance with the Board. The Board's Chief Finance Officer will lead with the Parties on resolving any differences.

The Chief Finance Officer will also be responsible for preparing a medium-term financial plan to be incorporated into the Board's Strategic Plan. The Chief Finance Officer will liaise closely with the health board and the council to develop integrated medium term financial planning and associated financial recovery plans taking account of assumptions around available funding and future service demands and service delivery models.

The Chief Finance Officer will also be responsible for preparing the annual financial statement that the Board must publish under section 39 of the 2014 Act, which sets out what the Board intends to spend in implementation of its Strategic Plan.

The Chief Finance Officer will be responsible for producing finance reports to the Board, ensuring that those reports are appropriate for the needs of the Board.

The Chief Finance Officer will liaise closely with the council's Section 95 Officer and the health baord's Director of Finance and their teams in order to discharge all aspects of their role.

Resources Delegated to the Board

The resources delegated to the Board fall into two categories: (i) payments for the delegated functions; and (ii) resources used in large hospitals that are set aside by the health board and made available to the Board for inclusion in its Strategic Plan.

Section 1(3)(e) of the 2014 Act requires that the Scheme must set out a method of determining payments that are to be made in respect of (i) above. Section 1(3)(d) of the 2014 Act requires the Scheme to set out a method of determining the amounts to be made available by the health board for us by the Board under (ii) above.

It is expected that the net difference between payments into and out of the Board will result in a balancing payment between the council and the health board which reflects the effect of the Directions of the Board. The balancing payment will be reviewed throughout the year and depending on the expected value for the adjusting payment, it will be either made one-off prior to year-end or on a quarterly basis. Such payments would incorporate values previously treated as resource transfer.

Annual Budget Payments to the Board

The council and the health board 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 each year. The previously agreed "resource transfer" payments from the health board will be part of the annual budget payment to the Board

The council and the health board 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 annual budgets. These same processes will be applied to the core baseline operational budgets for the delegated functions in order to arrive at the annual payments to the Board.

The council's Section 95 Officer and the health board's Director of Finance are responsible for preparing the budget contributions from their respective Party. The amounts to be paid will be the outcome of the above processes. They will consult with the Chief Officer and officers in both Parties as part of this process.

- The council's Section 95 Officer and the health board's 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 2014 Act.
- The council's Section 95 Officer and the health board's Director of Finance will refer the draft schedules to the Chief Officer so that they may have an opportunity to formally consider it.
- The council's Chjef Finance Officer and the health board's Director of Finance will thereafter present the final draft schedules to the Parties. This schedule must be agreed by the health board's Director of Finance , the council's Section 95 Officer and the Chief Officer.
- The council and the health board must approve their respective payments, in line with their governing policies

The council's Section 95 Officer and health board's Director of Finance will liaise closely with the Chief Officer and Chief Finance Officer on the assumptions to be used on annual budget contributions and will have due regard to the impact of any service re-design activities that have been a direct consequence of the Board's Strategic Plan or Directions issued. Both the council and the health board will provide indicative three year budget allocations to the Board, subject to annual approval through their respective budget setting processes.

The Parties will ensure the Chief Officer and Chief Finance Officer are actively engaged in their financial planning processes. The Chief Officer 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 demand led changes in activity and expenditure. The health board's Director of Finance, the council's Section 95 Officer and the Chief 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 Board under section 1(3) (d) of the 2014 Act

In addition to the payments to the Board, the health 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 health board budgets for the delegated hospital services (excluding overheads).

The core baseline budget for the set-aside functions in each council area will be based on an appropriate methodology and agreed in partnership by the Health Board and Board.

Hosted Services

NHS Lothian carries out functions across four local authority areas. Some of the functions delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”.

The core baseline budget for the hosted services in each IJB area will be based on an appropriate methodology and agreed in partnership by the health board and Board.

Due Diligence

The Parties will share information on the financial performance over at least the previous two financial years of the functions and associated services delegated to the Board. This will allow the Parties to undertake appropriate reviews to gain assurance as to whether the services are currently being delivered sustainably within approved resources, and that the anticipated 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 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 is aware of the issues, and is able to focus on those functions within their systems for risk management and financial reporting.

This process of due diligence will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the Board will routinely receive.

Process to agree payments from the Board to the Parties

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 functions delegated to the Board. The Parties are required to implement the Directions of the Board in carrying out a delegated function in line with the Strategic Plan, having agreed with the Board the resources required to deliver the said directions.

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

Directions from the Board to the Parties will take the form of a letter from the Chief Officer 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 / or method of determining the payment to be made, in respect of the carrying out of the delegated functions.

Once issued, Directions can be amended or deleted or replaced 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 will be provided to the Board as and when it requires. The reports will set out the financial position and 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 the health board for hospital services. These reports will present the actual and forecast positions of expenditure compared to budgets for delegated functions

and highlight any financial risks and areas where further action is required to manage budget pressures.

The health board will provide information on the set-aside budgets which will be contained in financial reports to the Board.

Both Parties will provide the required information on budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Chief Finance Officer to provide reports to the Board on all the Board's delegated functions.

It is expected that as a minimum there will be quarterly financial reports to the Chief Officer and the Board.

Process for addressing variance in the spending of the Board

The Board is required to deliver its financial out-turn within available 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 ensure that their respective budget monitoring and management systems will be applied to monitor and manage their expenditure in relation to delivery of integrated functions in accordance with Directions issued to them by the Board.

The manager leading this remedial action could be the Chief Officer in his or her operational capacity within the affected party.

In the event that such remedial action will not prevent the overspend, then the Chief Finance Officer will, together with the relevant Party, develop a proposed recovery plan to address the forecast overspend. The Chief 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 plan is projected to be unsuccessful and an overspend occurs at the financial year end, and where there are insufficient available reserves held by the Board to meet the overspend, then the Parties may make additional payments to the Board.

The Chief Finance Officer and the Parties shall engage in discussion and negotiation about the amounts to be paid by each Party.

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 Board Direction then the underspend should be returned to the affected Party (through an adjustment to the payments to the Board)

- the Board will retain all other underspends.

The Board can 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 the health board and the Board 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.

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, along with the Board, agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels

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 and the Strategic Plan would be required to be amended as necessary.

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

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 Operational Budgets as specified above.

Use of Capital Assets

The Board, the health board and the council will ensure there is awareness of 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 Chief Officer 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, a business case will require to be developed. 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 the health board 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 2014 Act 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 requires 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 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 reporting requirements for the annual accounts are as set out in legislation and regulations and are prepared following the CIPFA Local Authority Code of Practice.

As part of the financial year-end procedures and in order to develop the year-end financial statements, the Chief Finance Officer of the Board will annually co-ordinate an exercise agreeing the value of balances and transactions with the council and health board finance teams. Each of the Parties will submit to the Chief Finance Officer their recorded income, expenditure, receivable and payable balance with the Board. The Parties' respective finance representatives will then work to resolve any differences arising.

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 2014 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 Health and Social 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 for the initial scheme, and was conducted between 14th of March and 3rd of April 2022 for this revision of the scheme undertaken in 2021/22.

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 Board to develop a Participation and Engagement Strategy by providing appropriate resources and support as part of the professional, technical and administrative support services to be provided by them and reviewed annually as part of the budget process. 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 Board 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 Board within one year of the establishment of the Board. The strategy will be subject to regular review by the Board.

12.0 Information Sharing and Confidentiality

There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which the health board and the Lothian councils are all signatories, and had previous modifications to comply with the Integration Scheme Regulations. This Protocol will be subject to periodic review by a sub-group on behalf of the Pan Lothian Data Sharing Partnership, and any resulting update(s) agreed will form the Protocol in use to support this Scheme of Establishment. Any updated final Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the Lothian IJBs, on behalf of the Pan-Lothian Data Sharing Partnership.

Procedures for sharing information between the council, the health board, and the Board are available in Memorandum of Understanding document for the Sharing of information for the purposes of the integration of health and social care services. This Memorandum of Understanding will be subject to periodic review by a sub-group on behalf of the Pan Lothian Data Sharing Partnership to ensure that the detail, more granular purposes, requirements, procedures and agreements for each of the Lothian IJBs and the functions respectively delegated to them are kept up to date. This will also form the process for amending the Pan Lothian and Borders General Information Sharing Protocol.

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

Arrangements for Third party organisations' access to records will be jointly agreed by all the Parties and the Board 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, all periodically updated 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.

Agreements and procedures will be reviewed annually by the sub group of the Pan-Lothian Data Sharing Partnership, or more frequently if required. This will follow the process described above..

13.0 Complaints

Any person will be able to make complaints either to the council or the health baord. 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 Chief Officer 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 Chief Officer 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, defend and settle claims arising from the exercise of integration functions in accordance with common law and statute. The Parties shall be responsible for their own liability insurance and claims handing arrangements. The Parties will cooperate with each other and with the Board in the defence of any claims made in relation to the delegated functions.

15.0 Risk Management

The Parties shall maintain a risk management policy, strategy and risk register in relation to those functions for which they are operationally responsible under Directions issued by the Board to the Parties.

The Board shall maintain a risk management policy, strategy and risk register to ensure that risks to the Board's objectives are effectively identified, assessed and managed.

Those shall all build on the arrangements already in place prior to the review of the Scheme. Those arrangements shall be reviewed periodically by the Parties and the Board in accordance with their own internal governance arrangements.

The Parties shall provide the support and expertise of their own risk officers in developing and implementing the Board's risk management policy, strategy and risk register. Risk management resources within each partner body will continue to be available to support the Board in its management of risk.

The Parties shall make arrangements to ensure that the Board will receive regular reports on their management of risk,.and that their risk officers and committees dealing with risk cooperate with the Board as is required to identify and mitigate shared and common risks.

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 Chief Officer 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 Chief Officer 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 2014 Act.

ANNEX 1

Part 1 Functions delegated by the health board to the Board

Functions prescribed for the purposes of sections 1(6) and 1(8) of the 2014 Act

Column A *Enactment conferring function*	*Column B* *Limitation*
The National Health Service (Scotland) Act 1978(a) All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of – section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding); section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation);

	section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25th October 2013); section 79 (purchase of land and moveable property); section 82use and administration of certain endowments and other property held by Health Boards); section 83(power of Health Boards and local health councils to hold property on trust); section 84A(power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98(charges in respect of non residents); and paragraphs 4, 5, 11A and 13 of Schedule

	1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7	

(persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation; section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 200);

	The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
Carers (Scotland) Act 2016 Section 31 Duty to prepare local carer strategy (and associated responsibilities to publish and review)	

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

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

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

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

(appeal, revocation etc)	establishments which are managed 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.

(choice of options: adults) Section 6 (choice of options under section 5: assistances) Section 7 (choice of options: adult carers) Section 9 (provision of information about self-directed support) Section 11 (local authority functions) Section 12 (eligibility for direct payment: review) Section 13 (further choice of options on material change of circumstances) Section 16 (misuse of direct payment: recovery) Section 19 (promotion of options for self-directed support)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Carers (Scotland) Act 2016 Section 6 Duty to prepare adult carer support plan (and associated responsibilities to review and provide information) Section 21 Duty to set local eligibility criteria (and associated responsibilities to publish and review) Section 24 Duty to provide support Section 25 Provision of support to carers: breaks from caring Section 31	

Duty to prepare local carer strategy (and associated responsibilities to publish and review) Section 34 Information and advice service for carers Section 35 Short breaks services statements	
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	
The Community Care and Health (Scotland) Act 2002 Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

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 Board.

The Board 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 Board'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.

NHS Lothian carries out functions across four local authority areas. Some of the functions delegated to all four IJBs in the NHS Lothian boundary are provided as part of a single Lothian-wide service. Where an IJB is nominated by NHS Lothian to 'host' such a service via one of the Chief Officers of the Lothian IJB's in their role as Joint Chief Officer of NHS Lothian, this is commonly referred to as a "hosted service".

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 Chief Officer.